

**Abstract:**

One challenge facing psychological studies of affect and emotion is how we can capture the situated, located assemblage of practice involved in affective experiences: the where, how, when, who, and what of affective meaning making. Here we argue for a place for map-making in the methodological toolbox of qualitative Psychology. Participatory mapping is a well-established technique used in geography, planning and community development, with a growing tradition in psychology and sociology. The examples drawn upon here are from two studies, exploring experiences of space in mental health service use, and in an intentional community for people with learning disabilities. Mapping is argued to be useful both as a process and product within the construction of sense making in qualitative research. Particular strengths are argued to be: locating specific affective experiences, exploring layers of ambiguous or contradictory experiences, and making materiality visible in participants' narratives. The potential of mapping as a tool for qualitative research in affect and emotion is discussed.

**1. Affect, emotion and psychology**

The affective turn across the social sciences (e.g. Anderson, 2009; Thrift, 2004; Leys, 2011; Massumi, 2002) has included multiple strands of research within qualitative Psychology (e.g., Brown & Stenner, 2001; 2008; Cromby, 2007; 2012; 2015; Lara et al, 2017; Wetherell, 2012). A focus on affect, emotion and feeling has been argued to orientate qualitative psychological research to incorporate the 'extra-discursive' parts of life (Burr, 2000), building on previous departures from the turn to language (Cromby & Nightingale, 1999). Contemporary theories of affect have been argued to help disrupt essentialist notions of emotion as located solely in individual biology (Thrift, 2004). Wetherell (2015: 149) has, however, argued some contemporary forms of affect theory can act to erase the person as an agentic, located actor, as people become instead: "schools of fish or flocks of starlings, incomprehensibly wheeling, pulsing, moving, reacting, as body speaks direct to body". She argues that some affect theorists, particularly those located in cultural studies and human geography, have tended to view affect as wholly distinct from discourse, representation or meaning making. In doing so they draw a "thick line" (Wetherell, 2012: 19) between affective and symbolic life, encapsulated in the very name 'non-representational theory' (Thrift, 2002).

Yet discourse, power and meaning are of course always bound up with affective experiences. As Ian Burkitt (2014) argues, emotions can be seen as patterned relations with the world, emerging in response to, and always embedded within, symbolic and power systems, lived through everyday experiences and meaning making practices.

The move towards an idea of affect as 'non-representational' and collective can be seen in part as a reaction against the essentialist tendency in some psychology and neuroscience to view emotions as fixed, evolutionarily determined response patterns. Perhaps the most prominent example of this is basic emotion theory (Ekman, 1992), which relies on a notion of distinct, predetermined and individual emotional responses (for a sustained neuroscience critique, see Russell, 2006). In attempting to forge a path away from 'pure affect' without steering into the similarly murky territory of looking at emotion as a fixed, essentialist set of biological responses, Wetherell (2012) proposes 'affective practices' as a potential way forward. In doing so, she argues we can begin to capture both the feelingful, material elements of experience which were often neglected during the height of the 'turn to language', without completely eschewing the representational realm. This idea has much in common with approaches which have posited affect as one of a set of intersecting, meaning making processes which comprise subjectivity and experience (e.g., Burkitt, 2014; Brown & Stenner, 2009; Stenner, 2008; Cromby, 2015, McGrath, Reavey & Brown, 2008).

Within Psychology, such researchers have often aimed to unite a process approach with the social psychological interest in everyday experience and interaction, exploring emotion as it is embodied, felt and lived, rather than only seeing affect as a non-representational flow (e.g. Cromby, 2015). In thinking about emotion and affect in Psychology, we argue, we hence need to attend to the whole picture of affect and emotion as an embodied and located practice – including feeling, meaning, relationships, culture and context as they are knitted together in people's experiences (Cromby, 2015, Wetherell, 2012). We can see the importance in this approach when considering the complexity of particular emotions. 'Guilt', for instance, might include a feeling in the body, an appraisal of a social mishap, a cultural context that might make 'guilt' more likely than 'shame' (Kitayama, Markus, & Matsumoto, 1995), and set of practices which follow and assuage guilt, such as saying sorry, or confessing. Whole social institutions are built around the affective practice of guilt. But for the individual, no single experience of guilt or behaviour from feeling guilty is inevitable; affect and emotion, like all psychological experience and phenomena, are both patterned and unpredictable.

The picture developing here is that psychological studies of affective practice need to develop methodologies which can explore affect as both as flowing activity, and as stabilising patterns; and as enacted on both large and small scales. If affective experiences and practice contain both order and becoming, both pattern and the possibility of “being otherwise” (Edwards, 1997), then we need similarly flexible methodologies which can explore both stability and fluidity, both process and pattern. To explore this complexity in depth, we need to develop methods which enable us to explore the situated, located set of practices involved in affective experiences: the ‘who, what, when, where, why and how’ of affect and emotion. In this article we would like to argue that map making is one tool which could help researchers to explore these issues. We will start with an overview of participatory mapping, before exploring two separate studies which used maps in different, but complementary ways, before moving onto some key insights we wish to draw from these studies.

## **1.2 Participatory mapping**

Maps are familiar, everyday and yet highly complex entities. As Brotton (2012: 5) outlines:

a map is both a physical object and a graphic document, it is both written and visual [... it] draws on artistic methods to create an ultimately imaginative representation of an unknowable object (the world); but it is also shaped by scientific principles.

The maps we make, in other words, draw on multiple cultural and conceptual resources, are objects constructed through, and located in, culture, as well as acting to shape the world. The history and use of maps, therefore, is far richer than cartographical description. As Haraway (2000: 113) says: “maps are models of worlds crafted through and for specific practices of intervening and ways of life.” Medieval European ‘mappamundi’, for instance, showed a religious world, with east at the top, representing heaven, less concerned with geographical accuracy than the representation of faith. A few centuries later, the race to definitively measure longitude contrastingly encapsulated the expansionist era of European empire; here maps were used to span, measure and colonise the world (Brotton, 2012). Maps, however seemingly objective, are always partial and political; always create as well as capture meaning.

