

Spaces and scenes of anxiety: Embodied expressions of distress in public and private fora.

McGrath, L., Reavey, P., Brown, S.D.

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Psychological treatments of mental health issues have acquired a justifiable notoriety for their tendency to engage in generalisation and reductionism. By contrast, the emergent geographies of exclusion make visible the fine-grain material and spatial contours of the lives of individuals who experience mental health difficulties and distress. However, this can come at the cost of a relative neglect of the psychological. In this paper we propose a set of concepts for facilitating the study of intersecting planes of experience, which demonstrates the interdependency of the spatial, the psychological and the technological. Drawing on empirical work with participants who live with persistent anxiety, we demonstrate how online support networks mediate – that is transduce, intersect and transform – how experiences of anxiety are lived out. Attention to endogenous ‘tactics’ or ‘modes of normativity’ provides an interesting agenda for the emergent engagement of social psychology with social/cultural geography.

1. Introduction

The conceptualisation and treatment of mental distress have long served as a fault line in psychology, the source of heated and bitter ideological, philosophical and political debate. At stake is the question of the normal and the pathological, and the relationship between these two highly contested terms. As [Canguilhem \(1980\)](#) once proposed, these terms are greatly misunderstood in psychology. In biology and medical science, Canguilhem argued, the normal denotes not a fixed constant, but rather a continuous struggle of the organism to adapt its functioning in response to the challenges of the environment (for example, increases and decreases in neurotransmitter sensitivity in response to exposure to pharmacological stimulants). Norms are then mobile, changing and subject to ongoing revision.

The pathological is not opposed to the normal, but typically represents a special instance of the norm where the scope for changes in responses becomes limited (see [Canguilhem, 1991](#)). It is when the organism cannot respond ‘normally’ (i.e. adaptively, flexibly, and provisionally) that we speak of pathology. This is a point that has been raised by many psychologists and allied professionals working within the mental health field. The dimensional approach, as it is mainly referred to, aims to understand mental health difficulties as continuous with human experience as opposed to discrete

categories of disorder.

However, the remaining danger in any psychological study of mental health is that it risks falling back into the error Canguilhem identifies. There are two forms this tendency typically takes. The first is the practice of reducing mental health to a single domain of expression (see Cromby et al., 2007). For example, mainstream psychology generally takes a cognitive approach to distress, where individual thoughts are the major focus of concern, leading to treatment approaches that emphasise the individual's responsibility to change (Smail, 2005). Although cognitive approaches acknowledge the importance of others in the development of individual interpretation and belief, the scope of enquiry nevertheless remains centred on the individual's processes of thought, systems of belief and errors in information processing (Bentall, 2003). Conversely, radical or critical psychology locates the source of distress firmly in the structures of society that lead to oppression and concerns itself with proposing interventions aimed at preventing these from occurring (see Hare-Mustin and Maracek, 1997; Newnes et al., 2000, 2001; Strakowski et al., 1995). That the one position is a structural inversion of the other is clear: wherein both contain the danger of returning to the same kind of reductive gesture.

The second danger consists in wanting to move as rapidly as possible from the particular to the general. The experience of ongoing anxiety, for instance, is subsumed within the overall diagnostic rubric of 'neurotic disorders' that include generalised anxiety disorder (GAD), obsessive compulsive disorder (OCD), panic disorder and social phobia (see APA: DSM-IV-TR, 2000 and WHO: ICD-10, 1992). The difficulty with this rush to generalisation is that since it washes out the particular at an early stage, it creates problems of differentiation and logical puzzles at a higher order. For example, although neurotic disorders are the UK's most common psychiatric diagnoses, affecting 16% of women and 11% of men (ONS, 2003), high levels of co-morbidity (co-existence of more than one mental health problem) have been found between different anxiety disorders (e.g., Magee et al., 1996; Yonkers et al., 1996) as well as with other psychiatric diagnoses, including depression, Tourette's syndrome, schizophrenia and eating disorders (Rasmussen and Eisen, 1992). Anxiety then seems to be everywhere and connected to everything precisely because the particularity of anxious experiences has been erased in their recognition and classification by psychology and psychiatry (Bentall, 2003).

How then can we speak of anxious experiences in a psychological framework without lapsing into reductionism or generalisation? In this paper we will argue that despite the many attendant problems in doing so, it is possible to envisage a form of psychological analysis that is capable of doing justice to the particularity of distress and, in our particular case, anxious experience. At the heart of this analysis is the notion, popularised in recent Deleuzian scholarship (e.g., Ansell-Pearson, 2004; Massumi, 2002) that experience is best grasped as a form of multiplicity. Whilst it is relatively straightforward to understand the contents of experience as multiple and possibly

contradictory, it is considerably more challenging to see that experience is equally affective, spatial, embodied, material, technological and so on, and that what is usually called the psychological narrowly refers to only one set of planes of experience. The term 'plane' is derived from the philosophy of Henri Bergson and elaborated further by Gilles Deleuze. Amongst the several meanings of the term are the notions of a 'slice', a 'cut' or a particular perspective on the entirety of one's experience; a 'plan' or organisational principle at work in a particular mode of experience; and a grounding of experience in non-transcendental, immanent relations that cut across subject and object and are as such experienced without becoming directly a matter for consciousness (see Bergson, 1991; Deleuze, 1991; Deleuze and Guattari, 1988). Out of this heady brew we draw the particular meaning that experience is divided up into differing modes (e.g., the psychological, the affective; the technological) each of which have their own logic and patterning of relations, and are irreducible to one another. The difficulty is to keep this multiplicity – both difference and irreducibility – central to the analysis without prioritising one set of planes over another. In order to provide a check against this, we will use the term mediation to refer to the interdependency of one plane with another (e.g., the psychological with the spatial, the technological with the social). As we will go on to argue, the idea of experience as multiply mediated demands particular kinds of methodological responses.

