TITLE: The role of the 'ambiguous home' in service users' management of their mental health

ABSTRACT: Research on mental health geographies and housing has focused on pattern and distribution, rather than social and cultural constructions of home. Here we attempt to understand meanings and roles of home for individuals with mental illness in the UK within the context of a deep-seated housing crisis. The discussion is sharpened by the notion of the ambiguous home, ranging from a place for retreat, separation or even isolation from the world, with experiences of recovery, stability or wellness, to home as something more negative, in which distress or illness flourished, and in which people became entrapped or from which they sought relief. Three themes crosscut this range of experiences: home as material object; home as relational; and home as rhythm.

KEYWORDS: mental health geographies; housing; mobility; ambiguous home; home

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INTRODUCTION

Geographies of mental health and housing have traditionally focused on issues of pattern and mobility (e.g. DeVerteuil et al, 2007a; DeVerteuil, Wilton & Klassen, 2007b; Lowe, 2019; Lowe, Moon & DeVerteuil, 2014). In terms of pattern, there is a well-established literature on the specific distributions of individuals with mental illness, with a tendency towards inner-city co-location featuring affordable housing and plentiful mental health services (Dear & Wolch, 1987). In turn, this pattern is explained via two overlapping models, whereby (1) chaotic and heterogeneous inner-city areas 'generate' mental illness among those already predisposed, and (2) individuals can become mentally ill anywhere but tend to drift to service-rich inner-city locales with accessible housing and social tolerance. While each model presents a different perspective on (im)mobility, the result is usually entrapment in and dependency on supportive, subsidized housing in so-called 'service hubs' in the inner city (DeVerteuil, 2015; Marr, DeVerteuil & Snow, 2009). In this way, the availability of suitable housing and services plays a crucial role in anchoring the patterns and mobilities of individuals with mental illness.

While the interplay between mobility, pattern and housing has figured prominently in these accounts, the social and cultural notion of 'home' remains rather undeveloped for this particular population. 'Home' can be understood as a largely fixed place of abode created in the close and personal intermingling between its occupants and the broader social relations

that flow in and around it (Brickell, 2012). Somerville (1992) distinguishes between ‘rooflessness’ and ‘rootlessness’, in which questions can be asked “not only about the unhoused and the ill-housed, but also about the well-being of the relatively well-housed who do not experience a sense of being at home” (Kearns & Smith, 1994, p. 420). This inherently ambiguous sense of home is promising but remains relatively unexplored in terms of mental health, but also within a context of pervasive housing precarity and affordability crisis.

In this paper, we use *ambiguous notions of ‘home’* to frame daily negotiations and management of mental health, from a cohort of 25 precariously-housed mental health service users in the UK over the 2014-2015 period. An understanding of home-based geographies is underlined in light of the current housing crisis in many large cities, which has seen the scaling back of the quotidian spaces that service users incorporate into their challenging daily practices. Thus, service users’ emotional constructions of home, and the roles these play in sustaining well-being or distress, become more pointed in the post-deinstitutionalised world marked by increased housing precarity.

Upon outlining the conceptual strands of an inherently ambiguous notion of home within the social and cultural geographies of health, we place the research within the larger UK context, especially the current housing crisis in large cities like London. Empirically, we articulate the notion of an ambiguous home in two related ways. First, home becomes a place for retreat, separation or even isolation from the world, in which service users locate instances and experiences of recovery, stability or wellness. Service users come to believe that their homes have an ameliorative effect or about

which they have expressed broadly positive views. Second, home becomes a place of negative impacts, in which distress or illness has flourished, where people have become entrapped or from which they seek relief, leading to the hoarding of goods and possessions. This ambiguity manifests itself in between these positive-negative effects, as gradations of personal feelings and experiences of and between the two sides. We further cut these experiences across three themes – home as a material object and space; home as a relationship with others; and the rhythms of home. Analytically, the case study material produces a (more) complexly ambiguous understanding of home among a vulnerable, precariously-housed population, thereby extending social and cultural constructions of home into the field of mental health geographies.

THE AMBIGUOUS SENSE OF HOME FOR THE PRECARIOUSLY HOUSED

'Home' is usually associated with "a material and an affective space, real or imagined, that is generally formative of personal and national identity, shaped by everyday practices, lived experiences, social relations, memories and emotions" (Peil, 2009, p. 180). More pointedly, the concept of home is associated with personal meanings of stability, privacy, belonging, identity, memory, domesticity and sometimes exploitation (Blunt & Dowling, 2006), and what Marxist geographers call "use value", in which a dwelling assumes a symbolic investment that goes beyond the actual exchange value of the property.

