

This is an accepted author version of Tucker, I.M. & Smith, L-A. 'Topology and mental distress: Self-care in the *life spaces* of home. *Journal of Health Psychology*, 19(1), 176-183, DOI: 10.1177/ 1359105313500260.

Topology and mental distress: Self-care in the *life spaces* of home

Abstract

This paper develops a topological approach derived from Kurt Lewin to analyse the psychological *life spaces* produced in a mental health service user's home. Drawing on arguments that space plays an important part in the organisation and management of mental distress, photographs of a service user's home are analysed as topological spaces. The paper argues that topological theory can contribute to community health psychology through framing psychological distress as spatially distributed, meaning individual bodies, environments and action are conceptualised as equally contributing to the organisation and management of health related experience and activity.

Introduction

Understanding health in relation to space and context has been an emergent enterprise in community health psychology in recent years (Hodgetts, Radley, Chamberlain & Hodgetts, 2007). This article seeks to add to existing community health psychology literature through developing a topological approach that conceptualises psychological experience as spatially distributed, and as such, avoids a dualistic modeling of the relationship between individual and environment. Furthermore, a contribution to existing spatial literature in community health psychology is made in the form of a topological approach to distress based on analysis of a service user's home space. Reductions in mental health funding for voluntary sector and social service run day centres are leading to closures of valuable community spaces, resulting in service users potentially spending greater proportions of time at home (Needham, 2011). One result of this is that home space is becoming a key part of mapping the territories that constitute 'community' (i.e. non-in patient) mental health (Tucker, 2010a, 2010b). In this paper photographs of a service user's home will be analysed from a topological perspective in which psychological experience is conceptualised as *spatially distributed*.

Space has been argued to be central to understanding self and identity, based on the premise that different spaces can produce different aspects of the self (Dixon & Durrheim, 2004). This is part of relatively recent social and community psychological research that has begun to address the issue of space, not just as another element of our social worlds, but as a designator of the kind of experience psychological activity takes (e.g. Dixon & Durrheim, 2004; Tucker, 2010b). Influential to this move is the long history of work in human geography that has demonstrated the benefits of approaching experience as a spatially bound activity (e.g. Massey, 2005; Callard, 2004; Thrift, 2008). In the field of mental health, space has featured in work looking at relationships between space and incidence of mental distress (Williams, 1999), along with how certain spaces can be designed as therapeutic (Gesler, 2003). Studies have also categorised mental distress as spatially bound in diagnostically-specific ways, e.g. in relation to delusions (Parr, 1999). Geographies of mental health (e.g. Parr, 1999), though, have tended to adopt a model of space that imbues certain spaces (e.g. garden projects) with properties that can be afforded those who interact with such places. Topology offers a potentially useful addition to such work, in terms of considering psychological experience as, by definition, spatial, rather than as dependent on the extensive properties of certain spaces.

Kurt Lewin's Topology

Topological psychology has its roots in the Gestaltian theorising of Kurt Lewin, which applied ideas from theoretical physics to develop a spatialised form of psychology. "[E]very psychological event depends upon the state of the person and at the same time the state of the environment" (1936: 12). Lewin did not view psychological processes as operating according to individual inherent sets of properties, but as produced in concert with other objects (human and non-human) in psychological *life spaces*.

"[I]t is not thought then that the environment of the individual serves merely to facilitate or inhibit tendencies which are established once and for all in the nature of the person. One can hope to understand the forces that govern behaviour only if one includes in the representation the whole psychological situation" (1936: 12).

The concept of life space is defined as the "whole psychological situation", in which 'person' and 'environment' are understood as co-constituents of a given situation. Crucially, there is no pre-figured theoretical distinction made between the individual and environment (which distinguishes Lewin's topology from contemporary environmental psychology for example). For Lewin, not having pre-defined properties means being subject to the potential for context-dependent formation, in which "the centre of interest shifts from *objects to processes*" (1936: 16). Fundamentally, Lewin was interested in developing a non-reductionist approach to the study of psychology. He was put off by classic psychological problems, such as the relationship between perception and representation, and instead sought a more pragmatic approach in arguing that "what is real is what has effects" (1936: 19). Viewing psychological processes as distinctly separate from environmental ones was an error for Lewin. His topological approach set out to overcome such dualistic thinking in favour of a relational model of distribution.