2. Geographies of exclusion

Recent work in the social and cultural geography of mental health has done much to assist a return to the particularities, especially the material conditions, of the lives of mental health service users. Productive, public and political areas of our cities are hence clustered together in the centre, separated from domestic, private and 'reproductive' homes in the suburbs, a spatial configuration that compounded the political disenfranchisement of women (England, 1991). Similarly, those in distress have been excluded from public spaces; although no longer necessarily hidden away in asylums, as described by Foucault (1965), service users still tend to be concentrated in certain, generally inner city areas of cities (Rogers and Pilgrim, 2003) and find that the expression of their distress is only authorised in certain private (Pinfold, 2000) or medical (Parr, 1997, 2008) spaces. Creating and supporting this 'purification' (Sibley, 1995) of public space is the conceptualisation of distress and madness as 'irrationality'. In a society built upon reason (Foucault, 1965), where the ability to apply reason to understand and control one's own behaviour is a central tenet of how we understand the self (Rose, 1989, 1998), then those who display 'irrationality' are profoundly disruptive to both society and the modern concept of the self. Public space can be seen as the sphere in which these tenets of our society are secured; to enter successfully into public space, as well as into public and political discourse, a display of rationality is essential. Feminist authors have situated the experience of agoraphobia, for example, as a rational response to public spaces that are hostile and exclusionary towards women (McHugh, 2004).

David Sibley (1995), for example, has argued that public space is 'purified' of those who do not meet the standards of the self-regulating, 'reasonable' morally responsible individual. Exclusion, isolation and marginalisation are used as strategies to manage such persons, who are duly dispatched to prisons, hospitals and care homes. Given these alternatives, Sibley (1995) argues that those who experience mental distress may seek to withdraw from the 'geographies of exclusion' by retreating to their own homes. 'Pathological behaviour', such as social phobia, is then re-specified as a reasonable response to a disorientating and invasive experience.

Parr's (1999) work makes the similar argument that 'mad' behaviour is less acceptable in shared public spaces; the 'unreasonable' nature of distress renders it unwelcome in a society based on reason, since it presents a challenge to the idea that people are able to easily regulate and control themselves. She maps the intersections between those public spaces where such behaviour is not tolerated, and those designated spaces where it is allowed, such as mental health services and drop in centres. For example, Parr (1999), characterises delusional experience as involving a disruption of identities and a breakdown in the spatial boundaries between the self and the world; the experience of living with distress is characterised as a 'battle for the organisation of self' (p. 683). Retreat from public space is thus seen as an attempt to regain some 'ontological security' (Parr, 1999: 677).

Davidson (2000a) has duly noted the same phenomenon in her work with women diagnosed with agoraphobia, contrasting the security they felt at home with the increasingly unstable, dissolving sense of self in the outside world where, as outlined by Sibley (1995) and Parr (1999), distress is not welcome. Davidson (2000b) draws on Merleau-Ponty's concept of 'lived space', the subjective experience of 'objective space', to help understand her participants' need to practise going outside, explaining this in terms of them having to 'exercise' (pg 652) their establishment of a lived space if it were not to become 'hopelessly and debilitating contracted' (pg 652).

Finally, Segrott and Doel's (2004) investigation of OCD redefines the rituals and repetitious behaviour typical in OCD as reasonable coping strategies to living with a fear of contamination. Segrott and Doel draw on De Certeau's (1984) concept of 'tactical living' to capture what they conceived of as the active, constructive and potentially subversive nature of the ordering of space seen in OCD. As is well known, De Certeau distinguished between 'strategies' which create the structures and institutions of power and 'tactics' which are the practices through which individuals modify and adapt the structures produced without ever taking them over entirely. Segrott and Doel (2004) attempt to depathologise the symptomatology of OCD by redesignating it as a set of tactics operating subversively within power structures.

Now whilst we welcome the move in all these studies of geographies of exclusion and retreat to emphasise the material grain of the everyday lives of people who experience mental distress, we feel that this comes at the price of a relative effacement of the

psychological. Sibley's work, for example, appears to reify precisely the very categories of the normal and the pathological that his work aims to disrupt. The notion that the 'self-regulating individual' is the standard upon which contemporary citizenship is premised is quite fragile. If an admission of former alcoholism enhances rather than disqualifies the credentials of a US president, and a trip to rehab is seen as a career move for some forms of celebrity, then clearly 'exclusion' as such is refracted through other kinds of social dynamics. Similarly, we worry that Segrott and Doel, in hailing OCD as a creative transformation of social structures tend to overlook the ambiguities that accompany the behaviours they describe. Viewing repetitive hand-washing as a tactic against power may well subvert its 'pathological' character, but in Can-guilhem's terms it returns us to a fixed norm (i.e. that hand-washing is the only response possible) rather than to a notion of the normative (i.e. the range of other behaviours and feelings that OCD-diagnosed service users may engage in to manage their relationship to their everyday lives).

Parr (1999) and Davidson (2000a,b) do explicitly put the psychological back into their analyses, contained in the work cited here, but they do so in a way that we might characterise as ontic rather than ontological. That is to say that rather than articulate experience as it is lived, they firmly locate experience in a higher order entity – 'self' or 'lived space' – that may not altogether adequately express the ongoing experiences of their participants. The psychological is then effectively ring-fenced and projected into social space, rather than treated as a set of planes that are thoroughly interdependent with social and spatial experiences.