These examples are of maps which represent a shared understanding of the world, which encapsulate a culture. Perhaps of more interest to qualitative psychologists is the rich history of subjective, participatory map making. In a sense, all maps are subjective, in that

they represent the world from a certain perspective. Researchers have, however, attempted to capitalise on the multiple, rich and layered nature of map making to explore subjective meaning making. Lynch (1960) was a pioneer in this area, creating 'mental maps' by asking participants to draw the significant features of the city where they lived, as a route to understanding how the participants organised and categorised information about their spatial environments. As an urban planner, Lynch was interested in capturing the experience and meaning of spaces; how people used place, as well as how it was objectively organised.

An additional tradition in this area is community participatory mapping, a well-established technique used in geography, planning and community development (e.g., Chambers, 1994; Herlihy & Knapp, 2003; Herlihy, 2003; White & Pettit, 2008; Mapedza, Wright & Fawcett, 2003). Rather than a cartographical approach, where maps represent the physical environment in a literal and accurate manner, participatory maps are subjective representations of spaces or communities. Used to map community networks and relationships, participatory mapping processes can help to facilitate the communication between communities and outsiders, such as policy makers (Chambers, 1994). Maps have also been used to understand the impact of environmental changes, such as deforestation, on how people experience their communities (Mapedza et al, 2003), as well as to generate located, emic measures of wellbeing (White & Pettit, 2004). Participatory maps are shared, living documents constructed through a process of engagement, less interested in objectivity than meaning. Increasingly, maps have also been used to explore aspects of experience that fall more obviously within the remit of psychological enquiry (e.g., Guillemin, 2004; Gabb, 2008; Iantaffi, 2011; Townley, Kloos & Wright, 2009). Townley et al (2009), for instance, used participatory maps with mental health service users, as part of a project looking at service users' levels of community integration, mapping the 'activity spaces' of participants' everyday lives.

This rich history of map making as a tool to record, explore and share subjective experiences, leads clearly to a potential role for using mapmaking in researching affective and emotional experience. Many of the examples above include using maps to both express and communicate emotional experience. There are also mapping techniques and approaches which more explicitly tie together affect and map-making. One technological approach is Christian Nold's (2009) 'bio-mapping' of cities which merged together multiple participants' GPS and Galvanic Skin Response data to visualise a collective affective response to different

urban environments. Another rich tradition is that of therapeutic drawing tools, which have been used to facilitate reflection on subjective emotional experiences within therapy (Gabb, 2009; Ncube, 2010; Nader & Pynoos, 1991). One example of these practices is Ncube's (2006) 'Tree of Life' where participants are asked to map out different aspects of their emotional lives and relationships as the roots, trunk, surrounding ground, branches, fruits or leaves of a tree. A key part of this method is that these trees are then shared collectively to make a 'forest', through which commonalities in the experiences of the group can be identified. Visualising emotional experiences and relationships in this way, thus helps to: facilitate shared understanding; point to collective and social sources of distress; and potentially build community.

Ncube's (2006) approach, in common with many therapeutic drawing techniques is clearly highly generative, but is focused on representing an overall life narrative, rather than everyday located experience; such narratives are broadly organized by time rather than space (Bruner, 1991). Other mapping tools, such as the well-established systemic therapy genogram, might map relationships (e.g., Lewis, 1989), but tend to not include their location. Nold's (2009) approach, on the other hand, embeds people's affective responses in space, but has no way to capture the subjective meaning which can help explain spikes in affective arousal in particular places. In trying to explore the potential of maps for facilitating exploration of the 'who, what, when, where why and how' of located affective practices, we will here explore two approaches which attempt to bring together subjective, emotional experiences and spatial location.

## **2. Empirical material**

The examples drawn upon here are from two separate studies undertaken by the authors, both of which explored spatial aspects of emotional experience, and used different map-making techniques. The first study looked at staff experiences of living in an intentional community. The second looked at the role of space in experiences of mental distress (McGrath, 2012; McGrath & Reavey, 2013; 2015; 2016). We will discuss these in turn before drawing together some insights from using map-making in both studies.

### **2.1 Study One: Emotion mapping in intentional communities**

This study was carried out in an intentional community run for adults with Learning Disabilities in the UK. Intentional communities are defined as those which are set up “purposely and voluntarily” to solve a “specific set of cultural and social problems” (Brown, 2002: 12). They have a coherent ethos, set apart from everyday society, both physically and in terms of relational practices. Brown (2002) outlines that many intentional communities aim to form relationships which are egalitarian and spontaneous in nature.

The intentional community of interest here was set up with such an ethos; members are called to live in solidarity and mutuality with one another, based on the principles of friendship (Vanier, 2012). This style of relationship has been contrasted with other UK registered care providers for adults with learning disabilities whom often advocate clear professional boundaries and establish a more hierarchical style of relationship between the service user and the professional (Cushing, 2003). In the community in question, support assistants live and work alongside adults with learning disabilities in a shared home. It provides housing, support, community living and activities for adults with learning disabilities, comprising around 100 people with and without learning disabilities (Vanier, 2012).

The original study focused on the experiences of the assistants living in the intentional community full time. Of particular interest was the experience, creation and negotiation of boundaries: psychological, spatial and emotional. Emotion and affect were central to these questions; emotional geography has established that ‘home’ and ‘work’ are normatively divided into spheres with differential affective practices (McDowell, 1993). This can in turn be seen as part of a wider public/private “grand dichotomy” (Weintraub, 1997, p. xi) differentiating between forms of a wide range of phenomena, including ‘internal’ experiences of the self versus ‘external’ social behavior, or family life versus political and workplace life. More ‘public’ forms of affective practice hence might include the presentation of a productive, rational self, capable of work (Rose, 1989; 1998; Walker & Fincham, 2011) whilst more ‘private’ forms might include the expression of intimacy, a wider range of emotions, and sexuality (Mallet, 2004, Burkitt, 1999). For the assistants interviewed for this study, therefore, affective practices of ‘home’ and ‘work’ can be seen to be collapsed together within this single space. In this project, we were interested in the detail of this lived experience, how the assistants understood and managed boundaries within these competing affective practices.

