

# **Spaces of ‘sanctuary’: Unfolding older, mental health service users’ experiences within the spaces of the home**

## **Introduction**

In terms of mental health, the home and garden<sup>1</sup> are important spaces to consider as research has indicated that older service users are more inclined to spend time within their household (or places of psychiatric care) than anywhere else due to physiological deterioration, financial constraints and psychological barriers (Tucker & Smith, 2014; Williams, 2002). In terms of service user’s social practices, it could be seen as unconventional within the local neighbourhood to display catatonic behaviours, such as the waving of arms in a haphazard manner (Parr, 1999). Such unconventional behaviours can have socially problematic impacts by further isolating people who “are trying to become reintegrated into society” (Miller, 2004, p. 3). Here we are provided with some ways in which the occupation of community space can be constituted by the status, identity and the social role of ex-psychiatric patients (Parr, 1997). Socially visible issues such as these need to be taken into consideration when discussing ‘home’ spaces and distress in that the home may offer the opportunity to be privately ‘insane’ away from the politically and socially regulated orders of psychiatric practices and community spaces (Blunt, 2005; Parr, 1997; Pinfold, 2000). As McGrath & Reavey (2015) note, experiences in the more visible community spaces and potentially hidden private home spaces are pivotal in understanding the ways in which mental distress can be both performed and expressed.

This chapter will explore service user’s embodied experiences and how these expressions are spatially distributed within home spaces including the outside garden space. This is a distinct move away from defining home spaces as merely consisting of an array of geometric rooms through which people simply physically move within, whereby psychological phenomena is analysed as a separate entity (Blunt & Varley, 2004; Dovey, 1985; Smith, 2012; Tucker, 2010; Urry, 2005). Here the relational forms of materiality and expression within home spaces together with the cartographical markers such as furniture will be explored in an attempt to gain a sense of how this space is temporally embodied (Brown & Tucker, 2010;

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<sup>1</sup> When discussing spaces of the home this will normally refer to the home and garden spaces as interlinked spaces

Hurdley, 2006, 2007; Tucker & Smith, 2014). It is an exploration of how service users make sense of their everyday home life.

Furthermore, Imrie & Edwards (2007, p 627) argue that for those people who already experience social marginalization, such as service users, the home comprises a variety of “paradoxical and contradictory spaces”. It is a space which can require the occupant to juggle with their distress whilst trying to maintain an element of normalcy and routine to add stability to daily life and provide a sense of agency. Home for service users can therefore be a space of safety and sanctuary or indeed a space of exhausting obstacles (real or imagined) to overcome (Smith, 2012). Consequently, it is this area that is of specific interest to gain a further insight into the strategies employed by service users in actualizing their individual micro milieu and understanding the constituent nature of how a large portion of everyday service user life is produced and continually (re)produced (Blunt & Dowling 2006; Low & Lawrence-Zuniga, 2003).

### **Home spaces as an ideology**

Taking a somewhat idealised position, the cultural notions of home can endorse a spatiality of safety and private sanctuary, a place where we can ‘breathe a sigh of relief’ as negotiated social identities played out in community spaces are replaced by the need to focus on personal needs and wants and more widely as the place enveloping private family life (Blunt, 2005; Blunt & Dowling 2006; Somerville, 1997). In contrast, Miller (2001, p. 15) notes “If home is where the heart is, then it is also where it is broken, torn and made whole in the flux of relationships, social and material”. Rather than being a private space away from prying eyes, home can indeed be a social space of constant negotiation with others and the self, it is a political landscape imbued with power and identity (Blunt & Varley, 2004; Brickell, 2012, Putnam, 1999). These positions highlight the tensions between how the seemingly private home space on one hand, can also be an arena for social performances on the other.

Therefore, the home and its contents can become a very public territory ripe for scrutiny by others (Brickell, 2012; Doyle, 1992; Graves-Brown, 2000). For example, a quick tidy up or a more thorough clean-up of the home before a visit is made by an outsider is not an unusual occurrence. The appearance of our home is an important way of presenting ourselves in terms of social and cultural desirability and respectability – it is not an abstract space filled with inanimate objects, it is wholly emotional, cultural and socially influential (Blunt &

Dowling 2006). Subsequently, it is the multiplex nature of this space in terms of the mutable relational nature between mental distress, embodiment, expression and materiality which are important in this piece of work (Brown, 2001; Davidson, 2003; Tucker, 2006).