The concept has engendered considerable interest within the social and cultural geographical imagination. Building on earlier humanistic

geographies of landscape, place and placelessness (Relph, 1976; Tuan, 1980), cultural geography has been at the forefront of shaping the ways in which the discipline considers the home (Brickell, 2012). Far more than just a place of residence, home can be thought of as a 'mental state' (Duncan & Lambert, 2003), with 'psychosocial benefits' that a house alone is incapable of providing (Padgett, 2007). These sensations of being at home exceed bricks and mortar, important as they are, and are formed, re-formed, negotiated and renegotiated/recreated in the interaction between the dwelling, its inhabitants and external social forces over time, interactions which "create complex and contradictory emotional geographies of residential space" (Smith, 2004, p. 91). It follows that "the home is a vital space for understanding the micro-geographies of social and spatial uncertainty which influence, and are influenced by, wider structural forces of unhomeliness, alienation, and homelessness" (Brickell, 2012, p. 227). Along those lines, feminist geographers have pointed out the potential for abuse and fear that can pervade domestic spaces (e.g. Blunt & Sheringham, 2019), as well as the emotional embodiment that comes with grieving a lost home and lost security (Robinson, 2005; Veness, 1993).

For vulnerable, precariously-housed populations, including those suffering from mental illness, the home is best approached as a synthesis, a place that is simultaneously open and closed, physical and abstract, felt and imagined (Blunt & Dowling, 2006), protective and repressive (Schroder, 2006; Somerville, 1992). This connects to a larger literature on housing precarity, poverty and houselessness/homelessness amid conditions of pervasive housing crisis (Ferreri & Vasudevan, 2019; Harris, Nowicki & Brickell, 2019;

Power, 2019; Veness, 1993). On the positive side, “domestic space offers protection from other peoples’ presence, judgments and disorderliness, and allows the self to re-establish its boundaries and coherence” (Segrott & Doel, 2004, p. 604). But for precariously-housed people, the home as both physical abode *and* emotional construction plays an increasingly ambiguous and multifaceted role in their daily management and negotiation of their wellness, illness, stability, distress, trauma and recovery (Robinson, 2005). Thus,

> [i]t makes much more sense to view home as a site of and for ambiguity since its protective functions are interconnected with its limiting characteristics. Feelings of solidarity, safety, and protection are often achieved by severe acts of exclusion and regulation, which are in turn oppressive (Schroder, 2006, p. 33).

This notion of the *ambiguous home* – specifically one that can simultaneously be both protective and confining - accords more readily with the experiences of the precariously-housed than the notion which sees it solely or even primarily as a place of residence. The spaces of the home, and the position it occupies in their emotional firmament, are understood differently depending on their affective state at particular times. For some, their home can represent a private sanctuary, in which retreat from the burdensome stressors of shared, social spaces, is possible. For others, they are experienced as constricting places through which the marginally-housed are either entrapped or that they feel daily obliged to shun. In each scenario and all points in between, the dominant feelings about the home are always constructed in relation to *external* factors, especially previous experiences of being or becoming residentially mobile and the degree to which they are, or feel

themselves to be, appropriately supported by the relevant services and/or insulated from negative external factors.

We can sharpen our discussion of the ambiguous home and precariously-housed populations by articulating three themes, building on the useful synthesis by Blunt and Sheringham (2019) that brings together home as the interface of domestic space and urban space. Finding inspiration in their review of the literature on home-making in the city, we propose that the ambiguous home can be embodied (1) via the domestic, material interior, (2) as a relational construct between home as residence and surrounding urban space, and (3) as a rhythm of everyday existence. The first theme relates to the interior spaces of the home, of how the home is a *material* reality filled (or not) with objects that have important sentimental value but also for everyday use. The second theme is about *relationships around* the home, including neighbors, landlords, support workers and family, but also the neighborhood and even the larger cityscape. The home can act as a way to glue together these disparate relationships as an ambiguous space of encounter (DeVerteuil, Yun & Choi, 2019), or can serve to push away social interactions to other places or nullify them entirely. For everyday rhythms of the home, the focus is on the *pace* of existence. In the Olin, Nordstrom and Wijk (2011) study, participants treated their homes as a sanctuary, a place of withdrawal "characterised by a calm tempo" in which they could concentrate on activities and tasks that were of interest to them (p. 142). Unsurprisingly, they found among their participants "a desire to preserve the home as a safe area in an unsafe world" (p. 141). Pace is especially related to routine, which is seen as crucial in coping with the chaos of mental illness, but which also suggests that

it is possible for the same person to feel differently about the same space at different times.