We see in these various geographies of exclusion, and in particular Parr's and Davidson's cited work here, signs of a very particular problematic. Social and cultural geography has by and large developed independently of social and cultural psychology (and vice versa). The two disciplines have then simultaneously approached the same domains of experience, but with very different agendas and traditions. Thus it is common to find social psychologists 'discovering' that place and social space grounds and resources identity (e.g., Brown, 2001; Dixon and Durrheim, 2000; Reavey and Brown, 2006, 2007; Reavey, in press), to see cultural geographers coming to recognise that emotionality and not merely cognition is fundamental to human experience (e.g., Anderson, 2004; Anderson and Harrison, 2006; Davidson et al., 2007), and points where psychologists and geographers arrive simultaneously in the same domain of enquiry in a serendipitous fashion (e.g., Brown and Stenner, 2001; Thrift, 2004).

We think there is currently a lack of sustained engagement between social/cultural geography and social psychology, which results in both an unhelpful mutual ignorance of respective intellectual traditions and a distinct sense of the unheimlich on those occasions where social/cultural geographers and social psychologists do actually cross paths. In this paper we would like to gesture towards increased engagement by setting out one putative framework for mutual exploration and debate and then demonstrating how it allows us to make empirical sense out of anxious experiences

from our own standpoint in social and cultural psychology.

3. Intersecting planes of (anxious) experience

The term 'experience' is not unproblematic, especially when it carries the resonance of a North American humanistic dialect (e.g., [Maslow, 1962](#)). There experience refers to the cumulative inner complication of a structure of needs over the life course. Our use of the term experience is far less precise, and draws on a tradition which includes the work of Deleuze as the most significant recent development. We use experience as shorthand for what might be called 'processes of engagement'. That is, the myriad ways in which actions, sensation and thinking entangle organic (and to some extent inorganic) processes together. In this sense it is plausible (albeit question begging) to speak of animal or chemical experiences along with specifically human experiences (see [Brown and Stenner, in press](#)). If experience is by definition a process of engagement, then it follows that it is continuously changing, provisional and unfolding along particular temporal rhythms, and also interdependent with other processes in such a way that it cannot be completely localised or bounded. For example, anxious experiences are rarely felt as a stable sense of dread about a given object, but have an undulating, waxing and waning character that is 'free floating'. Anxiety appears to emanate as much from the world as it does the person, constituting a porous and indeterminate boundary between the two.

Insofar as we can speak of 'human experience' as marking a particular domain, then it is a multiplicity of intersecting forms of experience, each with their own temporal pulse. Some experiences may initially appear to be firmly bounded by subject and body – visual perception, for instance. But as [Bergson \(1991\)](#) argued succinctly, perception is better understood as a relational circuit which identifies potentials for action. It is a bridge thrown between two changing processes (some aspect of the world and the human body), which expresses possibilities or tendencies to be followed in their mutual engagement (for a recent revisiting of this argument see [Massumi, 2002](#)). Other experiences appear to be radically external to the person. The history of technology, for instance is classically understood 'inhuman' in that it is a product of human labour rather than fundamentally intrinsic to what it is to be human. Yet as [Mark Hansen \(2006\)](#) observes, the technical is directly implicated in creating forms of experience that are otherwise impossible for the human agent – what Hansen refers to as 'infraempirical' experiences. Hansen focuses on new media and its relation to emotion and memory, but his argument can be expanded to encompass all of the affordances that are endowed by technology, the variety of forms of possible engagement that the trajectories of technical design and implementation bestow. For instance, there is a historicity to the design of private domestic space that is directly implicated in the possibility and forms of 'retreat' that [Sibley \(1995\)](#) sees service users as conducting. Similarly, the agoraphobic individual who has a home telephone available to them is living out a form of experience that is intrinsically 'technical'.

The empirical question is then how to surface this weave of relations between intersecting planes. For example, the medication that some service users routinely take clearly has an effect on their neuro-biological functioning (see also Reuter, 2002). How is the effect to be understood? The alternative appears to be between according medication some deterministic role (i.e. biological or psychiatric determinism), or to discount it altogether (i.e. social or political determinism). But we can instead say, from the perspective of the individual that neuro-biological changes mediate the relation between the psychological and the spatial – they alter, in a non-deterministic fashion, the possibilities for engagement. But we can also change the empirical standpoint and say that the historicity of medication mediates between the social collectivities of service users and the political collectivities of state welfare management. Gilbert Simondon's (see Mackenzie, 2006) notion of 'transduction' is helpful here. We can say that between two given planes of experience, the mediating third plane sets up relays, forms of feedback and novel transformations that act back on the possibilities for engagement for all three. The empirical standpoint we select matters for how we make visible and understand the variety of transductive loops involved.

For the remainder of the paper we will turn to look at the intersection of three particular planes of anxious experience and their relationship. We will begin in a similar fashion to the previously discussed geographies of exclusion by looking at the relationship between the psychological and the spatial. We will be concerned with the way spatialised experiences, such as 'comfort/ discomfort', 'danger' and 'isolation', set up forms of engagement with 'psychological' modalities of experience, such as embodiment, memory and thinking. But we will then go on to analyse the way that technical experiences, such as using personal audio devices and making use of internet based services, act to mediate the psychological and the spatial to transductively produce different forms of anxious experience.