Brian Massumi captures the point that topology is not *about* space, but about seeing experience *as* spatial; "cognitive mapping is secondarily applied to the experience of space, or the space of experience" (2002: 181). Topology is not then about rendering psychological processes as dependent upon spatial categories, because "[I]t is rather a description of psychological events from the perspective of the distribution of potential experiences" (Brown, 2012: 140). The concepts of region and boundary are key to designating the form that a particular topological space will take. Boundaries are not necessarily designated by physical objects, but can be produced through *intensive* processes, e.g. an angry look. A region is important as it marks out the 'psychological life space/ s of movement' within a given boundary. A key aspect of regions is that they are subject to change at any time, with the range of possible psychological events contingent on the topological ordering of the region. Thus, in undertaking topological analysis, concern is on the forms of region existent in a given situation. In developing his spatialised approach to psychology Lewin deemed intensive factors (e.g. emotions, motivations) important, rather than analysing the extensive properties of a space (e.g. size, shape). In terms of mental health, this means that distress can be framed as occurring in the form of psychological events that take a topological form. The characteristics of psychological events are dependent on the intensive relationships that manifest the topological space. This is another key reason that topology is of value to psychology, namely that it presents psychological activity as central to the organisation of environments, and therefore communities and culture. Topological approaches have started to populate the social sciences (see recent special issue of *Theory, Culture & Society*, 2012), and it is with these in mind, that this paper develops.

Topology and Community Mental Health

Developing a topological approach provides an empirically grounded theory of the relationship/s between individuals and communities that can broaden the boundaries of existing community health and mental health literature. The topological framing of psychological experience as spatial is of considerable value to community health psychology because of the inherent focus it places on relationality and context. Furthermore, the non-dualistic rendering of individual and environment means all psychological activity is, in effect, potentially collective in terms of being intrinsically connected to others (both humans and objects). However, the starting point is never a particular 'place' (i.e. a context with existing meaning and signification), but rather identifying the psychological life space/s in which an individual experiences their mental distress. Life spaces are not necessarily spatially dependent (i.e. occurring in a pre-existing place), because notions of distance, size and scale are irrelevant in topological theorising. For instance, Lewin stated "there is no topological difference between a drop of water and a sphere the size of the sun" (1936: 88). Hence, topology is an innovative and valuable broadening of current health psychology literature through its focus on the spatial distribution of health related activity and experience. This allows for a significant contextualisation of health and wellbeing, as no aspect is reduced to the level of the individual, but always understood in terms of individual and environment as multiple topological spaces.

Method

The use of photographs with interviews is becoming a well established form of visual ethnography. For instance, Gillian Rose (2007) argues that images are instilled with their own power relations which are then negotiated between the visual image and the viewer. In this way, photographs are taken and displayed as a means of indicating certain social experiences and relationships (Pink, 2006). Hurdley (2007) supports the position that photographs are not merely snapshots taken without thought and planning, but are bound up with cultural norms, hierarchy (in terms of selection) and social identity. In this way, selected photographs for display and analytic interpretation can become part of the production of symbolic spaces; they are presented to the viewer with the intention to communicate a visual record of the cultural self at that moment in time (Ruby, 2005). This makes analysis of photographs valuable for topological analysis as they provide a visual presentation of psychological life spaces, which when combined with accompanying narratives, provide insight into how psychological events are spatially distributed. The analysis fits the recent move in psychology to recruit, where possible, visual reference points for participants to engage with when talking about their lives (see Reavey, 2012).

In the following section we see two photographs of domestic spaces of a mental health service user, Steve, who was one of four participants invited to take photographs using either a digital or disposable camera (supplied by the research team). Participants were asked to take photographs of their home/ garden spaces over a period of two weeks. Participants were then interviewed to give them the opportunity to discuss their photographs. There were no other instructions given apart from requesting that photographs of other people were not taken due to ethical concerns. The research team were not present at any time during this process. It is also worth noting that originally a video camcorder was purchased for the purpose of exploring home spaces and mental distress but due to the relatively high cost of the equipment together with the potential vulnerability of people such as Steve (i.e. being subject to harassment within his immediate neighbourhood) this was deemed a risk to a participant's wellbeing. Nevertheless, the photographs offer a valuable way of visually the home, and when analysed with the participant narratives, to undertake a topological analysis.