### **The ordering and coding of home and garden spaces**

Wise (2000, p. 295) draws attention to the ways in which repetition (such as housework) and the stabilising of space by the use of physical markers (e.g. walls, furniture), personal territories are mapped out to create “a space of comfort amidst fear, in other words, home”. Nevertheless, this does not mean that this space or indeed, practices of home endure as static entities of establishing one’s personal sense of place, rather these elements are both transitional and wrapped up with strands of connectivity to the outside world (Knappett, 2002; Wise, 2000). In other words, the structural elements of home spaces are bound up with the processes of wider social norms and self-identity. It is these notions of how these spaces are (re)formed and (re)constructed as a result of interactions with inanimate objects that serve to create home as an affective territory.

Cloutier-Fisher & Harvey’s (2009) research explored the lived experiences of older people moving from the wider community to a retirement community. They concluded that people draw from their past history, lived environmental experiences and self-identity in an attempt to situate and arrange their home space as constituting their ‘own’ embodied space. However, in reality, the process of interacting within the home environment is constantly evolving with the relational components in the wider world (Blunt & Dowling 2006; Massey, 2004). Nevertheless, people seek to create cartographical markers such as placing personal photographs in an attempt to ‘fix’ their private spaces (Blunt & Varley, 2004; Urry, 2005).

These kinds of ordering, arrangement and containment of materiality and the stratification of people’s roles with the home (the female as ‘*domestic goddess*’ for example) can emanate a sense of social order, morality and stability within home spaces (Curtis, 2010). However, there is a flip side here, namely disordered, ‘dirty’ home spaces which are linked with immorality and idleness – those homes which do not conform to a structured organisation of content and expression (Clarke, 2001, Cox, 2007). Culturally, there are television programmes which largely focus on the home spaces of social deprivation and low

functioning, such as '*A Life of Grime*' and '*How Clean is your House?*' present an array of negative social practices.

Within the set-up of *How Clean is your House?* we have two middle-class presenters who perform as life-style experts and offer advice to facilitate the (re)production of unkempt and culturally distasteful home spaces into a space of socially acceptable normality and morality. In other words, homes should be kept neat, ordered and clean. Here, home spaces are not part of a process of leaving visibly undetectable traces of bodily performance and movement (such as the shedding of dead skin and hair) (Thrift, 2004) but are more so bound up with the visual evidence of human mess and murk. Imageries proliferate of dirty washing strewn across spaces, kitchen sinks full of dirty cutlery and decomposing food and toilets embellished with the stains of old faeces and urine. It would also be reasonable to suggest that the well-structured order and daily routine cleaning practices of moral home spaces can also act as an indicator of positive mental health whereby dirt and mess suggest low levels of social functioning (Bijl & Ravelli, 2000; Cwerner & Metcalfe, 2003; World Health Organisation, 2001). In this way, cleanliness and order can present the ideals of a distinctive virtuous qualities of 'righteousness' when compared to the disordered and dirty elements associated with 'deviance' (Cieraad, 1999). Here we have a dichotomy of social positioning linked to behaviours imbued within the regulation of home spaces which can in turn produces adages such as; "*a clean home is a happy home.*" These kinds of constructions are reinforced by commercial advertisements linked with home spaces as well as the television programmes mentioned previously. In contrast, those homes where space is littered with dirt, grime and waste are linked to dysfunctional ways of living.

This can, at some level, support the constructed positions of service users as necessarily having poor levels of day to day functioning (Reynolds et al., 2000; Slade, Phelan, Thornicroft, & Parkman, 1996). Research has indicated that service users are largely unable to engage in '*normal*' behaviours associated with cleaning and the ordering of space and objects within home spaces (Slade, et al., 1996). In other words, mental health and home spaces may not be socially constituted within the same prevailing codings and parameters whereby the home is positioned as a cultural space flowing with integrity and organisation. To some extent, service users may reside on the boundaries of these particular constructions.