4. Writing and discussing the spaces of anxiety: memory work and embodiment

Our interest in this study lies in understanding how the use of online support mediates these questions of negotiating living with distress in the community. This question is particularly relevant for those living with anxiety, 75% of whom do not receive professional support, and are often confined to the house. The internet, which can be accessed within the home, potentially offers a unique opportunity for those living with anxiety to access people with the same experiences and perhaps create 'normalised' spaces for distress. As Turkle (1996) argues, online communities do not rely on a shared physical geography, but are instead built on mutual experiences and interests, features that are shared with support groups. With 62.9% of the UK population online in December 2005 (ITU, 2005), the opportunity for accessing these forums is growing. Much of the research into online support has been focussed on the efficacy of these groups in comparison to face to face support. There has been some fear that internet use increases social isolation (Sanders et al., 2000), while others have found that it increases self esteem and lowers depression (Shaw and Gant, 2002). Houston et al.

(2002) found that heavy users of a support site were more likely to have resolution of their distress after 6 months and 37.9% preferred the group to face to face counselling; similarly Kummervold et al. (2002) found that their participants found online support empowering. Of interest here is how these particular spaces are engaged, assembled and managed, outside the walls of the clinic and the listening ears of the clinicians. How are community spaces, which are intersected by these virtual spaces, negotiated to produce particular kinds of distress and relief from such distress?

Threaded through a concern with the relationship between the psychological and spatial then is a concern with how individuals also physically manage their space – an engagement with how individuals assemble, configure and manage embodiment. By attempting to understand the management of distress in particular spaces (home, community, the virtual space of the web), it is clearly necessary to make sense of how the psychological is realised through certain physical practices, including dress, posture, eating and drinking and physiological changes, such as heart rate, sweating and nail biting.

One way we have found to approach the various planes of the physical, psychological and spatial (which of course are entirely interrelated) is via a return to a radical specifics of experience (Massumi, 2002). By this we mean an empirical project that refuses to begin with general categories (e.g., psychiatric categories, such as anxiety per se) as a way in which to engage participants in discussions of specific experiences (i.e. when did you last experience emotional discomfort?). Instead, we take as a starting point the entire specificity of particular experiences, in order to grasp each movement, each gesture and each emotion as it is in its textural presentation. This way, nothing is assumed in advance and there is no fixing of meaning, into a pre-identifiable and dominant discourse. This is especially important when engaging individuals in discussions of experiences of distress that are too often pre-empted or saturated with the presumed authority of psychiatric discourses and psychologised meanings.

In order to concentrate on the rich texture and specificity of experience, memory work was chosen (see Brown, 2001; Brown et al., forthcoming; Gillies et al., 2004, 2005). Memory work (beginning with the work of Haug, 1987) takes as its data written memories of specific experiences that are then analysed collectively by a memory work group (usually not more than six individuals). Rather than beginning with an interview question that requires an immediate engagement in an interpretive and analytical process, where motivations, reasons and justifications for particular events and experiences are called on, memory work begins with a description of a particular experience only. The memory of that experience is based on an agreed trigger by the group (in the case of this study, it was a memory of using an internet support group whilst experiencing emotional discomfort, which the group uniformly described as 'anxious'). This approach still takes a constructionist view of person and memory, assuming that memories do not just report past events but are accounts actively constructed in the present. Memories are therefore self-generated accounts that

provide insight into current subjectivity. They are also conceived of as tracing the way in which individuals engage with, appropriate and are transformed by societal structures in their everyday experience (Willig, 2001). The memories are written in the third person singular to ensure that the experiences are not overly personalised. Several authors have discussed the benefits of this distancing technique, including some therapists who have used this approach to encourage greater analytical skills in clients when they are called on to reflect on their own experiences in the past (Burman, *in press*). This technique is also considered to be useful for moving away from discourses of responsibility and culpability, as the 'I' is replaced with a more impersonal 'she or he' (Haug, 1987). For issues relating to mental health and distress, where individuals can feel judged or responsible for their distress, this third person strategy seemed appropriate and participants reported positively on its use.

Memory work also collapses many of the traditional binaries of research: subject/object; theory/method; as well as combining data collection and analysis (Crawford et al., 1992). Analysis of the memories produced is carried out collectively in a memory work group, either with all participants as equal co-researchers, or with a facilitator. The memories themselves plus the transcript form the memory work group are analysed, resulting in a richer data set than interviews alone can provide. In the example of memory work presented here, the group was moderated by a facilitator, one of the researchers (LM). This facilitation model has been used for memory work conducted in community settings, often as a consciousness raising exercise for those living with stigma, particularly HIV and AIDS (Ward, 2005).

Memory work groups are often limited in size, due to the labour intensive nature of the work, as well as the logistics of engaging with too many participants at one time. Three women aged 26 and one aged 42, all of white, British, middle class origin took part in the memory work group. The official mental health diagnoses of all the women were various, but all had experienced distressing levels of what they described as anxiety and used the internet to seek help. The participants were recruited using snow-balling methods and advertising both online and in mental health community groups across London. Ethical approval was sought from the University ethics committee, at a departmental and at a central level. All participants read and signed consent forms before taking part in the study and were provided with information relating to anxiety and mental health support networks. The online adverts were sanctioned by the administrators of the various sites that were accessed (e.g., 1in4 forum; nopanic). It was made clear to all participants that there was no obligation for them to take part in the study and that they could withdraw at any time; they were also sent copies of the transcripts and report. The data presented below is based upon the written memories of each participant and the subsequent group discussions of those memories. The use of both the pre-written memories and the group discussions results in a difference in transcription styles throughout the analysis. The conflation of both written memories and subsequent discussions is adopted by a number of authors using a memory work technique, in previous works (Crawford et al., 1992; Gillies et al., 2004, 2005), the aim

being to involve both the rich description of experience and the group's reflections on them.