To explore these issues, the second author used 'emotion maps', a method developed by Jacqui Gabb for both research (Gabb, 2009) and therapeutic (Gabb & Singh, 2015) purposes. In her work on family relationships, Gabb (2009) created floor plans of participants' homes and asked them to locate different family emotional encounters they had over the period of a week using different coloured stickers. This technique has the advantage of specifically locating the emotional encounters described, in both relational and spatial terms. For our study, the second author produced floor plans of the intentional communities where the participants lived and worked. During the interview, participants were then asked to locate emotions experienced in the house with different colour stickers, each representing a different emotion. They were also asked to describe the reasons for including the stickers. These colours were pre-selected to represent different emotional categories, drawing on the original Gabb (2008) study. This of course entailed some simplification and purification of emotional categories as separate entities. The focus of the exercise was as tool to facilitate reflection on the location of emotions, and the interview enabled the exploration of complexity and multiplicity outside of these seemingly simple emotional categories. This technique successfully allowed participants to geographically orientate their emotions in the house in a concrete manner.

Below is an example:

[Figure 1 about here]

Figure 1: Emotion map example. Yellow stickers: feelings of joy, happiness and celebration. Red stickers: feelings of anger, frustration and conflict. Green stickers: feelings of compassion, moments of resolution, discussion and forgiveness.

The use of the tool hence differed from Gabb's (2009) original study. Rather than being a version of a diary method, where participants note and reflect on their experiences away from the interview, this was instead a tool to generate narratives of specific and located experiences within the interview itself. Following this exercise, further questions were asked in the interview focussing on different types of boundary: spatial, temporal, professional, and organisational. Each set of questions began with a generic open ended question about feelings and experiences of working within this type of boundary and then moved on to explore

participants' specific experiences of working with this boundary and its impact on their feelings, behaviour and relationships with the adults they worked with.

Seven assistants were interviewed for this study. The participants' were of varying nationalities, including: French, Syrian, German, American and British. All participants were in the age range of 21-30 and had been assistants within the community for five months or more. Four of the assistants were currently living in a residential home alongside adults with learning disabilities owned by the community. The other two participants lived in independent housing but had previously shared and worked in a home alongside adults with learning disabilities in a different country but with the same organisation and community ethos. English was the second language for four of the assistants; all the interviews were conducted in English. Ethical approval was granted from the host university.

## **2.2 Study Two: Drawing maps to explore distress**

The second study was part of an exploration of the role of space in mental health service users' experiences of distress, care and recovery (McGrath, 2012; McGrath & Reavey, 2013; 2014; 2016). The mapping part of the project comprised of seventeen interviews conducted with current mental health service users. The aim was to explore the role of material space in service users' experiences, and hence methodology was sought which could enable participants to discuss these parts of their experience. As Bruner (1991) points out, verbal narratives are normatively organised in terms of time, or chronological life events. As such, issues of space and context are more easily lost. Visual materials have been argued to make such contexts more visible (e.g., Bolton et al, 2001; Hodgetts et al, 2007; Reavey, 2011; Radley & Taylor, 2003), and were hence chosen to help explore the spatial aspects of service users' experiences.

Interviews were structured in three parts. Firstly, participants were asked to: 'draw a map or representation of the places where you go as part of service use'. Participants were asked to include in the drawing three things: who they saw there, what they did there, and how they felt when they were there. Participants were provided with an A3 pad of paper and a selection of materials. Participants were then asked to describe each place in turn, and then rank the places they had drawn from where they liked being the most to least, and describe the reasons for these rankings. This procedure was then repeated for the second question:

‘draw a map or representation of the places you go to in your everyday life which are not a part of service use’. Participants were asked to discuss the same three characteristics of these places: what they did there, who they saw there, and how they felt there. Finally, participants were asked some general questions about the relationship between space and their experiences of distress, such as: ‘are there any particular places you go to when distressed?’

The ways in which participants engaged with the task varied greatly, and instructions were left deliberately vague. This was to ensure that the task facilitated the participants’ narratives in ways which made sense to them, rather than being prescribed by the researcher. The idea was that the map, or drawing, was a sense-making tool, not a literal or cartographical representation of the ‘reality’ of the space(s). Some drew only one map, other several pages of drawings. Some were keen to be geographically accurate, others drew more abstract maps. Here is one example of the latter:

[Figure 2 about here]

Figure 2: Bill’s map of service use spaces. Most maps included a mixture of writing and drawing. Numbers are ranked from place most liked being, to least. Identifying names have been removed.

The participants ranged in age from 25-67, with a broadly equal gender balance. The primary criteria for recruitment was that the participants were living in the community and currently accessing mental health services; this common spatial experience was determined to be more meaningful than diagnosis. Participants were therefore not asked directly about their diagnoses, although most of them volunteered this information during the interview; eight were currently diagnosed with Bi-polar Disorder and six with Clinical Depression. Ethical approval was granted by the host university.

