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The (un)habitual geographies of Social Anxiety Disorder

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Abstract: This article investigates experiences of Social Anxiety Disorder ('social anxiety') with reference to recent geographical debates on habit. It considers how habit simultaneously captures (un)reflective modes of being in the world and the foreboding disruptive capacity of uncertainty as people attempt to adapt to, negotiate and manage everyday life with social anxiety. Drawing on lived accounts from online questionnaires and online interviews with people diagnosed, or self-diagnosing, with social anxiety, it uncovers the relational and embodied practices—and the inherent spatialities of such practices—that enable individuals to (re)gain control of their socio-spatial surroundings. It also considers the capacity for habits to become disrupted and displaced through pervasive anxieties and persistent rumination and anticipation, situated within the context of participants' everyday lives. This analysis highlights the social, spatial and temporal dimensions of socially anxious experiences. Overall, by interpreting lived experience in this way, this article introduces a socio-spatial dynamic to otherwise extremely limited accounts of social anxiety found outside of the dominant biomedical framework.

1. Introduction

The consistency of day-to-day life is often framed through the automaticity of habit, a series of repetitive and mechanistic routines, practices and interactions entrenched in daily life that establish a sense of familiarity and stability between individuals and their worlds. This prevalent understanding of habit ignores those for whom such practices and interactions pervasively feature in the navigation of everyday social and spatial life, as well as, the multitude of factors that impinge on an individual's capacity to develop, maintain and sustain habitual practices. This paper attends to these considerations through the lens of Social Anxiety Disorder (hereafter 'social anxiety').

Drawing on a relational framework, social anxiety is defined as a 'habit of fearful self-protection' that is entangled, on the one hand, with a 'heightened state of anxious distress in the face of looming social threats' and, on the other, 'the social or interpersonal environment within which the [anxious experience] is embedded' (Stravynski, 2014, 90). Pervasive patterns of social anxiety shape how individuals orient their social and spatial worlds, disrupting habitual activities such as walking down the street, interacting with others or making telephone calls. This can have adverse effects on interpersonal relationships, educational attainment and employment opportunities. While avoidant

behaviours are common, many people endure social situations despite the intense levels of distress experienced, often with serious repercussions to their health and wellbeing (Stravynski, 2014). Consequently, individuals adopt a range of techniques to mitigate the intensities of their anxieties and manage the tensions, shifts and uncertainties of social space. These mitigation techniques are the empirical focus of this paper.

Social anxiety is predominantly understood and treated within biomedical and cognitive behavioural frameworks (Radomsky and Otto, 2001; Mayo-Wilson et al., 2014). The former advocates pharmacological interventions in the targeting of presumed brain abnormalities (Deacon, 2013), hormonal and chemical imbalances (Stein et al., 2004) and the alleviation of physiological symptoms (e.g. blushing, palpitations) (Steenen et al., 2016); while the latter presumes a bias in the processing of social and evaluative information, and in response seeks to direct a cognitive change in psychological vulnerabilities (e.g. rumination, self-criticism) (Rapee and Heimberg, 1997). Experiential accounts of social anxiety are sparse. Recent contributions challenging medicalised models are centred broadly within psychotherapeutic approaches to recovery, including: narratives of recovery (McCarthy, 2014); help-seeking behaviours (Hjeltnes et al., 2016); and the practice of mindfulness (Hjeltnes et al., 2018). This contribution to the small, but hopefully emerging, platform of experience-led research on social anxiety offers a new, innately geographical perspective to these experiences, one that takes social anxiety seriously as a socio-spatial phenomenon (Davidson, 2003b; McGrath et al., 2008; Segrott and Doel, 2004).

This article explores how people embody and enact social anxiety within the context of habitual geographies (Bissell, 2013; Dewsbury and Bissell, 2015; Lea et al., 2015), by uncovering the practices and routines put in place as people adapt to interactions and events experienced as anxiety provoking and distressing. In order to understand the relational dynamics, I recognise the habitual presence of anxiety as a deeply un-settling and disruptive force, one that is innately entangled with, and embedded within, the spatialities and temporalities of everyday life. As a secondary aim, I contribute to existing theories of habit by re-configuring habit as a set of practices that cannot embed seamlessly into everyday routine but, instead, are routinely written, un-written and re-written as individuals orient their social worlds.