These themes can be brought into conversation with the literature on mental health geographies, where a very modest parallel discussion of the ambiguous home has also taken place. Here, the home finds an echo in the mental health geographies of the asylum (DeVerteuil et al., 2007a; Kearns & Smith, 1994). The home is a confined space that attempts a separation (albeit partial and incomplete) of the private from the public, inside from out; it is spoken of as haven, retreat, or refuge from social forces and psychological stressors (Mallett, 2004; Ogden, 2014; Somerville, 1992). Thus, for people with mental health problems, we may expect to find that the home plays a crucial role in their efforts to gain or sustain stable (or at least tolerable) mental health. Similarly, Alaazi, Masuda, Evans and Distasio (2015) in Canada, Bretherton and Pleace (2015) in England, Marcheschi, Laike, Brunt, Hansson and Johansson (2015) in Sweden, and Padgett (2007) and Smith, Padgett, Choy-Brown and Henwood (2015) in the United States all reported that home environments typified by markers of stability, safety, ownership of space, self-control, and privacy, and that these aided more positive health outcomes for mental health service users: “People feel better and have better mental health when they can control their surroundings. When opportunities for control over the environment are thwarted, helplessness can occur” (Evans, 2003, p. 544). However, this parallel literature has neither explicitly developed nor used the notion of an inherently ‘ambiguous’ home, particularly within the context of more negative externalities of housing precarity. Filling

this gap for individuals with mental illness ultimately constitutes the main ambition of this paper.

CONTEXT AND METHODS

Notions of 'home' are not hermetic but always subject to external factors. One crucial external factor for this study – and relating to the second theme of relationality - is the ongoing current housing crisis in the UK, which is particularly acute in London (Mayor's Office, 2015). The current housing crisis is a symptom of the following contexts: (1) a nearly complete lack of new-build social housing since 1980; (2) cutbacks to subsidized housing, in which private landlords are paid vouchers to take in those on the waiting list for social housing, including those mentally un-well; (3) selective destruction of social housing in places like Inner London, particularly in areas targeted for redevelopment; (4) rampant gentrification via new-build and incumbent price increases; and (5) an influx of overseas investors that have further inflated the housing market beyond the reach of almost all (Hamnett, 2014; DeVerteuil & Manley, 2017; Elliott-Cooper, Hubbard and Lees, forthcoming). Taken as a whole, these contexts have created a 'perfect storm' of housing unaffordability, displacement and scarcity that puts enormous pressure on vulnerable populations such as individuals with mental illness.

The methodological approach situates the present study firmly within the qualitative studies in mental health geography, which have frequently made use of in-depth interviewing (e.g. DeVerteuil, 2003; Hopper, Jost, Hay, Welber and Haughland, 1997; Parr, 2008) often supplemented by ethnographic approaches (Knowles, 2000; Parr, 1999, 2000). In their attempts

to humanize the hitherto largely disembodied ‘mental patient’, qualitative mental health geographers aim to place their participants’ subjectivity - through their voices and stories - at the forefront of their research. In effect, “the concept of ‘voice’ invokes a politics of recognition and places the theorization and experience of the unheard at the centre of research activity…” (Knowles, 2000, p. 10).

Acquiring these stories has often involved employing in-depth interviews as a primary research method. One of the pioneers of the qualitative approach, Hester Parr, has cautioned researchers to be aware of the distinctive politics surrounding the use of interviews with respondents with mental health problems, and the need therefore to problematize the interview method. One of the key challenges hinges on the ability to seek out, record, and relay the voices of ‘[o]thers’ whilst avoiding appropriating or taking ownership of those voices (DeVerteuil, 2003; Pinfold, 2000). Interviewers should seek to position themselves with due sensitivity towards participants’ subjectivity. However, in seeking to avoid being too *distant* from participants we end up being too *close* to them and this, too, can be equally as problematic, because we may unwittingly but unfairly maneuver our participants into the position of becoming dependent on the researcher. Despite a willingness to provide as safe, supportive and empathetic research encounter for participants, we may still leave them more vulnerable as a result. Within the research, we therefore aimed to locate a space that allows a degree of detachment whilst maintaining ‘sympathetic understanding’ toward respondents, yet still capable of generating a politically necessary record of

their mental health, mobility and wellbeing under contemporary conditions of welfare retrenchment.

In late 2014, we targeted interviewees by working through appropriate non-governmental third sector organizations. The aim was to secure thirty participants. To accomplish this, we contacted various local mental health charities to enlist their support. Out of the several dozen approached, two offered their assistance, and in both cases we met informally with some of the service users at each site before seeking their agreement to be interviewed. The first research site, based in Inner London, yielded eight interviews; the second, based in a large regional city, provided ten. Additionally, a call for participants was issued via the online newsletter of a national service user-led organization. This generated around a dozen expressions of interest from across the UK. After narrowing the list to those participants with whom it was practicable to engage in the research (because, for example, they were easily accessible), a further seven interviewees were recruited, giving a total of twenty-five participants.