In terms of ordering and arrangements within garden spaces, Lefebvre (1999, p. 157) notes;

*“This remarkable institution of the garden is always a microcosm, a symbolic work of art, an object as well as a place, and it has ‘diverse’ functions which are never merely functions...the garden exemplifies the appropriation of nature, for it is at once entirely natural – and thus a symbol of the macrocosm – and entirely cultural – and thus the projection of a way of life.”*

What Lefebvre is referring to in the above extract is the ways in which people do, or conversely, do not, manufacture and control that which is culturally positioned as a natural production of space. From a macro perspective, gardens have been constructed as a haven of relaxation within natural surroundings. There is a plethora of media advertising families enjoying the availability of this ‘open’ space peppered with selected shrubs, flowers, borders, rockeries and other adornments such as statues, swings and slides. Subsequently, on the face of it, this space is enveloped within the use of cultural artefacts associated with easy living. In addition, the garden can cross the divide from a private to a more public space where many gardens are wholly or partially visible to outsiders.

To obtain cultural approval, gardens should be preened, pruned, weeded and adorned with selected garden ornaments or, conversely, they can be left to the forces of nature, whereby the grass is kept long and all manner of plant life is able to exist (Curtis, 2010). In this way garden spaces can be more observably open to interpretation by others which may or may not adhere to social expectations of normative living. This in turn, can lead to assumptions being made about the occupant(s) linked to this particular space. In other words, those that display elements of undesirable behaviours such as allowing a garden to overgrow with all manner of vegetation can be socially positioned as deviant in that their gardens are not ‘produced’ in line with the more dominant cultural perspectives of this manufactured space. Subsequently, the architectural landscaping, maintenance and cultural artefacts of a garden can be a window into the day to day lives of occupants (Cwerner & Metcalfe, 2003). Above all, the garden is also a space of morality, cultural performance and social competence and it is arguably a more public space than the confines of the home, rendering this space as open to public surveillance and scrutiny.

In terms of mental health, research has been conducted with service users both young and old to assess the impacts of gardening and psychological well-being (e.g. Parr, 2007). This way

of introducing service users to gardening and sharing an allocated green space to grow vegetables and flowers is now a favoured therapeutic intervention, largely due to the positive results this activity provides. Findings suggest that collaborative gardening reduces feelings of social isolation together with lessening physical and psychological degradation (Milligan, Gatrell & Bingley, 2004). These types of 'green' activities have now been formalised and function as part of a psychological treatment plan known as 'Ecotherapy' (Mind, 2015). These therapeutic interventions and research objectives primarily focus on the social and material elements of gardening within allocated pieces of land (Parr, 2007). Subsequently, the feelings of service users' positively embodying practices of engaging alone in 'green' work within their own garden spaces may well have different meanings and practices. It may be a place that can exacerbate feelings of loneliness and isolation as the continuous production of a 'natural' but 'well composed' space such as the garden has little social and emotional meaning and does not offer strong connections with other people - in other words, the garden can become a wasteland both literally and symbolically. It can be an observable reflection of states of distress (Smith, 2012).

## **Research Methodology**

All participants attended various MIND charitable day centres within the East Midlands area. In total 5 day centres were visited and 21 participants, (10 females and 11 males) took part within the interview research data collection. All participants were aged 50 years and over, this age restriction was seen as important and valuable in terms of exploring an under-represented community within the research arena of psychiatric services. Other factors with regards to researching older service users were also of interest such as generational differences (between current younger service users) whereby younger service users during the 1970's/1980's did not have nationwide access to specialist services such as Child and Adolescent Mental Health Services (Black & Gowers, 2005). In addition, 'community care' programmes were not well established, particularly in the 1970's, so many older, service users may have been resident in psychiatric institutions prior to the introduction of the 'community care' programme (Parr, 1999). For some participants in my research project, there were intimations that some participants would still be residing in psychiatric institutions if the 'care in the community' programme had not been introduced.

One- to-one, semi-structured interviews were conducted in the day centre and were recorded using a digital recorder and transcribed ad verbatim. In practical terms, all participants within this research were in receipt of various State benefits and subsequently did not have access to funds to pay for their own car to enable wider socialisation outside of the immediate neighbourhood. Consequently, narratives emerged within the research data collection when discussing daily life of time spent at home or in a space of residential care.

For the purposes of this chapter, the experiential narratives of service users will be drawn upon to offer divergent accounts of the relational and emotional aspects of home spaces. These participants' extracts were selected for analysis to provide accounts of independent, single occupancy living in council accommodation and the experiences of living in supported accommodation with other service users. All participants have very different experiences of the ways in which mental health and home spaces are embodied and the importance that this particular space has on their daily lives.