2. Habit

The long and complex history of habit is well documented (Sparrow and Hutchinson, 2013). Contemporary approaches, particularly in the social sciences, influenced by Bourdieu's (1990) 'habitus' and Merleau-Ponty's (2012) 'embodied consciousness', designate a 'unifying' and 'integrative' capacity (Alexander, 1987, 147) enabling humans to en-counter socio-spatial and material worlds unproblematically. Phenomenological considerations, integrating habit with discussions on embodiment, highlight the mutually co-constitutive relationship between body and world, one that is

embodied and embedded in/through habitual practice (McGuirk, 2014; Sheets-Johnstone, 2014). Habitus, an ‘embodied history’, outlines the integration of past experiences as key to understanding how individuals respond to, and cope with, ever-changing conditions (Bourdieu 1990). Collectively, these theoretical traditions have oriented geographical engagements with habit.

Habit is an important conceptual route for navigating the spatialities and temporalities of everyday life (Bissell, 2011; Dewsbury and Bissell, 2015; Lea et al., 2015; Seamon, 2015). The composition of social life, its structure and routine predictability, is built on the repetition of practice through which unreflective modes of being-in-the-world materialise. These dynamics play out within the backdrop of the unspoken routine and regularisation of everyday life, encoded in the essential pre-cognitive and pre-discursive articulations of self, body and world, thereby constituting an unreflective and habitually performed set of everyday practices and knowledges (Binnie et al., 2007, 165). Phenomenological concerns have focused on embodied habits, or ‘place-ballets’ (Seamon, 2015, 56), to capture the rhythm and fluidity of everyday time-space and body routines. Non-representational approaches have focused on practices, events, relationships, and affective resonances to capture how habits are embodied, embedded and emplaced (Thrift, 2008). The situated and intricate relationship between ‘internal’ mental habits and ‘external’ practice is reflected in the embodied geographies of everyday performance and mobility where, through practices of walking and commuting (Binnie et al., 2007; Edensor, 2003; Middleton, 2011), and corporeal experiences of movement and rest (Seamon, 2015), reliable rhythms ingrain a sense of stability and security in the practice of everyday life.

Others (notably Lea et al., 2015) seek to disrupt the reproductive nature through which habitual life is considered to emerge. Through the vein of mindful meditation, Lea et al. (2015) explore how mindful practice cultivates awareness of automatic thoughts, feelings and actions. Crucially, this practice is not in an attempt to transform the whole self but to acknowledge the relationship with the self, one that advocates a non-judgemental, conscious reflection on the relationship with existing habits. Interestingly, they focus on habit as both a set of individual practices and one embedded within wider socio-cultural and material contexts. In doing so, they address how particular practices become routinised as habit and consider the ‘process through which we gain sense, understanding and awareness’ (Dewsbury and Bissell, 2015, 26) of existing habits.

Overwhelmingly, engagements with habit in geography and beyond have overstated the ease with which habitual and routine forms of action become ingrained and play out in day-to-day life particularly as much of the existing research reflects an assumed synchronicity between body and world that is not accessible to all.

2.1. The disruption of everyday life

The habitual nature of everyday life often comes sharply into view when something happens to destabilise established and ingrained routines. Experiences of health, illness and disability disrupt the apparent synchronicity and fluidity that routine and ritualised aspects of everyday life are said to engender. In these contexts, everyday habits, including routines and mobilities (physical, social or otherwise), may be affected, limited and/or restricted (Chouinard, 1999; Moss and Dyck, 2003). The onset of chronic illness has the capacity to disrupt life-long habits while necessitating new routines are established to help stabilise health and wellbeing. Habitual actions and routines are vulnerable to unpredictable states of being as lives are/become ‘temporally dynamic’ and ‘routinely unpredictable’ (Crooks, 2010, 59). Smith (2012), providing insight into how ‘non-conforming’ bodies unsettle taken-for-granted spaces and activities through lived experiences of epilepsy, questions the extent to which individuals become habituated to living with the uncertainty and unpredictability of seizures. The relatively unpredictable nature of the epileptic body renders social space inherently unpredictable, wherein, ‘[r]outines once taken-for-granted are deliberately discontinued or forcibly altered to accommodate potential losses of control’ (2012, 351).