The analysis focuses on illuminating some of the potential distribution/ s of psychological experience in and through Steve's home, and his role as an active agent in its organisation. The photographs below were taken by Steve, a 50-year-old service user, who lived alone in a one-bedroom local authority property in a large provincial town in the East Midlands, UK. Steve has received a diagnosis of 'paranoid schizophrenia' whose mother had died two years previously, which he reports as having a devastating impact on his life. Although Steve's mother had died two years previously, it was a subject that he often discussed especially at times when he felt lonely and isolated.

Distributions of psychological activity in domestic space/s

The first photograph below is of Steve's kitchen. In analysing it along with Steve's narrative it is not the space in and of itself that is the 'life space', but its connection with Steve's everyday life:



"That's my kitchen right and there's two sides to it and that's what mum gave me um a cooker and that's an old dishwasher which was me mum's which she left me when she died and I miss her and doing errands for her...and it's well you can see it's not a big kitchen and um messy (laughs) so I thought I'll show you my kitchen (laughs) and that's a drainer (laughs) and as you can see I can be very lazy when I'm on me own and I've got this stuff here cos' I'd have to pay to have it taken away and they um the Council they charge five quid to do that um looks and that's why my house looks like it does um looks like a scrapyard don't it? (laughs)"

At first glance Steve's kitchen appears messy and lacking structure, with the presence of a dishwasher (the front right of which is visible in the photograph), seemingly out of place in the middle of the room. It is situated in the centre of the kitchen, alongside a rubbish bin. Despite the space, to use Steve's words, "looking like a scrapyard", some forms of functionality can be seen. For instance, although the bin is in the centre of the room it contains a bin bag and is relatively empty, suggesting it is regularly emptied and works as part of a functional process of managing domestic waste. Practices that may take place on the worktop, such as making a cup of tea, now take place on the dishwasher. Cutlery is placed in a cutlery basket, and whilst there is some crockery awaiting washing, the amount is not significant and would not look out of place in many domestic spaces across the country.

Some of the kitchen is of course fixed, such as the cabinets, sink etc, meaning Steve has to work with a semi-stable space. However, the *regions* of possible distributed psychological events are not solely dependent on the fixed physical aspects of the space. To analyse it only as a physical space is to potentially miss the intensive psychological possibilities. When analysed in conjunction with Steve's narrative we can see how the region/ s created facilitate a link to the past in terms of the relationship to his mother. The dishwasher acts to mark out a remembrance space, in which memories of his mother can be recalled. When Steve connects with the dishwasher through his everyday activities (e.g. making a cup of tea) he is creating a *region* that links him to his mother. To remove the dishwasher would be to remove the possibility for the experience of linking with his mother. So, although at first the dishwasher's positioning may seem to restrict activity by obstructing movement, by existing centrally it becomes an object with multiple opportunities for connection in a topological sense. Indeed, moving in that space almost always involves connecting with the dishwasher, either directly through placing things on it (ashtray, coffee, sugar), or indirectly, through moving around it. So, instead of seeing the kitchen as unstructured, it can be seen to act as a multi-functional space enabling, in relation with the 'object' of Steve himself, a set of actions, some operating at an everyday level (e.g. the management of domestic waste) and some at an emotional level (e.g. sadness at loss of his mother). The kitchen space, as bounded by brick walls and entry/ exit door, becomes a psychological life space in which Steve's thoughts, feelings and emotions are made possible through its organisation and management.