The intention was to select research locations that were potentially emblematic of inner-city environments with high levels of poverty, challenging housing conditions and a prevalence of services directed at poverty alleviation. The residential circumstances of twenty-one participants met these criteria. The remaining four lived in smaller towns or cities in the south of England, though in each case these were either the most populous settlement in the respective county or the county town and were thus expected to provide as service-rich a backdrop as possible. This approach to sampling enabled us to identify particular individuals who would become core informants, the

cultivation of whom enabled us to ‘snowball’ the sample size. The aim was to recruit sufficient numbers of ‘information-rich’ (Mifflin & Wilton, 2005) participants through which “[t]he living and telling of life as stories highlights the individual choices unique to each biography, [and] in which individual life trajectories are as significant as the broader (social) spatial and policy concerns in which they are cast” (Knowles, 2000, p. 10), but which nonetheless also allow the larger structural factors (especially housing precarity) to be teased out posteriori (DeVerteuil, 2003).

The decision to focus on individual cases represented an attempt to gain a much deeper level of knowledge and understanding about individuals’ lives and how they *experience* ‘home’. Attrition notwithstanding, each interviewee was re-interviewed after 6 and then 12 months in order to build up a biographical picture that would help elucidate both the longitudinal and episodic aspects (May, 2000) of experiences of ‘home’ and the ways through which these might be related the status of both their mental health and welfare benefit payments. The longitudinal element of the research and the attendant emphasis on personal life stories served to anchor individual “outcomes within a larger suite of personal, familiar, health and welfare contexts” (DeVerteuil, 2005, p. 397), unlike point-in-time snapshot surveys that fail to capture the ‘texture’ of the social world. As a consequence of delays in participant recruitment, and the knock-on effects on the overall time allowed for the completion of the fieldwork, it only proved possible to re-interview eight participants across three different occasions. A further thirteen were interviewed twice (initially and again at the 6-month stage), with the remaining five only being questioned once.

For the subsequent analysis, six in-depth experiences are offered as those which are most illustrative of the range of experiences garnered from the 25 interviews, basing our approach on Bissel and Gorman-Murray's (2019) guidance on signposting key interviews from a small, non-representative sample. More specifically, the six interviews captured the full range of residential experiences of the entire sample, from extremely precarious to extremely stable. Moreover, the average personal characteristics of the six interviews – especially age, mental health, income, the proportion of dependency on benefits, and the proportion unemployed – very much mirrored the remaining nineteen interviews. As such, the six case study interviews operated as stand-ins for the larger sample, helping to advance findings that speak on behalf of the entire sample but providing in-depth, fine-grained experiences of the ambiguous home.

The six case study interviews were presented using pseudonyms, and elucidated negotiations around home and mental wellbeing, showing the interconnectedness between the three broad themes selected for analysis from the literature review – home as material object, as relational to external force(s), and rhythms. The first vignette is *Richard*, a 57-year-old white British man, originally from the central belt of Scotland. He has lived in Central London since returning from abroad in 1989, and in his present housing trust flat since 1999. Richard first become unwell in 1984 whilst living abroad and has been diagnosed with paranoid personality disorder. *Christine* is a 58-year-old white, Scottish woman, who had lived in London since childhood. She was diagnosed in 2002 with severe depression and anxiety. *Harry* is a 48-year-old white, British man. Born and brought up in South London, he now resides in

the main settlement (and county town) of one of the Home Counties. Harry has been diagnosed with several kinds of personality disorder, and depression. He is a (currently) sober alcoholic with a history of self-harm, for which he has been hospitalized twenty to thirty times. *Helen* is an 85-year-old white British woman. Born in West London, raised in East London, she has lived in Central London for sixty years, and in her council-owned bedsitter for thirty-two. Her residence predates her engagement with the mental health system, which came about as a result of severe depression and a suicide attempt in 1993. She has been stable for the last 20 years. *Jonathan* is a 48-year-old British man of mixed race. He has lived with family members in an owner-occupied house in an inner suburb of the west Midlands city in which he was born. Jonathan experiences Asperger's' Syndrome and depression, a combination of which forced him from work in the late 1990s. Finally, *Donna* is a 45-year-old white British woman, originally from the North of England, who now lived in East London. Donna had been diagnosed with depression, anxiety, and borderline personality disorder. She had experienced a nervous breakdown that had caused her to fall out of her professional career in the media. She now relied on benefits and resided in a private-rental flat.