The embodied reality of disability adjusts the lens of what is or can be considered to be(come) habitual. Engman and Cranford (2016) argue that existing theories on habit have neglected to take into account non-normative bodies and behaviours in the development and maintenance of habits. They highlight how people with disabilities adapt and adjust socio-spatial and material environments that are ‘preconfigured’ for normative bodies. Physical, social and systemic barriers render habits ‘perpetually suspended in a space of precarity’ (Engman and Cranford, 2016, 38) as they involve considerable amounts of energy and emotional labour to manage. Similarly, acknowledging the ‘timings and spacings’ of everyday life with disability, Hansen and Philo (2007, 497) contend that the practices of daily living are habitual only in the sense that they are practised within the context of everyday life, and that the ‘time, space and speed realities’ of carrying out tasks for many people with disabilities requires strategic negotiation and microscopic planning.

Collectively, these studies have paid significant attention to the ways in which various health and/or embodied experiences disrupt daily routines, times and spaces, but geographies of health have largely avoided an explicit engagement with theories of habit (exceptions: Rowles, 2000; Lea et al., 2015). Existing theories of habit focus on the capacity of people to mould into normative temporalities and spatialities, thus, it is imperative that habit is reconfigured to acknowledge and include the day-to-day consequences of health, illness and dis-ability as chronic, fluctuating, long-term and/or life-long experiences through which habitualised ways of living are disrupted, mitigated, adapted and re-established. There is a need, again, in human geography ‘to see habits and routines afresh’ (Rose, 1993, 46).

2.2. Un-habitual geographies and Social Anxiety Disorder

Social anxiety is a thoroughly embodied experience with habits of mind and body fuelling anxious experiences. Anticipation plays a fundamental role in this relationship wherein, habits of mind, ‘spurred by expectations’ of social interactions, are animated and exacerbated by the ‘felt dynamic of apprehension’ through the body (Sheets-Johnstone, 2014, 102; Bourdieu, 1990). Crucially, this raises questions about to what extent do the bodily dynamics of anxiety, fear and apprehension, which serve to embolden anxious experiences, disrupt our habitual understanding of habit. Anderson’s (2010, 777) ‘anticipatory action’ advocates that geographies are ‘made and lived in the name of pre-empting, preparing for, or preventing threats’; although originally applied in the context of threats to liberal democracies, such actions are no less relevant in this instance. Anticipatory processes capture how past experiences are projected into the future, and thus shape the practices, itineraries and routines of the present. Such anticipatory notions are deeply intertwined with understandings of the habitual: on one hand, they set in motion the transformative potential of habitual practices and routines that establish control and predictability; on the other, they embody the immanent and foreboding disruptive capacity of uncertainty, highlighting the temporal and spatial complexity of living with social anxiety.

Such affective dimensions of experience mark the ‘emergence of unpredictability’ (Grosz, 2013, 225), unhinging the very ‘illusion of consistency’ (Bissell, 2010, 85) that the habitual practice of everyday life intends to cement. Bissell (2009) discusses the affective forces that press upon the chronically pained body, drawing attention to the complexities of intensity to consider the relational capacity of the body and those experiences that ‘take place during spatially and temporally distributed encounters’ (Anderson, 2006, 735). In social anxiety, the viscerality of experience embodied in symptomatic warning signs not only give rise to a heightened sense of self and bodily awareness that becomes ‘sensorially overwhelming, emotionally uncomfortable, socially stigmatising and so, disabling’ (Davidson and Parr, 2010, 63), but also to a heightened sense of being visible and, by extension, exposed to potential scrutiny by others – similar to experiences of agoraphobia (Davidson, 2003b).