### **2.3 Analytical approaches**

There are a variety of ways to incorporate visual material into qualitative analysis (Knowles & Sweetman, 2004; Rose, 2001; Pink, 2007; Prosser, 1998; Reavey, 2011). For both of these studies, the maps were primarily seen as sense making tools within the interviews. Maps were not analysed in depth in terms of semiotics, or visual culture (c.f., Rose, 2001). The primary data was still the recorded interview, with the maps being primarily seen as prompts to

elicit detailed and located narratives in the interview (Reavey & Prosser, 2009). Both studies employed a thematic approach, taking a broadly latent approach, with a mixture of theoretical and inductive analysis (Braun & Clarke, 2006). In both studies, we were interested in the role of the material environment in participants' experiences, so an ontological position was adopted which understands experience as both materially located and culturally patterned. Broadly, this could be described as a 'process-relational' ontology (Brown & Stenner, 2008), which attempts to overcome the 'bifurcation of nature' (Whitehead, 1926) into human and non-human (see Latour, 2005; Stenner, 2008). In these studies the material context of people's experiences was viewed as a 'non-human participant' (Latour, 2005) in the experiences, relationships and 'affective practices' (Wetherell, 2012) which participants described. The specific role of the material environment in participants' experiences was understood as being emergent from the interaction between the person and their environment, drawing on ideas from ecological psychology (Lewin, 1936; Bateson, 1972; Gibson, 1977). In this way, we were also influenced by the argument made by human geographers that space is relational rather than static (Massey, 1994; Lefebvre, 1991). Space was hence seen as a relational process in which humans participate, rather than an inert container of experiences, existing separately from human meaning-making. These theoretical concerns underpinned the analysis of data in both studies.

### **3. Building visual worlds: Insights from using mapping in qualitative research**

Drawing together these two studies, we would like to make three claims about some potential benefits of maps and map-making in the context of qualitative research in affect and emotion. Our overall argument is that, maps are particularly good at, perhaps unsurprisingly, locating affective experiences and practices, and enabling participants to explore complexity and the layered nature of their experience. We argue that this is due to two aspects of the maps. Firstly, the potential of maps to help make the material facets of experiences and practices visible, and secondly the dual nature of mapmaking, as both a process and a product.

#### **3.1 Making materiality visible: Maps as a tool to capture and explore material subjectivities**

One of the most striking aspects of using both mapping techniques was the way in which making the maps and drawings in the interview led participants to highlight and discuss material aspects of their experiences. As argued above, visual methods have been argued to draw the attention to the spatial and material aspects of experiences (Bolton et al, 2001, Knowles, 2000; Reavey, 2011). In taking a photograph, for instance, one always captures the surrounding space and context as well as the person (Bolton et al, 2001). In the more fluid and participant-generated mapping methods used in these studies, spatial context is not just passively present, but actively marked and made visible by the participants. Participants could choose to include or not include any aspect of their environments on a map; what is included is, arguably, inherently significant. As such, the map can become an extra tool to help participants 'show not tell' (Reavey & Prosser, 2012) the material contexts of their experience. Inherent in a mapping methodology is that participants are invited to pinpoint and locate their experiences in specific spaces, to recall and elaborate on specific instances and experiences, whilst populating their maps. This was true in both studies, which were both effective in generating rich, specific, located descriptions of emotional experience and practice.

A striking example of this point came in the second study, which gave participants more power to visually construct their maps in the way that made sense to them. As seen from the example in the previous section, many participants did not draw a large amount of detail onto their maps. It was noticeable, therefore, that a number of different participants drew into their maps and drawings large and visible locks and barriers (see, McGrath & Reavey 2013).

[Figures 3-5 about here]

Figures 3-5: Locks and barriers.

Zoe's drawing of her waiting area, with a single large lock; Lou's drawing of her waiting area with the staff (in orange) behind a barrier; Rachel's drawing of her community service, with the 'blank' sliding doors and buzzer.

Locks and barriers are clearly highlighted throughout these drawing of participants' community mental health service buildings. Zoe described the visible lock which separated the waiting area from the 'treatment rooms', where service users were allowed through for specific appointments with psychiatrists, nurses, or psychologists. Lou also described 'big

locked doors' separating off the waiting area from the treatment areas, as well as a glass barrier, separating the reception staff from service users. Rachel described her actual waiting area as "quite bright and new" but access in to the building as being limited by a buzzer system, where service users had to wait to be let through blank, sign-less sliding doors. Drawing locks and barriers in the maps prompted participants to also reflect on the role of these visible markers of control on their experiences in mental health services. Whilst drawing the maps, participants would either describe their reason for including an object or material feature of the space, or the researcher could draw their attention to it in a later discussion. For instance, Lou commented:

[...] and it's kind of a relief when whoever you're waiting to see the psychiatrist or the psychologist or whoever sort of comes in and calls your name and then you get to go behind these big locked doors and go up you know into these tiny little rooms but it's it's just I dunno it's quite a bizarre space I think it's really could be more open [!::mmm] it's so enclosed and lock you're locked away like you're you're... don't know like hmm like you're dangerous or something I guess. (Lou, l. 338-345)

While Karl discussed his feeling that the space placed him in the role of a 'transgressor':

I'm not in my mind you know I'm not one of those people [!::mmm] you know I'm not the transgressor [...] and I'm sitting there going oh it's you know I'm sitting here feeling sorry for myself in the waiting room but this person beside me also looks quite normal and you know normal so I guess it really can affect anyone no it's doesn't affect her except it's her job to look after the guy who's in prison. (Karl, l. 563 – 577)

An association of mental health with risk, dangerousness and criminality (Harper, 2004; Moon, 2000; Phelan, Link, Steuve & Pescosolido, 2000; Rose, 1998) can here be seen to be made particularly salient for both Lou and Karl in the space of the waiting room, through the visible presence of locks and barriers. Whilst the rhetoric of community mental health might emphasise inclusion and recovery (McGrath & Reavey, 2013, Spandler, 2007), the material layout of the spaces in services here instead promote a very different message, of division, control and passivity. The use of maps and drawing here facilitated participants' expression and reflection on these points; out of everything present in these places, it was the

locks and barriers they chose to represent, marking these as particularly meaningful and emotionally salient in their overall experience of services.