## **Analysis**

Following transcription, all interviews were analysed using a, thematic approach, following the six procedures of analysis as outlined by Braun & Clarke (2006). The emergent dominant themes discussed in this work are a) Independent Living in the Community and b) Living in Supported Accommodation. Whilst other themes are evident in the research data; The Immediate Neighbourhood, Gendered Practices and Differing Mental States and Functionality in the Home, these two themes offer an insight into two key areas of daily service user life within home spaces. These data examples illustrate (via interpretation) the ways in which service users assemble and move within home spaces by drawing out the features of the data.

## **Independent Living**

Consider the following extract from Caroline, a 50 year old service user, who has a psychiatric diagnosis of Borderline Personality Disorder and has spent some periods of time within psychiatric institutions, due to behaviours linked with drug and alcohol consumption coupled with self-harming practices and suicide attempts. Caroline lives alone in a council-owned, one-bedroomed flat with a small garden. Here she is discussing events when she

went into hospital under ‘voluntary’ section as a consequence of her excessive drinking and smoking of cannabis (and in the following event her overt self-harming behaviours by cutting herself and taking a medicinal overdose) in the view of her immediate neighbours;

*“Caroline: I did go into town in (names town) bought a load of tablets and a bottle of wine and I went in the garden took the tablets and drank (sighs) and yeah, some cutting, self-harming and um you know*

*LAS: So it was actually somebody else phoning up (Caroline=yeah) for you?*

*Caroline: Yeah it was people and yeah the ambulance people and the police came as I did threaten somebody with a knife but she give me all that (imitates talking with hands) so I threatened her with a knife (LAS=yeah) yeah you know so (3)*

*LAS = So when the police came, they took you to (names local psychiatric institution) did they?*

*Caroline = No they got an ambulance as well (LAS=right) **because the ambulance were called** and because of the situation I was in and doing they have to have police escorts*

*LAS = **Oh right**...was that because they considered you dangerous at that time?*

*Caroline = Yes, yeah, yeah (sighs)...*

*LAS = And did you consider yourself dangerous at the time?*

*Caroline = **I didn’t give a shit at the time**, I didn’t give a shit (LAS=mmm) anyone got in my way then they would have got it (LAS=yeah) (clenches one fist) you know anyone but you know”*

In this excerpt, Caroline frames her performance of drinking alcohol, taking an overdose of tablets and self-harming as manifesting in a confrontation with her neighbours within her garden. Rather than playing out her sequence of actions within her home ‘behind closed doors’, in a space away from prying eyes, Caroline opted to perform this elaboration of behaviours with an audience comprising of her immediate neighbours. What is interesting here is the spatial use of the garden where the visibility of her behaviour becomes more public (Brickell, 2012). Caroline is using the garden space to play out her heightened levels of distress – her garden is where her experience is spatially distributed (Tucker & Smith, 2014).



This is no spontaneous act as Caroline describes how she previously went into town to buy wine and tablets. Interestingly, she does allude to cutting herself at this point but does not mention the acquisition of a knife. On reading this further, the knife is not explicitly linked to her cutting behaviours but more so, the knife is central to the ways in which she expresses her distress by threatening somebody who was talking to her. She accentuates this threat of violence by clenching her fist. By setting the scene using these items act as a catalyst of an unfolding event, Caroline is marking out how her distress manifested at that time (Urry, 2005). Due to the circumstances of cutting and threatening another person, Caroline offers factual information of the legal and necessary involvement of others in the event (the Police and Ambulance services). Thereby, Caroline frames this intense period of crisis with a selection of objects (particularly the knife), her aggressive behaviours and the visibility of the garden to her neighbours are pivotal in how she expresses her experience but this is grounded within a psychiatric domain with a police escort for her being necessary to curtail her behaviours. Caroline is more than aware of the consequences. Here the cartographical markers within the garden space (both human and non-human) serve to stabilise her account of what undoubtedly would have been a volatile and erratic series of events (Wise, 2000).