The trigger for the production of written memories was any positive and negative experiences of seeking help online. The women were invited to write down their memories before the group met, and all memories were anonymised at the group discussion. The researcher who set up the group (LM) did not produce any memories herself as her role was as a facilitator, rather than a participant.

5. Public and private spaces

In this study, the critical spatial relationship to emerge was the management and negotiation of public and private spaces. This is a well known problematic detailed by a number of feminist authors, writing about the particularities of gender inequalities and the realisation of these inequalities across spatial private/public dimensions (Duncan, 1996; McDowell, 1983; Massey, 1994). Feminist geography, for example, has mapped a demarcation in the organisation of space in Western society between a public, political 'male' sphere, and a private, embodied, 'female' sphere. However, this difficulty also extends to other excluded groups, in particular, service users, who have commonly raised issues with the threatening nature of public spaces, wherein heightened surveillance can negatively contribute to anxiety and distress (Parr, 2008). Whilst it is not the aim of this paper to examine gendered dimensions of space in detail, we do nevertheless acknowledge the importance of the way in which gender informs experiences of space more generally (see for example, Reavey, in press).

Indeed, for the women who participated in this study, public spaces were often experienced as hostile, invasive and unpleasant and feelings of distress commonly lead to a retreat to private spaces of relative safety.

6. Anne's written memory exemplifies the exacerbation of distress by the experience of being in a public place

It was a route she frequently took, but despite it not yet being rush hour the number of unfamiliar faces made her uncomfortable. She had been working too hard, not listening to herself enough and suffering the consequences. By the time the train arrived [...] she knew she would have to make her way through a thronging crowd of hostile bodies, head to the ground as she averted eye contact with anyone. Not always, but especially today. As usual she had her walkman playing the same old songs which, like old friends, were comforting and felt safe. But the mindless distraction of music which was always able to transport one from the uncomfortable situation of sitting in an enclosed atmosphere with swarms of strangers [...] did not work today (Anne, 1–6).

Space here is presented as unwelcoming, thronging with 'hostile bodies' and 'swarms of strangers'. These images of invasion recall Davidson's (2000b) analysis of women diagnosed with agoraphobia in which she pinpoints a source of distress as a disruption

of the ability to negotiate 'outside' spaces, with the women feeling 'assaulted by external space, crumbling inwardly under its pressure' (pg 650) and being unable to maintain a coherent sense of self under this pressure. As Davidson identifies, it is not being outside in itself that is deemed to be the problem, but rather being exposed to other people; outside space then is 'somehow charged, populated with the constructions of others' (pg 605). It is indeed the social nature of the space that appears to be problematic for Anne, as she reports feeling uncomfortable with the 'number of unfamiliar faces' and 'strangers' which mark the space as public. The coping strategy Anne presents is the use of her walkman as an attempt to create a 'comforting' 'safe' environment filled with 'old friends'; in other words, to retreat into a created private realm. This strategy, however, 'does not work today'; in her distressed state, she expresses that she is unable to 'transport herself away' and remains firmly rooted in the public realm. Furthermore, this experience is reportedly linked to her distress; she feels this way in this public place 'not always but especially today'.

Public space then is laden with meanings that render Anne's experience of distress profoundly unwelcome. Kate's memory describes a similar experience, firmly demonstrating these concepts are not only abstract, but inform, colour and delineate her embodied experience of public space:

'Isolated, her only friends in the area have moved away, frightened of the 'zero-tolerance' policies that are being enacted in her area; already the two mentally ill women a few doors down have been driven out, their behaviour misinterpreted by a thick & vindictive neighbour as drug-related. The neighbour anonymously tipped off the police who stormed the house at 06.00 – the schizotypal neighbour decompensated faster than you can say 'fragile personality' & is institutionalised again, the other can't pay all the rent so she had to leave. The anonymous denunciations are coming thick & fast now & she has become more & more afraid to go out – this is no place to try to address social phobia or paranoia [...] She doesn't like to look out of the windows of her home – keeps the blinds drawn on the rats, the railway embankment & the rows of mean little terraces.' (Kate, 1–8; 14–15)

For Kate, public space is saturated with hostile appraisals of distress and hence of herself. Her immediate environment can be seen as a microcosm of society; she recruits the fate of the two 'mentally ill women' to represent the wider position of those with mental health problems. 'Zero-tolerance' police storm her neighbour's house evoking the harsh, insensitive effectation of authoritative power that privileges the ignorant fear of the neighbour over the rights and welfare of the person in distress. This reflects the growing centrality of fear and risk both in mental health legislation (Harper, 2004) and wider public conceptions of distress (Phelan et al., 2000). Economic instability and exclusion (Rogers and Pilgrim, 2003) are also highlighted by the fact that her neighbour 'couldn't pay all the rent and so had to leave'. Oppressive practices and discourses disseminated throughout society are here spatialised in a particular and localised way; they infect and determine Kate's experience of public space. More than a matter of

stigma, or the fear of stigma, exacerbating her distress (Green et al., 2005), here discrimination is embodied in the spaces in Kate's life, forcing her to retreat into her home, keeping 'the blinds drawn' on the rest of society. The exclusionary coding of public space here serves to feed, create and maintain her distress, ironically the experience that excludes her in the first place.