The mapping method helped to make the close relationship between the material environment and the emotional experiences of participants visible, to both the participants and the researcher. This was also apparent in the emotion maps study, where participants discussed material features of the space in detail, often pointing to the maps whilst describing particular incidents and interactions which had occurred say, around a table, or in a doorway, as will be more fully explored below. The role of the map-making in spatialising the participants' narratives was apparent when one participant in the mental health study declined to engage in the map making activity at all. It was noticeable that this narrative-only interview was less focussed on the specifics of each place than those who did engage with the drawing process. This participant's narrative was instead more general, organized temporally (Bruner, 1991), and did not engage with the specifics of the material location of the experiences described. This underlined the particular power of the map-making tool in eliciting narratives about the material contexts of participants' emotional experiences. Researchers interested in the relationship between material environments and affect or emotion might therefore find these techniques particularly useful.

### **3.2 Map-making as a process and a product: Possibilities and pitfalls**

Another feature of using maps as a tool during interviews that was noticeable in the studies was the shifting role of the maps as the interviews progressed. In both studies, participants tended to narrate while drawing/stickering, fusing verbal and visual representation together in a joint sense-making practice. In both studies, the specific combination of verbal and visual construction varied somewhat. Some participants explained each action they took in either drawing or stickering their maps as they went; in the mental health study, people often emphasised their points visually by adding to, underlining, or otherwise visually reinforcing their drawings as they spoke. Other participants, however, drew/stickered first, and then waited to talk the researcher through their reasons for constructing their map in that particular way.

Whichever strategy was used, however, the making of maps in these interviews recalled Guillemin's (2004) argument that drawing is both a process and a product. The process of drawing/stickering during the interviews was important for helping participants to articulate

their experience; as it was created, moreover, the map then became a material tool which participants could use to monitor, and reflect on, the overall shape of their experiences. Several participants, in both studies, commented on the usefulness of having the maps to refer to during the interviews as a visual record of their sense making process. The maps operated as evolving, mobile objects, folded into the co-construction of the meaning making in the interview.

Encapsulating the flexible quality of the map as an object in the interview, was the sheer variance in the ways in which participants interpreted the mapping task in the second study. Compare, for instance, the maps of Julie and Tom:

[Figures 6 and 7 about here]

Figures 6 and 7: Julie's map of community mental health services; Tom's map of community and inpatient services.

Julie's main concern was the recent closure of her community mental health buildings. The map is a litany of spaces where she had met professionals over the previous three months, with black arrows representing her feelings of invasion and lack of privacy. The ward space was absent from Julie's map, demonstrating her main concern in having no community space to safely discuss her distress. Her anger and frustration at this situation dominated the narrative of the interview. Once drawn, the map remained an active object in the room of the interview, as Julie repeatedly referred to it as available evidence, re-emphasising the impact of the cuts to her service. Many of the black arrows were indeed drawn on in later stages of the interview, to further underline her frustration with services visually as well as verbally.

Tom's map is very different, but also encapsulates his relationship with mental health services. Tom drew a typical cycle of service engagement. This started with being sectioned by the police (middle), before being detained in the ward. He depicts having to behave 'more normally than normal' to get out through the 'maze' of inpatient services. Community services barely feature in Tom's map, apart from disembodied, unconnected heads, talking. The only positive element of Tom's map is support from other service users (bottom middle). In the interview, the researcher asked Tom about the lack of spatial detail in his depiction of community services. He commented: "I just give these people what they want". Again, the 'product' nature of the map made this visible, bringing Tom's detached, passive relationship

to services to the fore in the interview; he only experienced services as an unwelcome and punitive invasion on his life.

The different concerns in Tom and Julie's interviews, their very different feelings about mental health services, were hence captured in their different maps. These representations then became active participants in the interviews. Thus the map making formed part of the evolving, relational processes of sense making in the interview, providing both an assistance to the process, and a product to mark and notate these relationships, experiences and feelings.

For the most part, this process/product duality was a useful and productive tool in both research projects. One incident which stands from the second study however highlighted a potential downfall, or at least consideration, in using such methods. We reflect here on an interview conducted by Laura with 'Frank', who had been using services for around three years. The first part of the interview went well, with Frank drawing and describing in detail the range of service use spaces he attended. As with all other interviewees, Laura then moved onto the second section of the interview:

Laura: that's great so far but erm what I'd like you to do now is think about maybe the key places where you go that aren't to do with being a service user or aren't directly to do with being a service user is that ok

Frank: yeah can I just think about that  
for a minute can I just take a short break and use the loo

Laura: yeah of course

[break in interview]

At this point in the interview, Frank was clearly very uncomfortable. He came back into the room looking serious, reluctant, and determined. Laura remembers wishing she had not turned over the page in the A3 booklet, as the blank sheet of paper now sat between them, ready for Frank's new map. The page looked aggressively empty, like an acre of white absence. It suddenly seemed demanding, not inviting, in its emptiness. On sitting down, Frank continued:

Frank: firstly I'm going to say Laura that I don't socialise a lot so I'm not going to have much to say about this [L:that's fine] so what do you want me to do this time

Laura: erm if you think about where you spend time as part of [everyday

Frank: [apart from coming here or one of the places I've described [...]] so what do you want me to put down for this I'm not sure [I:erm I mean just] I mean if we keep it locally you want me to start again do you

Laura: or we can just put them on here [turns over page and indicates initial drawing]

Frank: yeah I mean the only things to add would be a library a couple of libraries let's say shops but you don't want those do you a café for lunch or something because I don't go to the gym and I don't swim you know I'm a deadly boring person (laughs) [I:(laughs) it's not a] where else would you think

The status of empty paper as a material object in the room, and the expectant beginning of a process of creation, here seemed to make visible gaps that Frank himself felt in his life. His comments here compare his life to a constructed 'normality' of busy social life, gym membership, work and swimming. This was a deeply uncomfortable moment in the interview, and Laura felt terrible for putting Frank in the position where he felt he had to justify himself in this way. Up until this point in the interview, Frank had proudly discussed the range of activities which he engaged in through service use, including research, policy, and social activities. The absence embodied by the empty page of 'non-service use activities' felt brutal in comparison.