Jackie is a 52 year old service user who has a psychiatric diagnosis of bi-polar affective disorder. She describes herself as a ‘recovering’ alcoholic and drug addict. Her addiction to substances began when she was a teenager where she was able to gain access by stealing prescribed medication such as Mandrax and amphetamines from her father who was a General Practitioner. After finishing school, Jackie was employed as a catering assistant for a variety of touring rock musicians (e.g. Whitesnake, David Bowie<sup>2</sup>). This employment gave her the opportunity to indulge her alcohol and drug addiction further without any cost to herself as she readily admits that ‘lines of cocaine’ for instance, were freely available at any time of the day. She subsequently gave birth to a daughter who was granted full custody with her father due to Jackie’s addictions and periods spent within psychiatric institutions. This maternal severing seemed to have the greatest impact on Jackie’s psychological and physical well-being as she now is a regular attendee at Alcoholics Anonymous and attends a Christian church (although she is an atheist) to go some way to prove to her daughter that she is now a reformed and respectable person.

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<sup>2</sup> These were some of the names of musicians Jackie discussed in her interview

In the following excerpt, Jackie describes the ways in which her home space reflected her emotional and physical experiences at the time;

*“I’ve got this picture of where I come from and I ended up hiding away for three years after I was sectioned, three years I lived on my settee just in darkness drinking and drinking and drinking and I’d go out to the shop at 5.30 in the morning, get my drink, come back and lie on the sofa all day and I would detach myself from reality (LAS=mmm) and my flat just became (5) (sighs) I can’t tell you how degrading the state I got into...I had two sack fulls, bin bags black sack fulls of unopened post (LAS=mmm) (2) can you imagine the state I got into um (LAS=mmm) I hadn’t been in the bedroom cos’ that was the last room my daughter went into and I just used to live in the lounge and I don’t think I even washed my hair and I lost all my teeth (1) so I’ve got dentures now (3)...Sometimes I had the telly on um (2) I didn’t really watch television though (4) I’d um run out of electric because I drank the money (LAS=yeah)...I smoked as well and my money went on cheap cider and um (4) fags and that was it and a can of cold baked beans now and again. Oh I didn’t even go in the kitchen um (1) I didn’t wash up for three years and I didn’t have any knives left cos’ they were all in the sink (LAS=yeah) (2) the state I got in you would even believe (2) (LAS=mmm) I should have taken some photos you know (LAS=yeah) but I did get that low and I’d, I’d have sworn it was impossible for anybody to get that low to pull themselves back to the quality of life that I’ve got now”*

In this extract, Jackie sets a psychopathological landscape when describing her home space. Here we are presented with an account that draws together the social, material and the spatialised body; *“three years I lived on my settee just in darkness drinking and drinking and drinking...”* Spatially, the lounge is represented as the space where her experiences manifested which is punctuated by the descriptor ‘darkness’ to possibly metaphorically reflect the emotional and physical desolation she felt at that time. These narratives of living in a world devoid of the cultural assumptions attached to normative constructions of home

life and lack of self-hygiene is punctuated by the focus on the limited movement in her account (Blunt & Dowling, 2006; Cox, 2007). Here, the settee provides an anchor in that this particular piece of furniture is where her daily life at the time was played out – it is the space where she spent most of her day drinking and smoking. There is limited engagement with other areas of the home and Jackie maintains a concealment of her connections to the outside world by putting unopened post in a bin bag but she does leave the confines of her flat on a daily basis to purchase alcohol. What is interesting to note is how she frames this event by drawing attention to the time she emerges from her home at “5.30 in the morning”. It would be reasonable to suggest that shopping at this time in morning does not fit in with ‘normal’ day to day life. Here Jackie may be highlighting that at this period of time in her life, her own social identity resided at the boundaries of what would be considered normative at this time. As a result, Jackie’s spatial production of her home space is wrapped up in alcoholism together with personal and physical neglect - these narratives constitute a bleak time in Jackie’s life and the home space is central to experience (Blunt & Dowling 2006; Tucker, 2010).