7. Protecting the private from the public

The prevailing organisation of space rendered public space problematic, intrusive and hostile for the participants, especially when experiencing distress. Still having to live in the world, as well as manage their distress, however, participants employed a number of strategies in order to help them negotiate these spatial structures. In the passages above, for instance, Anne puts on her headphones in an attempt to create a buffer between her immediate environment and herself, while Kate 'keeps the blinds drawn on the rats, the railway embankment & the rows of mean little terraces'. These are both embodied, spatial acts that attempt to modify the prevailing organisation of space in a way that makes their negotiation of the world a little easier. There is a sense of relief from pressure in both of these actions; both attempt to shut out the outside world in order to create a private space.

A further example of this can be found in Anne's memory, where she describes the process she goes through before seeking help:

'There was no-one home and the lights were all off. She rang everyone with the sole intention of checking no-one was arriving home anytime soon. These phonecalls which lasted a few minutes each seemed to go on forever as she impatiently waited to go online. The room was cold as she entered and she shivered as she turned the computer on, partly in nerves, but also the room was colder than usual. She fetched her baggy cardigan which was comforting since it was baggy and did not show her true form and yet perversely made her look fatter, a confirmation of her incentive [...] She heated up as the discussion progressed, indeed she actually felt rather hot, maybe this was the crying, still she felt able to remove her cardigan (her armoury) and it felt rather symbolic of the moment.' (Anne, 35–40; 59–61)

Before engaging with any online help, Anne carefully adjusts, or stylises (Brown, 2001) her environment in order to create a safe, private space. She ritualistically rings the people she lives with to ensure that she will not be interrupted; securing privacy is the 'sole intention' of her phone calls. This is a protective measure, designed to buffer Anne against any intrusion of her private space by others while she seeks help. Elements of protection can also be seen in her recruitment of her 'comforting' 'baggy' cardigan as a further 'armoury' to muffle her 'true form' – the focus of her distress. Once she has found 'the empathetic non-judgemental voice [she] had been looking for' (Anne, 56), Anne has been able to express her distress, feeling then able to remove this protective shield. Her cardigan is hence recruited as a 'non-human participant' (Reavey and Brown, *in press*) to contain, or embody, this need to protect herself from censure and to hide

the expression of distress. Living within societal structures that render distress so unwelcome, Anne employs these active, embodied and spatial practices to help buffer and protect her, sustaining her privacy.

8. Extruding the private into the public: the role of virtual space

In the above extract, Anne carefully secures her private space before venturing on to the internet in order to seek help. Similarly, Kate's memory of setting up her 'moblog' (a visual weblog) is heavily concerned with issues of privacy and protection:

She searches & reads; file sizes T&Cs copyright or can use Creative Commons¹ licensing. Their free service involves a single advert from Googleanalytics based on page content, or paying customers are advert-free, the privacy policy is excellent & properly maintained. The filesize is OK on the free version, there's good support & comments are well moderated. Within the terms of the internet, it's a very safe place.' (Kate, 15–19)

When constructing her virtual space, Kate is equally as careful as Anne to ensure security and privacy. She is concerned both with the copyright of her images and with any adverts or comments 'that might encroach upon what is solely a you know an expression of yourself' (Anne, 193). Virtual space then, does not provide an unproblematic escape from the concerns that are encountered throughout public and private spaces. The use to which our participants put virtual space is instead intimately bound up with their negotiation of public and private spaces and the meanings threaded through them. This is perhaps best demonstrated by the description in Anne's memory of writing a post in a chatroom describing her distress:

She began to write a post, it was pure indulgence, like a cap being lifted on a whirlpool every horrible detail, every anxious burden came flooding out. And more, more thoughts and feelings that she was aware she'd ever had. The months of dark thoughts, free falling anxiety and emotional isolation came out in words which seemed to be coloured in strange hues forming a kaleidoscope where single thoughts had once sat in her mind silently in muzzled, fuzzy muted tones. She felt alive and almost proud of her confessional.

Having written it she read it through, it made perfect sense, what had been complicated and overwhelming in her head seemed to be concise on the screen, accessible (Anne, 42–43).

Here Anne presents the internet as a space in which she is able to finally express her distress, to unburden. She describes this as a real sense of liberation ('like a cap being lifted off a whirlpool') as all of Anne's 'dark thoughts' are able to come 'flooding out' at last. Interestingly though, it is the form that this release appears to take. Intrinsic to Anne's account here is the transference of her complex lived experience into a written artefact. In doing so, her account takes on many of the aspects of public space noted above: what was private and embodied ('in her head') becomes disembodied ('on the

screen'); her isolated, or 'atomised', 'single thoughts' are apparently now collected together in a 'kaleidoscope'; and what appeared to be 'overwhelming', 'freefalling' and 'dark' is transposed into 'concise' and 'accessible' rational discourse that makes 'perfect sense'. The public, collective and rational hence replace the private, isolated and irrational in this particular account. A more descriptive term than transference here is perhaps 'extrusion' (Latimer and Munro, 2006): in order to access the internet, the complexity of Anne's lived experience has to be squeezed through the mould of written language, of rational public discourse. The internet here provides a space in which she is able to share this public account with others. In the discussion, the usefulness of being able to share accounts in this way was identified as one of the major positive features of internet use:

Natasha: 'we're both looking for so for empathy we're [Laura: yes] just looking for someone to see if someone feels the same' (17–18).
Kate: you can't feel that way about other people other people recount the same symptoms and you take a perfectly reasonable sensible approach to them and it's like 'no it's not really like that here's how you can also consider it' then when you do see it written down in black and white by somebody else you have to accept unless you're you just have to accept that this is a normal part of human existence these kinds of feelings kinds of feelings and and it is difficult but . that's a relief that you're still you know in the range of normal human just kind of having a rough time normal human (236–244).