This incident made it painfully clear that most of Frank's identity and activity centred on service use, which had given him a busier and more sociable life. The material object of the paper seemed to make the absences Frank felt existed in his life visible in the room, calling upon him to explain and justify his activity within the interview. This was the opposite of the intention of the method, which was to allow participants to shape their own narratives, hence reducing the space for them to feel forced into discussing aspects of their experience which they didn't wish to share. This is an important consideration for researchers using map making, or other material practices, as a research tool. In this particular case, the solution of returning to the original map was successful in repairing the incident, enabling Frank to return to the position of proud service user activist for the remainder of the interview.

### 3.1 Locating affective practices: Maps as a tool to locate and layer affective experiences

Mapmaking, we have so far argued, enables participants to make visible and reflect upon material aspects of their experience, as well as acting as an evolving object in the interview, being both a process and product. Bringing together these two points, we argue here that participants are invited, through using mapping methodologies, to locate their experiences, and through the evolving nature of the methodology, also to hold and explore multiplicity and complexity in those located experiences.

Within the emotion mapping study, for instance, participants identified the emergence of clear 'emotional zones' within the intentional community. An example of this was the bedroom as a 'safety zone':

[Figure 8 about here]

Figure 8: Hannah's emotion map of the ground floor of her home. The yellow here denotes 'peace' and the red 'sadness'.

All participants constructed the bedroom as a distinct territory, which provided a relatively satisfactory level of segmentation between their working and personal realms. Participants constructed the bedroom as a space within the house where they were able to express personal feelings and be themselves. Participants consistently located feelings of "peace" within the bedroom and it provided them with an opportunity to "relax" and express more personal feelings such as "sadness". The clear segmentation of more personal feelings such as "sadness" within the private domain of the bedroom is reminiscent of the public/private division of emotion discussed above (Burkitt, 1999).

The wider space of the intentional community, was however, described as a place where public/private and work/home were blurred. Participants hence described the boundaries around their bedrooms as relatively fragile and permeable. While describing the feelings of 'frustration' in her room for instance, Hannah said:

I think it had some frustration everywhere, my room was well, because everyone could look in from the outside, I felt like I was constantly like in a zoo, everybody could look in through my window. Because I would have to keep my curtains closed [...] And then there are people like, I was right next to the medication cupboard, so when the

cupboard was open I could not leave my room, so whenever somebody was talking there it was like as if they were in my room.

You go to your room and sometimes you are just resting, you want a relaxed day, you want to leave your room in your pyjamas, but then you think, I'm working, there are other people working, like this is where I work, do I really want to be in my space of work in my pyjamas.

Within the space of the intentional community, therefore, the participants described actively arranging space and objects (clothes, curtains) to spatially mark their bedroom (Wise, 2000) as inhabiting a separate 'emotional zone', or affective practice to the rest of the house. The expression and experience of the more 'private' emotions of peace and sadness, were described as actively enabled through the enactment of such micro boundaries. These 'zones' could of course have been described through careful interviewing, but the emotional mapping technique made them immediately visible – to the researcher and participant during the interview itself, and for later analysis. As discussed in the first section, participants in both interviews frequently pointed to the objects and material features of the spaces they had drawn/stickered to describe their experiences, thus presenting the specific material location of their experiences, more easily enabling a holistic analysis. The key objects here of curtains and pyjamas, are described in detail, as participants have already been orientated to the material features of their affective experiences.

As well as enabling participants to locate their affective experiences, both mapping techniques also provided a way for the layered and multiple nature of affective experience to be explored in the interview. In the intentional community study, this can be demonstrated through discussion of another 'emotional zone', of joy and belonging, which was located by participants in the communal areas of the house. Emma commented:

the kitchen table, because this is where we had all our celebrations, we celebrated all birthdays and Christmas, Easter, we celebrated all that with a big dinner, so I really enjoyed those times and I think we all did. I think other stickers are going to get there, but just in general the living room because also as soon as we had guests, John's kids like as soon as we got guests everybody was being in the living room together. Sometimes just watching a movie or something, but it was always a place where we would all meet and when Anne (service user), she spends a lot of time in her room by herself, but sometimes she just, especially after winter, in winter she did not really feel

good, and she would cry a lot in her room, and when it got better she started, after more than one year living in the home, she started coming downstairs to the living room, just to sit with us.

Here the same participant who in the previous example discussed communal spaces as problematic, describes the same space as a place which generates communal affective experiences of joy and belonging, centred on the table and the living area. The advantage of the layering effect of the mapping task can be seen here. It is noticeable that these experiences in some ways contradict the first set; close community is negative, intrusive in the first set of data, and positive here. The mapping task can hold these contradictions, as participants are asked to describe multiple experiences happening within the space of the home, including contrasting emotional experiences. By its nature, therefore, this task draws out multiplicity and complexity, specifically locating experiences and allowing both participant and researcher to draw out patterns without being reductive. The layers of meaning and experience explored through the map building exercise can hence help to explore the “messiness of social life” (Wetherell, 2012: 19). Through the use of the map, participant and researcher are able to build up multiple layers of specifically located, sometime apparently contradictory, experiences to produce a complex and nuanced picture of the affective practices of the community.

#### **4. Mapping emotion, mapping experience**

This paper has explored some possibilities and pitfalls of using map-making as part of qualitative Psychological research on affect and emotion. We have argued that maps can help to locate and situate experiences in participants’ narratives, and act as evolving objects, both process and product, in the research process. Returning to our opening argument, these features of maps can be seen as especially useful in exploring the lived complexity of affective experiences and practice, which have been argued to have these qualities of both pattern and process, order and complexity (Wetherell, 2012; Burkitt, 1999; Brown & Stenner, 2009).