### **Living in Supported Accommodation**

Jim is a 57 year old service user who has a psychiatric diagnosis of paranoid schizophrenia. Jim lives in supported accommodation with other service users – this set up was a cul-de-sac of houses (it is worth noting that all research participants residing in supported accommodation called these ‘units’ as opposed to home/house) with a resident care-worker. Service users have their own bedroom and shared a living room – meals and liquid refreshments were provided centrally by a care-worker. The following extract by Jim, who is describing the structural and practical (in terms of social functioning) components of the supported accommodation he currently resides in;

*“...um three bedrooms in each little um made in a line all in a line and there was an office and respite room and um you got three bedrooms in each (LAS=mmm) one and that’s about twelve, fifteen accommodation for fifteen people suffering with mental illness...(LAS=oh right)...and I don’t understand (why he lives in supported accommodation) probably because I need a bit more caring (2) I pay for me bath and I pay for me food, me rent and I pay for me milk all me meals and what else do I pay for? (2) Water when I have a bath what else and um I think they pay for me clothes and I get*

*it and this is what they gave me ages ago (shows jumper) (3) it's alright ain't it?... Um see my bedroom's small (LAS=yeah) and I couldn't get a telly or a record player or a disco in there or a big table as it's too small and I trip up all the time and my bedroom's like a cell the smallest room in (names location)*

*LAS = Does it feel like a cell to you?*

*Jim = It does ... and lived in a cell all me life mmm”*

Jim provides details of the geometric framework of his accommodation by discussing the linear way in which these units are situated and for what purpose they serve. Drawing from the language embedded within mental distress (the respite room, an office), serves to anchor his narrative of the production of his spatialised surroundings as emanating from his distress (Tucker, 2010a). This crystallisation can go some way to counter his sense of uncertainty as to why he is living there by elaborating the material and practical services this space provides; *“I don't understand (why he lives in supported accommodation) probably because I need a bit more caring.”* Here he is making the abstract characteristics of supported accommodation more concrete by providing a series of different territorialities and including the goods and services that are *‘actively entwined’*, and therefore embodied within his own ordering of living arrangements (Rubinstein, 1989; Urry, 2005). His way of organising services and goods as pertinent characteristics from the broader (paying for the rent) to the more minutiae (paying for milk) are important elements encompassed within his sense of place. Jim's narratives here focus on the functional needs of this day to day life in line with Local Authority directives, but omitted here is any sense of this spatiality providing him with a place of sanctuary or indeed, he does not discuss any psychological attachment; *“and my bedroom's like a cell.”* Fogel (1992) argues that this position is due in some part to practitioners underestimating the emotional needs of those within supported care by placing more emphasis on the bureaucratic components of providing definitive elements of practical care.

What we are presented with here is a catalogue of transactions which take place within the confined space of this accommodation. These are fairly significant as they are linked to his own embodied assumptions of what is appropriate for service users in supported housing require; *“and I get it and this is what they gave me ages ago (shows jumper) (3) it's alright ain't it”*. For Jim, this is what being bound within psychiatric services entails – no choice

and no responsibility. Jim does not have the social functioning skills to even buy a pint of milk or an item of clothing.

In the following excerpt, Daisy discusses her home space which she shares with another service user within a supported accommodation setting. In this research quotation, Daisy describes the spatial production of her shared home space. Daisy is a 50 year old service user with a diagnosis of Bi-Polar Affective Disorder. She used to live in an annex with Jim who was discussed earlier but has since moved to another section within the same collection of units.

*LAS: So what is your favourite bit of the house where you live, your sort of favourite room?*

*Daisy = Um (1) I would say the living room (2)... um I've got pictures of Manchester United up and uh em I've got like my little pot dog on top of the telly (2) you know sort of homely things (LAS=yeah)*

*LAS: And do they mean something to you?*

*Daisy: Yes because I love dogs um and I've got a pot dog and I love Manchester United so I've got things I love around me*

*LAS: Do you have any photographs of family or friends?*

*Daisy: I don't cos' it'd probably upset me too much so I don't um (LAS=yeah)  
(3)*

In this extract, Daisy sketches out some objects which she has acquired and has placed around the shared living room. Within this particular space she has a vested interest and staked certain pockets within this space displaying her own desires. What is interesting is the way in which she talks about an emotional attachment she feels to objects not usually associated with home-making and strong expressions of love. “*I love dogs um and I've got a pot dog and I love Manchester United so I've got things I love around me*”. Within the dominant cultural assumptions of adorning home spaces and indeed, in much research, objects such as pictures of a football team and a singular dog made of pottery, perched on top of the television are not generally equated with meaningful emotional and economical investments within home spaces. For example, focal points such as the top of a television are normally reserved for personal memorabilia such as photographs or family objects (Hurdley, 2007).