What becomes apparent then, is the habitual pattern of anxiety. Habit is then (re)articulated through a self-reflexive practice (Lea et al., 2015) which, I would argue, is habitually self-critical, manifesting in highly negative views of self and a painful and repetitive self-scrutiny, characterised by harsh internal dialogues about social performance or perceived failures. Social interactions and encounters are then per-formed, re-performed, re-played, ruminated over in excruciatingly minute detail, generating anxiety-drenched anticipations which in-crease in intensity about what could go wrong in future settings. This disruptive embodied temporality suggests the non-linear experience of time through which socially anxious experience emerges, with both past and future impinging on present activity. By concentrating on experiential accounts, this exploration of social anxiety illustrates how individuals actively use space and specific strategies to re-gain control of their bodies and surroundings

in order to manage everyday beings and doings that are tainted by pervasive anxieties and uncertainties.

3. Methods

This article draws on data collected from online questionnaires ($n = 120$; Female = 84/Male = 36) and semi-structured interviews ($n = 22$; F = 19/M = 3) conducted online ($n = 19$) and by telephone ($n = 3$) with participants who have been diagnosed, or are self-diagnosing with, social anxiety. Participants were recruited by advertising on three UK-based online platforms that provide information and support services: Anxiety UK (AUK), Social Anxiety UK (SAUK) and Social Anxiety Scotland (SAS). SAS is no longer active, raising questions about the sustainability of these platforms and the subsequent consequences of their removal on the online communities who use them. Permission to advertise the research was granted by website moderators. Consent was received electronically from participants. Participants ranged in age between 16 and 68. All responses have been anonymised and pseudonyms assigned.

3.1. Online research

The possibilities and limitations of online-mediated research (OMR) have been explored elsewhere (Madge and O'Connor, 2002; Wright, 2005). There is not the scope here to provide an in-depth overview of OMR and its application but it is important to note that many of the traditional considerations and challenges, both ethical and practical, as negotiated in conventional approaches remain present and require sensitive assessment in the virtual sphere. Furthermore, attention must be paid to the numerous new considerations that arise from conducting OMR with virtual communities, including those concerning privacy, anonymity, confidentiality and autonomy (Wright, 2005).

The research was conducted primarily online, with the exception of three telephone interviews, with self-selecting respondents. The experiences reported are illustrative rather than representative of people with social anxiety. Despite its limitations, OMR has notable strengths enabling direct engagement with what may be considered a socially remote population in a supportive environment that is known to them, one with which they are already actively engaged in writing about their experiences. This addressed ethical considerations positioning participants as at least being aware of sources of information and support (Davidson, 2005). While acknowledging that sharing these experiences may be therapeutic and empowering additional information on mental health services was provided. Furthermore, OMR enabled a sensitive qualitative research design to be implemented with minimal adverse effects, serving to facilitate a safe and anonymous environment for participants who find face-to-face interactions challenging and/or distressing (Coomber, 1997; Wright, 2005). Ethical clearance was received from the University of Glasgow Ethics Committee.

3.2. Questionnaires

Implementing questionnaires to gather information about past and present behaviours and attitudes is a path well-trodden in social science research (McGuirk and O'Neill, 2005). Alongside the assumed benefits of time, cost and speed, participants accessed the questionnaire, re-search information sheet, consent form and support information via a stand-alone webpage. The common principles of questionnaire design advocate shortness and simplicity to encourage completion and avoid ‘fatigue-bias’ (Parfitt, 1997). However, in order to elicit detailed narrative outcomes, participants were encouraged to give detailed responses inclusive of their thoughts, feelings and socio-spatial surroundings. I designed a 30-question questionnaire. de Vaus (2013) argues that questionnaires do not allow for the complexities and contradictions of experience to be adequately portrayed, but, in this context, the open-ended and asynchronous nature of the web-based questionnaire facilitated an environment where participants had the time, space and privacy to consider and process their responses. This enabled the subtleties and nuances of experience to be expressed in written form, a more comfortable medium of communication, and did not confine experience to a series of ‘tick box’ responses.