Being able to access other accounts ('someone who feels the same') and have others read and understand their own experience was therefore a central reason she gives for seeking online help. Kate here identifies that the particular form these accounts take is an important part of this process; the alternative presentation of her experience in the form of a rational, public discourse ('written down in black and white') precipitates a reading of her experience as a 'normal part of human existence'. Finding reflections of their distress in public discourse here serves to validate the experience of our participants; perhaps the expulsion of distress from the public realm renders opportunities to 'recognise states' (Kate, 47) in this way as scarce. It is noticeable here that increasing public accounts of distress has also been a central aim of the service user movement which, through engagement in political and public discourse, has attempted to raise the status of service users' viewpoints to reach parity with professionals (Campbell, 1996). This has now lead to a situation where: "Government seeks their views. The service provider is obliged to consult with them. Mental health workers seek their help in professional training" (Campbell, 1996, pg 218); dragging accounts of distress out of the private and medicalised spaces to which they have been expelled can therefore be seen to have powerful political implications. Another important aspect of the publicising of service users' accounts of distress has been the bypassing of medical and 'expert' interpretations of distress to be replaced by peer validation; it is interesting that both of these elements were reported as present in seeking help online as opposed to through traditional medical channels.

The internet seems to provide a communicative space in which our participants are more easily able to produce, access and share accounts of distress which, although they may not have such an overtly political purpose as those attached to the service user movement, do, however, succeed in including expressions of distress 'in the range of normal human. just having a rough time normal human'. We are not suggesting that online contact is in any way homogenous or uniform in the kinds of interactions it engenders. Different websites may invite particular modes of interaction depending on the ideology of the site, the frequency of traffic and availability of resources. It is, however, noticeable that in order to be included 'in the range of normal human' accounts of distress, the account must first be extruded into a public, rational form; once in this form, our participants then reportedly felt more able to 'take a reasonable sensible approach' to their experience, in other words to apply reason to understand their 'irrationality'. Virtual space, although facilitating the production of accounts of distress and increasing access to these accounts, does not therefore provide an escape from the societal and spatial demarcations that serve to exclude those in distress in the first place. Instead, it perhaps provides an intermediary communicative space where those in distress are able to extrude their private experience into public accounts in a way that provides them with more opportunity to be able to first buffer and protect themselves from some of the hostility inherent in public spaces. However, we do recognise that group dynamics that may contain hostile elements may still operate in an online context which still requires effortful negotiation and management. In other words, virtual communities are no more individualised than face to face, embodied communities.

9. "Practising scales": the internet as a rehearsal space

It was the ways in which virtual space appeared to be different or removed from embodied space that participants found most useful. Despite facilitating access to accounts of distress, and hence to others with the same experience, the absence of embodied interaction was cited as a positive, rather than negative attribute of the internet. Firstly, the lack of human contact was described as helpful when trying to generate accounts of distress, in 'getting it out cos cos even if I was talking to someone like my mum or something you stumble and you kind of [...] censor it a little bit even if you don't mean to' (Natasha, 47–48; 53). Secondly, the specificity of the internet which encourages the individual to 'isolate a particular experience' (Kate, 28–9) to deal with out of the context of relationships, responsibilities and histories was reported to be useful, and compared to the complexity of living with distress in the rest of the world: 'you can be seen in the context of the problem at that moment and not then part of the identification of you by your friends' (Kate, 35–36). The immediacy, specificity and decontextualised nature of virtual communication were what differentiated this space from the embodied spaces in these accounts. Participants described using the decontextualised nature of the internet to isolate and practise certain aspects of social interaction that they found hard to manage as 'speech is like anything else if you don't practice it you stumble' (Kate, 120). This recalls Davidson's (2001a) description of her

participants having to practise going outside if they were to maintain their 'lived space', the space in which they felt able to operate. In virtual space, however, this practising takes on a particular character:

Kate: it's like practising scales you know going out and really engaging with people never mind engaging with them and talking about difficult stuff in the same room [with them no erm but you kind

Anne: [mmm]Kate: of um you're not er you're not practising the scales so you can get the fingering right [of social interaction because um. you know]Laura: [mmmm]Kate: like when autistic people talk about being sideways on to social interaction not being able to gauge. the more isolated you are the more you lose that um being able to just concentrate on how people make jokes is [sometimes all you can do [um all you]Anne: [mmmm [mmmm]Laura: [yeah]Kate: can maintain all the other stuff is is too much you'll deal with playing the proper music when you can just get your fingering right (883–895).

Captured here by participants are both the advantages and limitations of the internet as a form of technological mediation. According to Kate, scales underlie the foundations of music and their practise will increase both fluency and understanding when playing. Nevertheless, they remain a mechanical abstraction of 'proper music', devoid of the melodies and harmonies that are the ultimate aim of playing. Compartmentalising experience in this way, removing 'the experience from having to deal with well group dynamics and things like that or em being outside your comfort zone' (Kate, 252–253) is here reported to be a useful tool when the 'proper music' of 'really going out and engaging with people' is too hard. Thus, the particular nature of virtual space appears to provide a breathing space to try and 'get your fingering right' first before facing the 'real music' of the real world. There is, however, a real sense of the limitations of the practises enabled in virtual space in these accounts. Compared to the movement ('thronging crowd' (Anne, 4); 'moving fast moving crowds' (Natasha, 537)) and complexity inherent in descriptions of public spaces, virtuality is 'repetitive' (Natasha, 106), abstracted and in danger of sterility.