This is not to suggest that the kitchen space forms an enduring stability. It may well change, as Steve could consider the time has come to remove the dishwasher and re-organise the space in a more traditional fashion. He mentions the requirement to pay the local council to remove the dishwasher, which in the future, he may have the means to do. If that were the case then a new set of psychological life spaces would be made possible, requiring their own topological analysis. As it stands we see the importance of Steve having a space in which he has some level of personal control. However, the space is not always private, with its organisation conducted in relation to conversations and negotiations Steve has with others (e.g. support workers) about his on going levels of distress, particularly since the loss of his mother. Steve's kitchen can be analysed as part of a journey, a 'transition through life' space, with its specific organisation being temporally specific. He may feel different next week. The topological point is that we need to analyse, in concert with Steve's narrative, the psychological events made possible in the relations between the objects, Steve and the regions and boundaries formed. In the following data extract we see another context in which Steve's *life spaces* emerge, namely his lounge:



Steve – That’s me garden there

Lesley-Ann – is there any reason you don’t grow anything there?

Steve – Well it’s myself mmm (1) and the main reason that it’s not attractive (Lesley-Ann=mmm) and the main sort of um eh and I just took it there just to show that I live on my own and eh mmm (2) I mmm just lost me mum which is hard to get over.... I don’t let anybody take over my place or touch my place in any way...when I get home I shut the door and it’s my world and no-one else’s...and now in the July to September breaks you’ll get youngsters harassing me and calling me a paedophile like that and it’s not very nice...you know youngsters in cars chasing you round in cars and then I think I’ll have a panic attack which I did a fortnight ago

In this picture we can see Steve’s lounge and part of his garden. Of interest is how the garden acts as an intermediary *boundary* between the assumed privacy of home, and the public space outside. Boundaries act to determine the setting of possible actions within the *regions* they define. In this photograph we see that care is taken to keep the lounge reasonably well ordered, and arranged in a way that is quite distinct from the kitchen. For Steve organising the home space is done with awareness of the possible range of problematic connections outside the home that he seeks to “*lock himself away*” from (e.g. the experience of being harassed and bullied by local teenagers). The potential visibility of his lounge from outside results in a desire to organise it in a way that will not exacerbate the negative relations he can experience outside home. This may not be successful, but a space is produced that distributes Steve’s psychological experience in such a way that attempts to minimise possibilities for bullying and intimidation. Doing so involves creating small regions with limited possibilities for new connections to be made. This though does not stop Steve presenting a semi-open boundary through leaving the door open. A region is created with the outside space that potentially allows for Steve to enter and engage with it. Whether he does is not the prime concern, the

point, from a topological perspective, is that the open door links inside and outside as one region, rather than present them as distinct spaces. The difficulty Steve has is combining the linking of inside and outside with his desire to develop what Lewin called *closed regions*, namely a closed off and private lounge area. The open door has a psychological function as it delineates the boundary between Steve and his immediate neighbourhood. This presents numerous possibilities for psychological action. For example, it potentially allows Steve to feel more engaged with the immediate community and feel more at ease with the 'outside' looking in. It also enables Steve to have 'one foot in, one foot out', as he discusses showing his garden to the viewer as a way of accentuating his loneliness "I just took it show you I live on my own". He has opened up to the outside world but the door when closed can also shut that world out, "when I get home I shut the door and it's my world". In this way, a door being open or closed can allow different possibilities and emotions to emerge, which in turn points to the possibilities for multiple 'life spaces' to be produced.

Steve's reluctance to leave the home is evident in the rather general response he gives to the question as to why he is not more creative with his garden ("*it's not attractive*") and that he only took the lounge photograph to demonstrate he lives alone (which is something the interviewer already knew, and the evidence for which was not specific to the lounge). What we see is the challenge in managing space that can be produced in multiple ways through connecting regions, with the anxieties that can exist in relation to leaving home space. Despite these challenges, having a space in one's control is seen to be important. Of course, this is conducted on the back of the negative connections Steve has experienced near his home. Were he able to form more productive relations the nature of his home would also be susceptible to change (e.g. he may start doing more in the garden). The point is that none of this can be easily captured in models that focus primarily on spaces as physical entities with extensive properties, rather than mapping the psychological events made possible through regions and boundaries created through intensive processes.