3.3. Interviews

Synchronous online semi-structured interviews (OI) were employed to elucidate further the material gathered from questionnaires with self-selecting respondents. While there is a vast array of literature concerned with interview process and techniques, little has been written about the use of synchronous technologies for conducting real-time online interviews (Madge and O'Connor, 2002). Interviews lasted between 1.5 and 2 h and were conducted using a synchronous chat service called ‘ChatStep’. The use of OI raised concerns about the absence of emotional, visual and verbal clues. Textual representations of conversations remove the element of social evaluation that carries with it the risk of scrutiny and judgement (Bowker and Tuffin, 2004). This did not restrict the expression of emotions, participants gave regular signals and vented frustrations using symbols and acronyms popularised by computer-mediated communications. From the perspective of the researcher, online interviews presented several difficulties as the embodied details and social cues inherent in face-to-face interactions were concealed, making it difficult to sense the appropriateness of particular lines of questioning. Despite the potential drawbacks of online inter-views, they provided a sense of safety through anonymity enabling participants to reflect in detail on their experiences. The extracts below are reproduced with only the most minimal of grammatical and formatting ‘corrections’.

3.4. Analysis process

Following a period of data immersion, which involved reading and examining transcripts in detail and making notes of emerging themes, an initial coding framework was established.

Questionnaire and inter-view transcripts were then subject to an in-depth thematic analysis using qualitative analysis software NVivo® (V.11) in order to identify and collate codes towards the production of overarching themes. Like Braun and Clarke (2006, 7), the term ‘emerging themes’ is used with caution as it ‘denies the active role of the researcher’. The theoretical perspectives that inform the researcher’s position inevitably influenced the collection, analysis and interpretation of the data. As such, the re-searcher has conceptually and theoretically defined ‘emerging themes’. How individuals manage their anxieties was a prominent topic of discussion in both the questionnaires and interviews and the complexities of these experiences are demonstrated below.

4. Findings and discussion

In this section, lived accounts are explored in order to understand the diverse ways in which everyday life with social anxiety is experienced, managed and (re)negotiated. Before looking at the categories and specific spatial strategies in more detail, I start with an extract from an interview with Amelia who has been living with social anxiety for 15 years. Her dialogue illustrates a rich assemblage framing the ‘habitually unhabituated’ nature of her experience, that is, the pervasive presence of anxiety that habitually ‘unmakes’ the assumed structure of daily life and destabilises the ability to ingrain structuring and supportive habits:

Amelia: I've had varying levels of anxiety over the years. It's heightened then less intense, but constant.

Researcher: How does [your anxiety] play out on a day-to-day basis?

A: I'm waking up every day and worrying about what will happen, who I will have to talk to and where I will have to go. At the end of the day I go over in my head every last detail of what I did, what I said, how I said it, what my face looked like, did I make enough eye contact and how were people reacting to me? I'm constantly questioning myself. [...]

R: And that varies?

A: It builds and builds over a matter of days or weeks [...] I just can't control my thoughts, or see clearly, everything is foggy and gets increasingly intense and my body doesn't contain anything. I sweat, and blush, shake, stutter and it's like my anxiety is just oozing out for everyone to see. It's awful; I'm so ashamed of not being able to control this.

Amelia’s narrative is instructive of the specific assemblages wherein so many demanding possibilities may coalesce; where no single node exists in and of itself and no single event is enough ‘[to rip] the everyday out of its habitual stasis’ (Probyn, 2004, 328). Instead, she highlights the patchwork of processes: the social-spatial, relational, embodied, affective and sensational dimensions, which, framed by persistent rumination and anticipation, and exacerbated by harsh self-criticism, fold together into the reality of social anxiety. Despite the intensity of Amelia’s social anxieties fluctuating

over the years, she acknowledges the ‘constant’ presence of anticipation; the cyclical manifestations of negative past experiences, projected forward into (anticipated) social interactions, situations and spaces, and on-going rumination; the perceived ridicule and scrutiny by others, constantly re-played and re-visited, that becomes embedded and embodied in feelings of self-doubt and inferiority. The visible signs and physical sensations of Amelia's anxiety are particularly problematic for her. The palpable feelings of dread and uncertainty register and re-ignite familiar yet unsettling sensations of out-of-placeness, fuelling a debilitating self-consciousness which, in conjunction with the visible signs and symptoms of anxiety, obsesses about further exposure, even humiliation, of the already visible self in social space.