The 'fingering' of social interaction is not the only things that participants reported using virtual space to enact. In the same repetitive, abstracted manner they also expressed that it was the compartmentalised nature of virtuality that performed and generated certain aspects of a 'well' self:

Kate: well doing it in itself is a gesture of um intention [you know you are]Natasha: [yeah]Kate: hopeless but I think part of why you can get into you searching and searching is because you're trying to generate hope [because

Natasha: [yeah]Kate: when when you're really bad you get into these ridiculous conversations with your therapist where they're like saying 'well at least you've got some hope you're still looking' I was like 'no I'm trying to generate hope I have an

intellectual relationship with the notion that if I had hope I would feel better (791–798).

Kate: the thing we keep saying about control though from me what I would like to say is it's not about I have a desire for control it's about feeling. that there is such a level of complexity in my life and in even to go about addressing my problems that it's not I want somewhere where I can have control it's like I'm supposed to have control [so I'm going to do this thing that is within my control

Anne: [mmmm]Natasha: [yeah totally]Kate: and for which I am not responsible socially politically emotionally financially I you know it's just a thing that I can try it's like a rehearsal space]Anne: mmm]Kate: and and it's trying to do control rather than have control Anne: and trying to do control that pleases some expectation of yourself in relation to your problems y'know]Laura: mmm]Anne: as opposed to actually taking control and then feeling like a normal rounded person you've done that so off you go you're fine but it's making the gesture it's trying to normalise yourself again (813–830).

'Hope' and 'control' are two aspects of ongoing experience that our participants identify as necessary in the making of a 'normal rounded person'; These emotions and abilities, for example, appear out of reach when distressed; as Kate says, it is not hope that drives her to continue looking for new treatments and help on the internet, but by acting like a person who has hope, she is attempting to generate it in herself. In the same way, the feelings of 'control' and 'ownership' (Anne, 781) that our participants talked about throughout their dealings with virtual space are here acknowledged to be only a 'rehearsal' of 'actually taking control': 'I'm supposed to have control so I'm going to do this thing that's within my control'. The separation of virtual space from other responsibilities 'socially politically emotionally financially' enables these 'repetitive' attempts to conjugate relations between psychological and spatial planes of experience. They are not, however, described to be a replacement for the 'proper music' of 'actually taking control', the internet is presented as only providing a space in which particularised, abstracted aspects of experience can be rehearsed to render participation in the 'complexity' of embodied space less taxing, and less distant from their current experience.

10. Conclusion

In this paper we have been concerned with how to address mental health in a social psychological framework without reproducing the reductive and generalising tendencies that often accompany such an ambition. Our aim thus is to explore the radical specificities of participants' experience, rather than to verify or expand on pre-existing and generalised professional (often diagnostic and medicalised) categories. This problem is explicitly addressed by adopting a memory work approach that begins with the texture of particular experiences, rather than through responses to interview questions, set by a researcher. By allowing participants to generate accounts that contain rich descriptions of the actual spaces, embodied feelings and sensations that

their experience comprise, a departure from a static narrative of pathology and normality can, to some extent, be avoided (Campbell, 1996). The particular instances documented in this paper on anxiety, we would argue, could be viewed as a means of providing an alternative methodological framework for research on a variety of topics relating to emotion, embodiment and space. This is an approach, which potentially resists pre-fixed or dominant categories and fixed research agendas that define the object of concern before participants have even begun to speak.

Following Canguilhem, we have not wanted to make mental health appear as a fixed norm around which the lived experiences of mental health services users can only appear as ways of perpetuating the conditions (whether considered as biological or societal) that underpin their distress. What we have seen is that our participants engage with experiences, many of which have a technological basis, that create interesting potentials for living. Whilst Segrott and Doel (2004), following de Certeau, would identify these as endogenous 'tactics', we would see them, extending Canguilhem, as modes of normativity: adaptive practices which expand the potentials for lived experience, in this case the experience of distress.

The value, as we see it, of adopting a vocabulary of intersecting planes of experience is twofold. First of all it forces us to recognise that the diversity amongst forms of experience is irreducible. Spending time on the internet is not the same thing as moving through public space. Similarly, what is being done when Anne wears her baggy jumper in her house is not of the same order of experience as what she does when she plays her walkman whilst on the train. Saying that the former belongs to a variety of psychological experience and the other to a form of spatial experience is not an attempt to purify the two acts. Doubtless there is something of the psychological in the spatial and vice versa, but the provisional separation of the two reminds us constantly to return to the specific, the concrete, and to reign in an impulse to generalisation. Secondly, by referring to planes of experience we are drawn back to the idea that as 'processes of engagement', the practices and activities corresponding to each plane are open-ended, in a continuous process of change and evolution, which follows its own rhythm (for example, the time of interaction on the internet vs. the time of interaction spent waiting for a train). Moreover, these rhythms intersect to produce all manner of interesting counterpoints in experience (see Middleton and Brown, 2005). We see this clearly in Anne's description of the preparation work she does in her domestic space to facilitate her engagement in virtual space.

Massumi (2002) resurrects William James' notion of 'radical empiricism' to propose a turn towards the concrete particularities of living that is able to entertain differences – for example, between the psychological and the spatial – whilst recognising that these differences are not necessarily given in nature. Rather they are emergent differences that occur through the myriad forms of engagement that multiplicities (collective, human, animal, inorganic) create and sustain with one another. We would like to situate the engagement of (social) psychology with (social and cultural) geography in

these terms. It is not that one discipline augments or corrects the other, rather that their recent conjunction opens up some planes of experience that are ripe for development.