Discussion

The topological argument developed directs us towards analysing home spaces as setting the conditions of possibility for actual experiences. In this sense, we cannot map experience directly onto the photographs, i.e. analyse them in terms of actual experiences. Instead, we can fruitfully consider home spaces constituted as multiple psychological *life spaces*, whereby analysis focuses on what possibilities for action exist therein. A topological approach is therefore not about analysing specific instances of action, but rather the spatial settings through which experience is produced, in concert with the objects (human and non-human). In Steve's photographs we saw the setting, or *impersonal conditions* (Brown, 2012), through which possibilities for action and movement unfold. Engaging in visual analysis necessarily involves interpreting a snapshot, a *momentary situation* as Lewin calls it. The background *lifesituation* is always present, and yet all aspects of it will never come to the fore in any given momentary situation. For Steve, any number of aspects of his life situation could be present in the organisation of his home space, e.g. emotional reaction to loss of mother, medication regimen, social exclusion, lack of employment and/ or social relationships.

A topological reading also opens up the potential for change, although not a notion that by definition is seen as 'good'. It can be potentially anxiety provoking and complex, involving shifting life spaces and multiple 'actors'. For instance, Steve's space is subject to the scrutiny of his key worker, who may base decisions regarding his wellbeing on its presentation and organisation. In this sense, home space for service users is not

necessarily private, but open to potential surveillance. The argument being made is that it would benefit from attention not just from mental health services, but also from academics and researchers, keen to emphasise the benefits of close analysis of the organisation of homes as part of multiple *life spaces*. Not singular, but plural, with many forms of potential connection possible. Demonstrating the fluidity of experience, not just in a simple deconstructionist sense, but as something that needs managing and organising, will help to understand more about how community mental health is played out and experienced by service users.

The implications of such a move are several. Firstly, identifying the primary spaces in which 'community care' is experienced (e.g. in the home). Secondly, by placing specific focus on the actions and activity of service users in managing their day-to-day lives. The potential for exclusion and discrimination in community mental health is well known. A greater spotlight on the kinds of localised practices of service users themselves allows for understanding of what it can mean to live within current systems of mental health care, and how service users orient to, and negotiate, the challenges and dilemmas present. Furthermore, emphasising the need to bring analysis of service users' space to the forefront of mental health research and practice can help to draw attention to the incessant pressure of the everyday. The impact of this for services could be an increasing focus on how people's distress is based upon often quite nuanced relationships between individual bodies and spaces, rather than as a discrete set of symptoms. Furthermore, it helps to highlight that reducing service user only spaces (e.g. day centres) does not necessarily increase social inclusion by integrating service users into mainstream spaces, but can increase isolation by forcing an increased proportion of everyday life to be organised around domestic home spaces.

In suggesting a topological approach to the analysis of community mental health, we are not proposing specific geometrical models of particular spaces. Topology does not take one form, but needs to take form dependent on the empirical problem at hand (Brown, 2012). Topology is one way to move beyond the dualistic thinking of subject-environment, in which space is seen as representative of people's inner state. What is important is to analyse the *life spaces* of service users, and to be open to interpretations that do not simply reduce reading of such spaces in terms of good or bad mental health. A topological approach involves a potentially more complex reading, attuned to the range of potential relations and connections made possible therein. For example, the notion that spaces can have multiple functions, which are continually subject to change. Managing change can be a problematic activity, as we saw with Steve when organising his domestic space following the loss of his mother. This change led to practices that others may interpret as problematic, and yet, for Steve, served a functional role in the distribution of his emotional activity during the transition to life without his mother.

Knowing more about where service users spend their time, given reductions to service-provided spaces, is a vital task for understanding the distribution of psychological experience with regard to mental distress. In doing so we can uncover the everyday practices of 'self-care' developed by service users, and in doing so start to piece together the spaces of community mental health, and how service users themselves manage and organise them. Doing so would develop understanding of how communities of mental health are changing due to cuts in public spending, and also how key spaces are often outside of formal care provision (e.g. homes). Paying close analytic attention to service users' everyday activities demonstrates the value given to their role in knowledge production about mental health, and subsequent efforts to apply such knowledge in strategies to improve wellbeing and recovery. Only then can we gain a thorough understanding of the challenges service users face in community settings and the kinds of strategies enacted when negotiating such obstacles.

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