While the particular focus of this paper is on events outside of the body, these practices cannot be separated from the anxieties and intensities of experience that they are intended to avoid or to bring under control; and participants reflect on habitually disruptive internal dialogues, atmospheric tensions and sensory dimensions throughout. The following sections will focus on how people manage unpredictable temporalities and spatialities illustrating how they attempt to shield themselves from external interferences.

4.1. Managing time and space

In order to limit the uncertainty of daily life, participants engage in the strategic planning of space-time routines and movements in an anticipatory and preventative vein of micro-managing potential embarrassing and humiliating encounters out of the interactions, situations and events that constitute everyday life. It requires implementing routinised practices of living and a strict timetabling of time and space, seeking to ensure minimal disruption to the carrying out of everyday tasks, and thereby enabling managed involvement in particular spheres of everyday life or within particular spaces that individuals find difficult to negotiate:

For me I need to know what is going on in my day, I like to have a timetable and I like to know exactly what time I need to get there and exactly what time I need to leave. If I go places I haven't been before and don't know what to expect I'll have a panic attack. So, I'll research a place online before I go or look for advice on how to do something, plan it out, write some notes and run through it in my head so I don't make a mistake or look stupid. I've just got to keep myself together. (Natalie)

Natalie's practice of time-tabling is implemented in a bid to reduce external interferences by allocating specific time restrictions on daily tasks, as well as furnishing herself with enough knowledge to reduce the unexpected. Reflective of Anderson's (2010) ‘anticipatory action’, wherein unknown futures are imagined and enacted upon, she ac-knowledges the significance of being able to map places out beforehand in order to ‘get a feel for a place’ that is unfamiliar. She draws attention to some of the difficulties that cause her anxieties to arise – how others perceive her, appearing ‘stupid’, or not doing

something in the correct way – and demonstrates how she manages her behaviours by re-searching, planning and rehearsing social interactions (McGrath et al., 2008). Elsewhere, she notes that this rehearsal can, ‘cement’ her in-ability to do something rather than providing the momentum to carry it through. The habitual exposure and repetition has the potential to keep her in a state of high alert, as opposed to cementing the practice into an everyday routine.

The unpredictable nature of social space is emphasised further. Spaces between destinations are strategically negotiated since simply getting from A to B may be(come) difficult if the threat of interactions or the intensity of her surrounding space increases (Dyck, 1995). Structuring a strict routine into everyday life also places limitations on daily tasks, so that Natalia does not become overwhelmed. This strategic planning highlights an intolerance of uncertainty, and, while extending control over the temporal and spatial dimensions of experience, is ultimately a process of creating, or maintaining, a cohesive, bounded and functional sense of self: indeed, an act of ‘keeping herself together’.

4.2. Spatial routes

Participants describe how they use and move through space at particular times and in particular ways. For many, social space is constantly changing in terms of intensity, even in known and familiar environments. As such, individuals do not move through space passively or unreflexively, for there is usually an active, on-going re-negotiating of their socio-spatial surroundings:

Say I'm going to the shops; I'll take a longer, quieter route. I could walk in about 10 minutes, it's a straight road through the main street but there's pubs with people smoking outside I need to walk past and it's generally busy, cars and crossings, there's usually always someone who knows you and wants to stop and chat and I just can't, it's too much. Even just having those people look at me or if I make eye contact with them, it's too much. (Lara)

Sheets-Johnstone (2014, 98) argues that habit is about making ‘the strange familiar’ but arguably, for Lara, the familiar is equally intolerable. It is apparent that completing everyday tasks is intensely marked by the potential for interaction with other people and objects. These components of everyday social space become obstacles to her being able to move unconstrained by anxiety due to intensely anticipated interactions. Particular environments, or even the process of getting to particular places, are laced with specific anxieties provoking a sensory tension which becomes ‘too much’ for her to cope with. Her experiences are illustrative of the 55% of questionnaire respondents who feel ‘un-safe’ or ‘very unsafe’ in busy streets. Equipped with knowledge of the local environment and anticipating distressing encounters, Lara practices specific spatial mobilities where she ‘re-routes’ her journey, enabling a level of control to be extended over her socio-spatial surroundings and, by extension, the palpable signals of her anxiety. She continues:

I go early and go along the river where it is quiet. It probably triples the length of my journey, but it keeps my anxiety down and it's quieter [with] less people, I'm constantly on guard for people who

might run by or come onto the path but I can usually get myself in a good head-space for doing what I need to do that day.