Results: Home as objects and spaces

This first theme focuses on the ambiguity around home-bound objects – the lack of, the excess of, the disrepair in – as well as the material space and physical properties that serve to liberate or constrain the interviewees. Echoing other studies (Alaazi et al., 2015; Bretherton & Pleace, 2015; Marcheschi et al., 2015; Smith et al., 2015), those aspects of home about

which service users expressed some upbeat feelings were, almost without exception, in reference to concomitant improvements in mental and emotional well-being. Equally, these feelings were compared to previous experiences of residential accommodation – hospital, hostel, private dwelling, makeshift encampment for rough sleeping - which had either caused harm or otherwise hampered pathways to recovery. As Ridgway et al (1994, p. 412) noted for more institutionalized service users, "[psychiatric patients] are often expected to live in close proximity to people whom they have not chosen to live with and to have their personal idiosyncrasies under continual surveillance by staff". These experiences of constricting spaces, of uncomfortable co-existence with others whose behavioral oddities they feared, of unpleasant or frustrating encounters with operatives of the medical, homeless, and housing bureaucracies, were those from which they were relieved to have become free.

Richard, who had for 16 years been residing in the same flat, rented from a social housing landlord and was clear in attributing an improvement in his mental health over that time period to three factors: the stability of his residential situation; the opportunities it afforded him to engage in ameliorative activities; and, crucially, the physical properties of the flat. These three elements imbued Richard with a broader sense of safety and security with which he felt better able to face an external environment that he perceived as remaining frequently inhospitable:

> I think safe is a crucial word. A friend mentioned the other day 'oh, you're safe in your flat', which I think is very astute. I didn't feel safe at any point in the hostel, I didn't feel safe living in [name of high-rise

> council block]. I was on the fifth floor and I had a balcony and I thought 'I can see me diving off this at some point'.

An opposite example is Christine and her daughter, who had been placed by their home local authority into temporary, out-of-borough accommodation. The supposedly temporary nature of her accommodation had made it extremely difficult for Christine to either envisage it as a 'home' (which she had previously until her eviction) or to begin the tentative steps toward making it one. In this respect,

> the furniture that was in here was *awful* [Christine's own possessions had, upon her eviction, been removed into storage]. I got rid of that. The garden – he said he had tenants here who didn't take care of it so he put all that black plastic [sheeting] down to stop anything growing. If I'd known I was going to be here for two and a half years I would have painted and decorated and all kinds....

Beyond the transient feel of the place, the temporary accommodation into which Christine has been displaced was also of insufficient size to realistically accommodate her and her teenage daughter. As such, the materiality of her residence was a detrimental factor on her mental health.

Yet one unanticipated aspect that arose from the interviews was the number for whom the hoarding of possessions was a prominent factor in their complex physical relationship to their homes. For some, home lives were dominated by – or indeed, even subservient to - a voluminous quantity of possessions, while others tracked in the opposite direction and were, during the series of our interviews, in the process of seemingly discarding the majority of their household goods. This divergence reflects the observation

made by Smith (2004, p. 89) that “some people are more engaged by or enmeshed within their relationships with domestic space – with the fabric, layout and contents of their home - than they are with their human relations”. The most extreme experiences to emerge were those relayed by Harry, whose chaotic lifestyle and emotional traumas appeared to have become effectively imprinted into the very fabric of his home. It is worth discussing his experiences at relative length, as his overall experiences with mental ill-health, homelessness, abandonment, addiction, and suicide paint a vividly colored portrait of what life at the far edge of the continuum between good and bad mental health can be. At his request, our interviews were conducted in the cafe of a London art gallery. He remarked upon the contrast between the environment in which we found ourselves and his home circumstances:

> I said to you about coming here and how it gave me a sense of serenity. There’s something about the color, and the order, and the quality of light, and the finishes are quite smooth, and it makes me feel something inside my body when I’m in these environments. But in my flat, it just looks as if someone’s got a skip and emptied it through the roof.

Harry ended up in his present accommodation via a series of residential situations over the previous two decades. These included periods spent sleeping rough, a room in a halfway house, and in supported accommodation dedicated for people with mental health problems, before landing up in his current housing association flat:

> For most people from my background it’s kind of like a lottery. I am very grateful that I’ve got somewhere to live, but it’s something about

> which you don't have any choice; you get given a flat and that's where you're going to live. And I think that does have an effect on whether you can put down roots. In the block, most of the people have got mental health problems. Perhaps people could reach out to one another, but they don't, because they suffer from the same kinds of social phobias that I do.

This isolation, allied to the 'squalid' condition of his flat, appeared largely to drive his existence. Explaining the ways in which his obsessive compulsive disorders had rendered his occupation of the flat almost intolerable, he emphasized that he

> can only accept perfection. So if it's not absolutely perfect I just leave it. I can't clean it, I can't finish the decorating. Every room in that flat is half-decorated but I've never been able to reach the end….I've got washing up in my flat that's now, like, ten months old, just sitting there with mold on it. It's almost uninhabitable. It's gone from livable if you're insane enough to live in all that fucking chaos, to almost unbearable.