This is not the case for Daisy who does not place any photographs of family or friends in the space at all; “*LAS: Do you have any photographs of family or friends? Daisy: I don't cos' it'd probably upset me too much so I don't um*”. Daisy's explains her disengagement with placing photographic artefacts of family and friends as too upsetting to have around this particular room. Here we have some kind of trade off in creating Daisy's landscape, the items she loves which cannot possibly love her back, the football team who are most probably unaware of her existence and the pot dog she possibly purchased from the local discount shop. It is the negation of displaying cultural objects such as photographs which can create a topographical site from which the outside and interior world can map different times within one's life course which is interesting. Photographs can tell a story, and Daisy does not want to tell hers in this space.

In this way, her human and non-human (objects) relationships within the living room, can be seen as a creative arena to display the transactions of consumption and exchange. Such processes can both form personal connections and conversely, blur other areas of experience (Smith, 2004). Daisy's sense of disenfranchisement, whether economical (Daisy is on benefit so would be unable to afford to purchase an abundance of objects) and more pertinently, the emotional (the hurt she expresses when discussing her family and friends) are creatively masked and visually eradicated, albeit temporarily, by drawing on objects she has access to which do not require such intense levels of engagement (Parkin, 1999).

I would like to continue with Daisy's narratives of living within shared accommodation because she has interesting ways of creating and producing space. In the following excerpt, Daisy discusses her bedroom, her private space within the supported accommodation she lives in.

*I'm quite an eclectic (sic) collect things you know that are mine and posters of dogs and um I've got an awful lot of um (2) um a lot of sort of personal things all in bags which are full of stuff and it needs clearing out to be honest but the more the better to more because they're all memories and I feel like (1) I've got you know more well too many things it's strange you know possessional (sic) things... Well (names member of staff) came in once and um she said Good God (laughs) you know and she complained about it and I said*

*I'd actually tidied it up but I hadn't done and I only got rid of one bag or something but luckily she's um eh she's not said since you know which is a miracle (3)*

Here Daisy talks about the ways in which she collects objects which belong to her *that are mine... a lot of sort of personal things*". These items which she highlights belong to her and are personal (there is a social interaction here) may be a way of Daisy creating meaningful ownership within a shared space. These are her things, they only belong to her and by the very way she conceals these objects in bags; *"all in bags which are full of stuff"* there is a suggestion here that this is how Daisy intends her relationship with these objects to remain. She does not want her possessions open to the 'gaze' of others - they are not artefacts for general display to provide a visual mapping of her memorial experiences. These objects are important to her *"because they're all memories"* but only to Daisy. In this way, by concealing her collection of objects in bags, Daisy is both bulking out and controlling her 'private' bedroom space. Daisy may be packing out her space to make her feel safer and more secure as she discusses that the more bags she has in her bedroom the better, this is how she may have created her own 'haven of private' space.

By continuously filling her space with her own desires there is an acknowledgement that her packing out of space needs some rectification; *"it needs clearing out to be honest but the more the better"*. Daisy is aware that she has too many things and her production of space may be visually messy and untidy and may alert the 'gaze' of unwanted eyes. She punctuates this point by drawing attention to her socially unusual behaviour by reverting back to the dominant codings when spatialising objects in home spaces; *"I've got you know more well too many things it's strange you know possessional (sic) things"*. Daisy acknowledges here that how she hoards and packs many objects in one space is *"strange"*. Her creativity here does not conform to the wider notions of mapping out home space whereby her practices and arrangements of decorations do align to the aspirational endeavours within television programmes such as *"Escape to the Country"* (Clarke, 2001) .

This unconventional behaviour does not go unnoticed; *"Well, (names member of staff) came in once and um she said good God (laughs) you know and she complained about it"*. This is where Daisy struggles to anchor her bedroom space. For Daisy, this 'private' space is not so private after all. Her interactions (both human and non-human) are continuously under

potential scrutiny by more dominant others in her day to day life. Nevertheless, Daisy goes some way in temporally stabilising her sense of space by pretending to tidy her space; *“I said I’d actually tidied it up but I hadn’t done and I only got rid of one bag or something but luckily she’s um eh she’s not said since you know which is a miracle”*. There is no suggestion of stability here though – Daisy’s ‘private’ space is always fleeting, it is always awaiting a destabilised act as dictated by others to curb her own creative use of producing space.