Taking into account the temporal and spatial adjustments made to Lara's journey, by choosing particular times and routes that are quieter, we see how these anticipatory moves cause space to be used and re-negotiated in order to 'strategically intervene on the future' (Anderson, 2010, 785). Lara also notes, that if she 'feels' like something unexpected will happen she 'might veer off [course].' Her daily mobilities rarely 'unfold' on 'auto-pilot' (Middleton, 2011, 2874) as she still remains aware that her surroundings cannot be completely certain or known. The habitual dimensions present in these everyday movements emerge through pre-empting the difficulties that she may face. However, altering her daily routes also affords her the mental time and space to prepare for the day ahead and take preventative measures against an anxiety attack.

Donna reports similar feelings about walking in public:

I get incredibly anxious walking down the street and become so self-conscious about myself, how I'm walking or drawing any attention to myself whatsoever. It's so awful and unpredictable. Crossing the road can be absolute hell. All the cars are stopped at the lights and I feel like I'm being glared at [...] I don't go out much but if I need to I plan, plan, plan and won't leave the house when I know it will be mayhem outside.

Donna's experience marks a clear boundary between the feelings of uncertainty associated with external social space and the feelings of safety and security engendered by being at home. Similar to Lara, she places specific emphasis on planning and completely avoids situations and spaces that she knows will be detrimental to her social wellbeing. These obstacles uncover something of the 'hidden geographies' (Dyck, 1995) of social anxiety in which it is evident how the micro-textures, the unthinking practice of walking and crossing the road, create and sustain a crippling self-consciousness and palpable awareness of the occupation of social space.

4.3. Spatial screens

For Karen, her social anxieties are centred on being visible to, and approached by, other people. She rarely leaves the safety of her home except to attend routine appointments, stating:

I get taxis everywhere. Literally, I go in with my sunglasses on and block out the whole world and my mum comes with me – every-where I go my mum comes with me because I'm so terrified.

Karen implements a number of self-protection strategies including travelling only when accompanied by her mother and using taxis for very short journeys (e.g. less than 5 min to her local health centre). Although still incredibly restricted by her anxieties, these are small ways in which she improves her limited daily mobility so as not to be rendered entirely housebound (Law, 1999). Crucially, her mother operates as a barrier between her and any unexpected social contact limiting her

involvement (and expectations to ‘perform’) in the social and exposure to perceived threats (Davidson, 2003a). Similar themes emerged among other respondents, who convey the feelings of protection engineered by wearing sunglasses:

[W]hen I do go out, I wear sunglasses and my anxiety is significantly less severe, like I'm protected. I'm not as exposed as there is always this barrier between me and the outside world [...] especially if there's an occasion I need to speak to someone, I don't obsess about whether I was making too little or too much eye contact and what they must have thought of me. (Anya)

Sunglasses hence operate as a social shield between the anxious self and the invasive gaze of others (Davidson, 2003a). This perceived visibility renders the subject ‘under surveillance’ leaving them open to ridicule, judgement and scrutiny by others about their (in)ability to perform ‘correctly’ in social space. The gaze operates as an ‘invasion’ as ‘social space threatens to become corrosive rather than constitutive of our identities’ (Davidson, 2003b, 120).