We have argued above that map-making as a process has inherent fluidity, able to be adjusted, expanded, erased or started again during the interview process. By the end of the interview, however, the map is also a product, a shared visual record of the shared meaning making process in the interview, which is then available for both researcher and participant (unlike a transcript). One participant in the mental health study, Joyce, commented, upon

finishing their map: “It’s good this isn’t it, because you can see it all together and if you’ve missed anything out”. Map-making can thus be seen as one of many ways to empower participants during the research process, a fundamental principle of much qualitative research. We see this tool as sitting within a broader tradition of trying to do research ‘with not to’ people, of a broadly participatory approach to psychology. A shared product at the end of a research encounter – whether a map, drawing or other object, can help towards mitigating some of the power differentials within research (Reavey, 2011).

For researchers of emotion and affect in psychology, these methodologies can also offer a route for exploring the grounded contexts of affective experiences and practices. The examples explored in this articles clearly demonstrate ways in which affect and emotion are located and embodied, are human experiences and practices located in culture and meaning (Burkitt, 2004; Cromby, 2015; Wetherell, 2012). Perhaps such methods which enable participants to reflect upon, explore and mark out their affective experiences in specific spatial locations, could be useful in exploring affect and emotion in more grounded ways, as advocated by Wetherell (2012). In these studies, drawing maps helped participants to bring together the affective, material, symbolic and representational facets of their experiences, rather than drawing ‘thick lines’ between these elements of experience. Maps are perhaps particularly good at locating affective experiences, but all evolving creative methods could help to both ground and open up the narratives of experience which participants produce during interviews.

Psychological research in affect and emotion poses theoretical and methodological challenges, both from critical and mainstream psychologies. Map-making of course cannot solve all of these challenges, but there are a wealth of possibilities to be explored here. Both of these studies used maps only within relatively confined, individual interviews. Map-making can, however, also be a collective meaning making tool (Chambers, 1994) and be used to explore time as well as space (Sheridan, Chamberlain & Dupuis, 2011). There are many more possibilities to be explored here, and this paper offers this methodological exploration as an addition to the plethora of qualitative methods needed to build a nuanced, holistic and psychological understanding of affect and emotion.

## References

Anderson, B. (2009). Affective atmospheres. *Emotion, Space and Society*, 2, 2, 77- 81.

- Bolton, A., Pole, C., Mizen, P. (2001). Picture this: Researching child workers, *Sociology*, 35 (2), 501-518.
- Brotton, J. (2012). *A history of the world in twelve maps*. Penguin.
- Brown, S. D., & Stenner, P. (2009). *Psychology without foundations: History, philosophy and psychosocial theory*. Sage.
- Brown, S. D., & Stenner, P. (2001). Being affected: Spinoza and the psychology of emotion. *International Journal of Group Tensions*, 30(1), 81–105.
- Burkitt, I. (1999). *Bodies of thought: Embodiment, identity and modernity*. London: Sage.
- Burkitt, I. (2014). *Emotions and social relations*. Sage.
- Burr, V. (2000). The extra-discursive in social constructionism.
- Braun, V., Clarke, V. (2006). Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3, 77-101.
- Bruner, J. (1991). The narrative construction of reality, *Critical Inquiry*, 18 (1), 1 – 21.
- Chambers, R. (1994). Participatory Rural Appraisal (PRA): Analysis of experience, *World Development*, 22 (9), 1253-1268.
- Cromby, J. (2007). Toward a psychology of feeling. *International Journal of Critical Psychology*, 21, 94–118.
- Cromby, J. (2012). Feeling the way: Qualitative clinical research and the affective turn. *Qualitative Research in Psychology*, 9(1), 88–98.
- Cromby, J. (2015). *Feeling bodies: Embodying psychology*. Springer.
- Foucault, M. (1965). *Madness and civilisation*. New York: Vintage.
- Gabb, J. (2009). Researching family relationships: A qualitative mixed methods approach, *Methodological Innovations Onlines*, 4 (2), 37 – 52.
- Gabb, J., Singh, R. (2015). The uses of Emotion Maps in research and clinical practice with families and couples: Methodological innovation and critical inquiry, *Family Process*, 54 (1), 185-197.
- Guillemin, M. (2004). Understanding illness: Using drawings as a research methods, *Qualitative Health Research*, 14 (2), 272 – 289.
- Haraway, D. (2000). 'Deanimations: Maps and portraits of life itself'. In A. Brah, A. Coombes (Eds), *Hybridity and its discontents: Politics, science, culture*. London: Routledge.