This funereal situation impacted on Harry in two ways: first, an understandable and negative impact on his mental health; and second, a desire (like Christine before him) to absent himself from his 'mad' home environment as much as possible, which extends discussion to the spaces beyond the home, the subject of the second theme around relationality.

Finally, the fluid nature of feelings about the materialities of home - that is, the way in which service users' feelings change depending upon their affective state – is another aspect of this ambiguity. The case of Helen is illustrative. During our interviews she elaborated on the ways in which her

studio-sized flat had, at different times, been both an avatar of her disappearance into an all-consuming fog of depression, as well as her current 'home' and place of safety from the more general disorder prevalent on her inner London council estate. She described feeling as if she "was being crushed in a box because it's *so* small. I couldn't bear to be in there... I felt so alone and I couldn't sleep". Discouraged by her psychiatrist in her attempts to gain admission to a local psychiatric hospital, she was instead sent to a retreat in a large residential home in the country. Feeling worse rather than better, she came home at the end of 1993 feeling suicidal:

> I said goodbye to [name of partner] and then I lined up all my Temazepam, all my tablets, thought I'm not going to take them with alcohol because I'll be sick, so I took them with water. About sixty or seventy tablets. I locked the door, made myself look nice, and then [I] just lay down. The next thing I knew I woke up in a terrible kind of half coma.

Despite the trauma of being the site of her suicide attempt, Helen emphasized the sense of safety her flat now gave her, and how important her security of tenure was. Part of this determination to stay put reflected the fact that, in addition to the aforementioned security of tenure, Helen had found a sense of well-being and been able to fashion a home of which she was proud and was happy to share with others – a case of hard-won ease with the objects and spaces of her home.

Results: Relationships around the home

For this theme, the focus is on crucial external relationships with neighbors, support workers, housing and welfare bureaucrats, as well as beyond to incorporate the neighborhood and extended cityscape. We begin with the ways in which Richard's current home environment is very much viewed through the lens of previous 'unhomely' experiences, and which supports Somerville's (1992) contention that the notion of 'home' has an especially strong resonance when contrasted with its absence. He underlined the absence of 'home' in this conversation about his last place:

> The neighbors upstairs were crazy ... I couldn't cope. So one day I just packed up all my belongings and I went to [name of psychiatric hospital] and I said 'look, I don't care what you do with me but I'm not going back there'. So they put me in the hostel. I spent eight years living there which, if you've got paranoia, is bad because people knock at your door at four o'clock in the morning and wake you up, try to sell you drugs, or you come to the door and they say 'oh sorry I've got the wrong door'....

Given these past experiences, Richard was clear that a successful transition from long-term hostel dweller to social housing tenant required respite from his paranoia: "I didn't want the ground floor as I'd be paranoid about people breaking in, or looking in, and I insisted I needed a phone before I moved in". Once ensconced, Richard explained the gradual period of adjustment that ensued:

> I slept on the living room floor for the first three months, because the phone was in that room and I thought 'what if somebody breaks in and

> they're between me and the phone, how do I get help?' Before I went to bed I'd check [the lock] three or four times. I'd wake up in the middle of the night and think 'did I lock it or did I inadvertently unlock it?' In the past four or five years that's gone and sometimes I go to bed without checking it.

The crucial absence of anxiety-inducing neighbors allowed him the space and freedom to create a place in which he could increasingly "come to terms with the limitations in my life. Just to be, just to be quite happy – I feel a bit emotional now – just to feel content, it's the word I keep coming back to again. And to be left alone".

The sense of being 'left alone' - that is, having a private space in which to be alone with, without external interference - figured heavily in the responses given by service users when asked to talk about their feelings about their homes. Jonathan's management of his mental health involved the careful and tactical use of his own home. Depressed, having had to leave his job at a school, and experiencing undiagnosed symptoms of Asperger's Syndrome, Jonathan isolated himself at home:

> For about three and a half years…I stayed in the house all the time. It got to the point where some days I was only up for three or four hours and [then I would] go back to bed. [Then] I was on anti-depressants and that got me moving about the house, and sometimes going into the garden. [Eventually] I thought this isn't good, really, and I need to go out and do things, so I decided on a Monday I would go out and buy a lottery ticket. And then I'll find something to else to do on a Tuesday….

Despite a graduated move towards spending a greater proportion of time outside his home, it nonetheless remained the fulcrum around which Jonathan's daily mobility revolved. He described his Asperger's manifesting itself in an inability to socialize, and in an overwhelming need to avoid children. Jonathan's experiences would certainly fall within Schroder's (2006) description of the ambiguous home, in which the provision of a positively-viewed sense of security or safety can only be obtained with a concomitant reliance on more negative actions of self-exclusion and self-regulation that shunted any external relationships completely aside. Finally, and less ambiguously in relation to her neighbors and neighborhood, Helen said that she feels safe. When asked whether she would take the choice to move if offered, Helen firmly dismissed the question: "No, no! I take everything in my stride: the language, the school children, the fights. Of course we've had a couple of murders. Dreadful! But, that's life today. No, I'll be there as long as I possibly can be there".