## **Discussion**

In this chapter I have sought to explore the divergent ways in which mental health service users produce the spaces of home. What was of particular interest to explore further was the ways in which the social performance of behaviours was articulated within the garden and the home (Blunt & Dowling 2006; Brickell, 2012). Rather than positioning these areas as a series of spaces merely consisting of square footage, a lawn and the structural separation of rooms, attention was given to how psychological phenomena and the organisation of space can become socially visible as joint and interactional entities (Smith, 2012; Smith & Tucker, 2014; Tucker, 2010b). Drawing from the data analysis, we were presented with a divergence of ways in which service users can either produce space or can be impeded by their own sense of lacking a spatial identity within independent and supported home spaces.

Here we are given familiar, everyday spatial backdrops from which to untangle unusual events relating to distress – we are able to make some sense of accounts we may not have or indeed, ever will experience. In this way, space can be shaped and experienced by using recognisable cartographical markers or objects, which in turn may create expressions of a fairly stable spatial territory from which to explore fluid identities further (Thrift, 2003; Wise, 2000). For example, Caroline’s way of exerting a sense of temporal agentic power of controlling her own garden space as she drinks the wine, ingests the tablets, cuts herself and threatens others with no authoritative, outside control for a short period of time. The garden has become her stage and Caroline has the starring role – however, it does not last long before other actors become part of the performance. In this account, we have a concoction of the wine, tablets, the knife, aggression, the immediate neighbours, the authorities, the garden and Caroline all playing a part within an actualized performance of a psychiatric episode



where Caroline ends up being ‘sectioned’ and taken to a psychiatric institution. This is an extraordinary event taking place in an everyday space.

Likewise, Jackie maps out her independent home space as one imbued with mental distress and emotional negativity (Tucker & Smith, 2014). Nonetheless, Jackie does not simply bracket off these experiences but instead she illuminates on the events and draws the reader in to the potentiality of Jackie, *‘Becoming-a-respectable-person’*. She does this by contrasting her feelings of climbing out of the depths of depravation to the higher quality of life she has now. This is not simply a forward going linear trajectory – it is constituted by a series of contractions and expansions – of back and forth (Thrift, 2004). In this account, Jackie frames the process of transforming her home space from the immoral deprivation it was in her adverse past to a future, culturally ordered potential life imbued with positivity and morality.

In terms of living within supported accommodation, Jim discusses his only private space, namely, his bedroom. Jim is unable to stake out his space using objects as cartographical markers to create a space which has content and meanings for him. Jim’s narratives can impart feelings of being inextricably and irrevocably entwined within psychiatric confinement as he has become an indelible part of the wider societal assumptions of extreme mental distress. Conversely, Daisy has to some extent created compartments of personalised space within a shared living room area but, as alluded to above, her creations do not fall within the cultural and social assumptions of cultivating a space imbued with past experience (Dovey, 1985). With regard to her ‘private’ bedroom space, Daisy’s spatialised production is based on historical events (being asked to clear her mess), the near past (tidying up one bag only) and the future (the potential that she will be asked to clear out again). In this way, Daisy’s bedroom is bound up within a mesh of “temporal qualities...which involve change and stability, recurrence and rhythm” (Altman, et al., 1985, p. 6).

## **Conclusion**

The spaces of home were crucial milieus for all service users, from which expression and identity emerged, which were largely enveloped (although not always contained) within psychiatric dialogues. Therefore, rather than these events being subject to open, public scrutiny by occurring in community spaces they were spatially distributed and expressed in semi-private (for Caroline, Jim and Daisy) landscapes (Parr, 1997). In addition, the culturally

preferable features of creating the moral home of decorative order, cleanliness and socially acceptable behaviours, based on the notions of one needing to have attributes relating to positive mental health to enable this, were not seen as pivotal in terms of connecting exterior social interactions with others (Cwerner & Metcalfe, 2003). Negotiating strategies to produce home spaces were in a state of constant flux and unrest based on their individual situations. To summarise, at that time, these spatially distributed accounts give a sense that experiences, in terms of physical movement and psychological states, were inextricably linked to the psychiatric identities for all service users whether they lived independently or in supported accommodation.

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