- Harper, D. (2004). 'Storying Policy: constructions of risk in proposals to reform UK mental health legislation'. In B. Hurwitz, T. Greenhalgh, V. Skultans (Eds.), *Narrative research in health and illness*. Oxford: Blackwell.
- Herlihy, P., Knapp, G. (2003). Maps of, by, and for the people of Latin America, *Human Organization* 62, 303–14.
- Herlihy, P. (2003). Participatory research mapping of indigenous lands in Darién, Panama, *Human Organization*, 62 (4), 315-331.
- Hodgetts, D., Radley, A., Chamberlain, K., Hodgetts, A. (2007). Health inequalities and homelessness: Considering material, relational and spatial dimensions, *Journal of Health Psychology*, 12 (5), 708 – 725.
- Hodgetts, D., Stolte, O., Chamberlain, K., Radley, A., Nikora, L., Nabalarua, E., Groot, S. (2008). A trip to the library: homelessness and social inclusion, *Social & Cultural Geography*, 9 (8), 933 – 953.
- Iantaffi, A. (2011). 'Travelling along "rivers of experience": Personal Construct Psychology and visual metaphors in research.' In P. Reavey (ed.) *Visual psychologies: using and interpreting images in qualitative research*. London: Routledge.
- Lara, A., Lui, W., Ashley, C., Nishida, A., Liebert, R., Billies, M. (2017). Affect and subjectivity, *Subjectivity*, 10 (30), 30-43.
- Lewis, K. G. (1989). The use of colour coded genograms in Family Therapy, *Journal of Marital and Family Therapy*, 15, 2, 169-176
- Leys, R. (2011). The turn to affect: A critique. *Critical Inquiry*, 37(3), 434–472.
- Lynch, K. (1960). *The image of the city*. Cambridge MA: MIT Press.
- Kitayama, S., Markus, H. R., & Matsumoto, H. (1995). Culture, self, and emotion: A cultural perspective on "self-conscious" emotions. In J. P. Tangney & K. W. Fischer (Eds.), *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride* (pp. 439-464). New York: Guilford Press.
- Knowles, C. (2000). *Bedlam on the streets*. London: Routledge.
- Knowles, C., Sweetman, P. (2004). *Picturing the social landscape: Visual methods and the sociological imagination*. Abingdon: Routledge
- Mallet, S. (2004). Understanding home: A critical review of the literature, *The Sociological Review*, 52 (1), 62 – 89.

- Mapedza, J., Wright., Fawcett (2003) An investigation of land cover change in Mafungautsi Forest, Zimbabwe, using GIS and participatory mapping, *Applied Geography* 23 (1), 1-21.
- Massumi, B. (2002). *Parables for the virtual: Movement, affect, sensation*. Duke University Press.
- McDowell, L. (1983). Towards an understanding of the gender division of urban space, *Environment and Planning D: Society and Space*, 1, 59-63.
- McGrath, L., Reavey, P., Brown, S.D. (2008) 'The scenes and spaces of anxiety: Embodied expressions of distress in public and private fora', *Emotion Space and Society*, 1(1), 56-64
- McGrath, L. (2012). 'Heterotopias of mental health care: The role of space in experiences of distress, madness, and mental health service use. Unpublished PhD thesis awarded at London South Bank University.
- McGrath, L., Reavey, P. (2013). Heterotopias of control: Placing the material in experiences of mental health service use and community living, *Health & Place*, 22, 123-131.
- McGrath, L., Reavey, P. (2015). Seeking fluid possibility and solid ground: Space and movement in mental health service users' experiences of crisis, *Social Science and Medicine*, 128, 115-125.
- McGrath, L., Reavey, P. (2016). "Zip me up, and cool me down": Molar narratives and molecular intensities in 'helicopter' mental health services, *Health and Place*, 38, 61-69.
- Moon, G. (2000). Risk and protection: the discourse of confinement in contemporary mental health policy, *Health & Place*, 6(3), 239-50.
- Nold, C. (2009). *Emotional Cartography: Technologies of the Self*. London: Wellcome.
- Ncube, N. (2006) The Tree of Life Project, *International Journal of Narrative Therapy & Community Work*, 1, 3-16.
- Ncube, N. (2010). The journey of healing: Using narrative therapy and map-making to respond to child abuse in South Africa, *International Journal of Narrative Therapy & Community Work*, 1, 3.
- Nightingale, D., & Cromby, J. (1999). *Social constructionist psychology: A critical analysis of theory and practice*. McGraw-Hill Education (UK).

- Phelan, J., Link, B., Steuve, A., Pescosolido, B. (2000). Public conceptions of mental illness in 1950 and 1996: what is mental illness and is it to be feared? *Journal of Health and Social Behaviour*, 41(2), 188-207.
- Pink, S. (2007). *Doing visual ethnography: Images, media and representation in research*. London: Sage.
- Prosser, J. (1998). *Image based research: A source book for qualitative researchers*. London: Falmer.
- Radley, A., Taylor, D. (2003). Images of recovery: a photo-elicitation study on the hospital ward, *Qualitative Health Research*, 13(1), 77-99.
- Reavey, P. (2011). *Visual methods in Psychology: Using and interpreting images*. London: Taylor & Francis.
- Reavey, P., Prosser, J. (2012) 'Visual research in psychology.' In: Cooper H (Editor-in-Chief) *APA Handbook of Research Methods in Psychology. Vol. 2, Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological*. Washington: American Psychological Association Press.
- Rose, G. (2001). *Visual methodologies: An introduction to the interpretation of visual materials*. London: Sage.
- Rose, N. (1989). *Governing the soul: The shaping of the private self*. London and New York: Routledge.
- Rose, N. (1998). *Inventing ourselves: psychology, power and personhood*. Cambridge: Cambridge University Press.
- Sheridan, J., Chamberlain, K., Dupuis, A. (2011). Timelining: Visualising experience, *Qualitative Research*, 11 (5), 552-569.
- Spandler, H. (2007). From social exclusion to inclusion? A critique of the inclusion imperative in mental health, *Medical Sociology Online*, 2(2), 3-16.
- Thrift, N. (2004). Intensities of feeling: towards a spatial politics of affect. *Geografiska Annaler: Series B, Human Geography*, 86 (1), 57-78.
- Townley, G., Kloos, B., Wright, P. (2009). Understanding the experience of place: expanding methods to conceptualise and measure community integration of persons with serious mental illness, *Health Place*, 15 (2), 520-531.
- Walker, C., Fincham, B. (2011). *Work and the mental health crisis in Britain*. London: Wiley & Sons.

Wetherell, M. (2012). *Affect and emotion: A new social science understanding*. Sage Publications.

Weintraub, J. 'The theory and politics of the public/private division'. In J. Weintraub, K. Kumar (Eds.), *Public and private in thought and practice: Perspectives on a grand dichotomy*. Chicago: The University of Chicago Press.

White, S., Pettit, J. (2004). *WED working paper 08: Participatory approaches and the measurement of human well-being*. London: ESRC.