Results: Rhythms of home

The third theme concerns the diurnal rhythms of home, of the everyday comings-and-goings that sometimes constitute important coping mechanisms to deal with mental illness (see Golant, 2015 for a similar approach to coping strategies with ageing-in-place). The ability to engage in the creation of a home via a *grounded, predictable routine* assisted several service users in the process of salvaging a more positive sense of self. For Donna, her conceptions of home were intricately bound up with her changing mental health, and manifested themselves in complex routines. Reflecting on the

experiences in her current flat to which she had moved eighteen-months previously, she emphasized that

> it made a huge difference to my recovery, that I was in a positive environment. I'd never had my own totally self-contained accommodation and so I hadn't realized what a difference it makes. I couldn't house-share or flat-share with other people in an ordinary way because of my mental health problems. I realize that, in the last place, because it wasn't entirely self-contained, I always felt slightly on edge. I don't have that here.

Prior to this present period of recovery Donna had, in her previous flat, segregated herself almost entirely and created routines solely to avoid others. She dismissed what she viewed as our somewhat gauche suggestion that a self-enforced five years of isolation must have been a 'hideous' experience, suggesting instead that the routines provided her with a certain respite from her anxiety-ridden interior world.

Conversely, Christine elaborated on the relationship between the cramped nature of her accommodation and her exceedingly fragile mental health, which proved a barrier to a 'sane' rhythm:

> It gets into a cycle where I get really depressed about things. I've got a sofa bed…and it comes right out to there [pointing] so I can't really use it weekdays because [my daughter] gets up at six thirty to go to school and she has to come in here – the kitchen – so she'd have to roll over the bed or something. Just being so cramped and having no space to myself…leads to not sleeping, when I'm not sleeping I get more depressed. The flat upstairs, three different people have lived there

since I've been here. One of them was a young man who'd come out of care and he used to have all his friends up there. The noise was absolutely awful.

Accordingly, she would take advantage of the opportunity for respite offered by her Freedom Pass (free transportation pass in London for over-60s or those with disabilities). Unfortunately for Christine, because she no longer lived in her home borough, her Pass was cancelled and the daily mobility from which she sought relief from her home circumstances was severely curtailed. At the time of our second conversation she was battling the local authorities to have it re-instated and, in the interim, had turned her attention to the hitherto black plastic clad garden where she was growing her own fruit and vegetables and attempting to find some solace.

One could see Christine's actions, in particular the efforts in her garden, reflecting an acceptance that her life would be based in this supposedly temporary place, and she was creating routines to make it as homely as possible despite the various constraints. The gaping absence of any sense of security in Christine's life, and the negative stranglehold her residence had over her mental health, forced her to fashion alternate and external routines. These gave some sense, however fleeting, that there were some aspects of her life over which she could exercise a degree of control.

Like Christine, Harry's daily routine involved spending as little time as possible in his flat: "[When I come back to my flat] I try not to turn the lights on because I don't want to see it, get into bed, wake up, get up straight away, put my clothes on and get out the door because I really don't want to be there".

This routine was predicated in large part on an almost overwhelming horror of being alone and having nothing to do:

> To keep mentally healthy you need a structured day and some sort of social interaction every day. That isolation and nothing to do will make you go right downhill very quickly. I constantly have to invent things otherwise I'll go crazy. If I look at my diary and there's an empty week I think what the fuck am I going to do, how am I going to fill my day? It's like ten o'clock in the morning and you're tearing your hair out, you somehow get through the day into the evening, go to sleep, wake up the next day and have to go through it all again.

Within this context, we asked Harry whether there was an opportunity for him to gain some assistance from the housing association, perhaps in helping to bring some order to the chaos in the flat. He denied he was able to, saying that he was too fearful of asking because of what they might think. Harry – like other service users interviewed – spoke with raw emotion about the circumstances of his life, of a sense of it having been ruined by events or incidents over which he had no control and from which people seldom recover. The physical state of his residence had effectively imposed a rather bleak everyday routine that allowed survival but did not create the conditions for thriving.

Discussion: Returning to the ambiguous home

Ultimately, we have been interested in how mental health service users experience 'home'; what it is, how it comes about, how it is felt and

experienced, and with what implications for the study of mental well-being. The analytical and empirical ambitions of the paper was to develop the notion of an inherently 'ambiguous' home, particularly within the context of more negative externalities of housing precarity, for individuals with mental illness. One thing that united all participants was the struggle – physical, mental, emotional, spatial – to find and preserve some semblance of stability in their mental health. Given the ways in which their mental health difficulties manifested themselves, the low levels of involvement in the labor market and consequent heavy reliance on welfare benefits amongst study participants, it is unsurprising that their social worlds were relatively circumscribed. As a consequence, their individual homes loomed large in any assessment of their daily lived experiences.

Crucially, our results empirically substantiate existing findings on the ways in which home is ambiguous, ranging somewhere between stability/control and chaos, although certainly tilting towards the latter in many cases (Padgett, 2007; Ridgway, Simpson, Wittman and Wheeler, 1994; Veness, 1993). Our results also extend findings on the ambiguous home in terms of the co-existence and relationality between positive and negative feelings about home, as well as the hybrid *bricolage* of coping mechanisms deployed by the 6 case study interviewees. By a hybrid *bricolage*, we mean ways of coping that are stopgap and sometimes desperate but nonetheless produce a mix of positive and negative feelings of mental health. The messy nature of these feelings played out differently across the six case study interviews. For several service users, Helen among them, the sense of having control over their home life was gained only through carefully honed tactics

and rhythms of exclusion and seclusion; for Donna and Jonathan such tactics led to the deployment of acute, prolonged and ultimately quite damaging routines of self-exclusion and isolation. Even Richard, who might appear to be one of the interviewees most able to enjoy a sense of stability, gained a sense of control only with obsessive attention to the maintenance of the protective functions of his home. It is in this sense that Schroder (2006) stressed the relationality between the 'positive', protective aspects of a home, and the 'negative', exclusionary ones, in which the former can exist only as a result of the latter. This relationality represents an important step forward in understanding home as ambiguous.

Like Olin et al. (2011), there was some evidence of the ability to calmly enact everyday routines and rhythms within the home and deploying coping mechanisms that avoided external nuisances – most evident for Richard with his writing, music and films. More significant, though, were those service users whose specific daily rhythmic patterns took place outside the home, part of a desire to spend as much time away from their homes as possible, whether for reasons of hoarding and general disorder (Harry) or because of a profound sense of dislocation as a result of having lost a 'real' home and being marooned in a substandard, temporary one (Christine). These experiences resonate with Veness' concept of the 'un-home' (1993), the messy middle ground between homed and homeless that nonetheless allows poor people to define their own residential conditions beyond societal labels. The emphasis on constancy and stability in residential circumstances as the cornerstone upon which the edifice of a home can then be built did not apply to Christine – whose 'temporary' home had the effect of immobilizing her in a

spatial and temporal vacuum. There is also the intrinsic difficulty of delineating precisely where positive experiences end and negative ones begin (examples here would be the cases of Donna or Jonathan), or in attempting to see these as separate entities when in fact they are most likely to be co-existent.

Last, there were problems of definition and interpretation that make categorizing actual experiences of home a fraught business. Nonetheless, the interview material presented here would seem to confirm Padgett's contention that

> having a secure base after years of struggle affords the 'freedom to' reflect on past losses, ongoing dependencies and future prospects ... Having a home may not guarantee recovery in future, but it does afford a stable platform for recreating a less stigmatized, normalized life in the present. (Padgett, 2007, p. 1933).

The desire to understand how mental health service users can acquire a 'secure base' in which to cope with their own individual health needs reflects the idea that 'home' is a negotiation, a site of embodied ambiguity, and a place of struggle between security and chaos set within an increasingly unforgiving set of external factors. These factors included the current UK housing crisis that sentences many individuals with mental illness to a life of enforced entrapment. These insights contribute to the larger scholarship on the ambiguous home by bringing the geographies of mental health service users into view, to help understand their connection with broader structural impediments to wellbeing and recovery, and to help chart a path towards the identification and safeguarding of the spaces necessary for such bases to develop. The results have buttressed our sense of the ambiguous home

among a particular vulnerable, precariously-housed population, returning us to the insights of Kearns and Smith (1994) and Brickell (2012) who note that various ‘home’ spaces may be felt differently at different times and at different states of mental health, and that experiences of home can be as negative as positive.

Future research can build on the paper’s contributions to the experience of the ambiguous home for individuals with mental illness, especially the three themes of materiality, relationality and rhythm, by extending the focus on certain key contextual and conceptual matters. For the former, individuals with mental illness in the UK are currently bearing the brunt of fundamental benefits reform, ongoing since 2010. Benefits being cut include unemployment coverage, disability allowances and housing subsidies. These benefits have seen greater conditions placed on their receipt, making it harder for individuals who rely on them to enjoy continued access. For the latter, the findings around the ambiguous home could be related to the mobility patterns among individuals with mental illness – for example, does staying put equal better mental health or worse mental health, depending on the circumstances? What role does agency play in these equations and circumstances?

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