Being ‘under surveillance’ is an intensely felt experience that is inherently tied to notions of social performance and behaviour (Lucherini, 2016) and how she believes she is perceived by others. Anya’s story is instructive of how ‘habitual patterns of thought trans-form what might otherwise be a fleeting negative feeling/thought into a more enduring form of negativity or rumination’ (Lea et al., 2015, 55) through her tendency to ‘obsess’ over the microscopic details of social encounters. By wearing sunglasses, she feels less susceptible to the scrutiny and judgements to which she would otherwise feel ‘exposed’ in encounters with other people, reducing the critical self-reflexivity lingering in the aftermath of an event. Both Karen and Anya’s use of sunglasses as spatial screens highlights the intensity experienced in the perception of being visible, revealing how the consequences of being seen become embodied in feelings of terror and exposure.

The potential of what could go wrong in particular settings and environments is a key component of social anxiety experience, with 53% of questionnaire respondents stating that they felt either ‘unsafe’ or ‘very unsafe’ in places of leisure such as restaurants or bars. Social spaces are associated with anxieties about being overwhelmed by proximity to other people, atmospheric concerns about frenetic environments or those that become ‘too intense’, and perceived pressures integral to placing an order or asking for the bill. Despite these anxieties, individuals often endure social situations that have the potential to be(come) distressing:

In a bar or restaurant I will immediately assess where the toilets and/or exits are so I can escape [...] I never feel particularly comfortable [because] there's always too much going on around me. (Nina)

Performing an assessment of her immediate surroundings allows Nina to map out safe(r) spaces and to situate herself next to potential escape routes. She continues: I would always sit by a door for a quick escape if it got too intense or I’d use the toilet as a place to calm myself. I can go into a cubicle and have a breather and some privacy. Nobody knows I’m doing it because everybody goes to the toilet, so it wouldn’t be seen as out of the ordinary.

The significance of toilets for participants as temporary holding space was striking. The common construct of the toilet as a ‘dirty space’ is here juxtaposed against its almost quasi-therapeutic nature. It should be noted that toilet spaces, particularly public toilets, did not always engender such feelings of safety for other participants. For some, these spaces entailed a very specific set of social anxieties about sharing space in close proximity to others, as well as also shame regarding bathroom behaviours and bodily processes, for example, being seen, heard or smelled (Barcan, 2010). Nonetheless, it enables Nina to contain herself within the boundaries of the cubicle to regain a sense of bodily and spatial control, echoing Longhurst’s (2001, 66) assessment that toilets operate ‘as spaces in which bodies are (re)made and (re)sealed ready for public scrutiny.’ Longhurst’s comments resonate with the experiences of participants who are often aware of, and anxious about, how they are perceived by other people. It also highlights the temporary nature of this ‘re-sealing’ whereby, once Nina re-engages with the wider social environment, her anxieties are likely to re-emerge. Furthermore, the toilet operates as a space where her privacy is maintained, her (anxious) identity is protected and her practices and behaviours are normalised.

These extracts illustrate a managed involvement in everyday life involving ‘invisible, embodied practical, emotional and social work’ (Bell et al., 2016, 184). This ‘hidden work’ (Laws, 2013) is as constraining as it is liberating in terms of the amount of time and the levels of preparation and rehearsal individuals invest. Carefully considered routines and practices often play out in a preventative vein and are adapted in response to events and interactions namely to ‘stop the effects of an event disrupting the circulations and interdependencies that make up a valued life’ (Anderson 2010, 791).

5. Conclusion

What becomes evident through these anxious subjectivities is the capacity of various social experiences and intensities of health to rupture habitual modes of being wherein particular encounters with other people and spaces are simultaneously experienced as familiar and distressing; routinely occurring, yet, disruptive. As such, these routines do not echo the unreflexive sentiments present in the habitual practice of everyday life (Edensor, 2007, 202) in which ‘regular routes are followed unquestioningly, all habits are rarely disrupted [and] where familiar space is consistently reproduced’. Instead, they are jarred against an assemblage of anticipated encounters, spaces, objects and atmospheric and bodily affects. They are continually assessed and re-structured in response to internal and symptomatic warning signs and various socio-spatial cues and clues. By exploring the day-to-day consequences of living with social anxiety this paper complements existing research on disruptive experiences of mental and emotional health (Davidson, 2003a; Parr, 1999; Segrott and Doel, 2004) and chronic illness and impairment (Crooks, 2007; Dyck, 1995; Lucherini, 2016; Smith, 2012) by paying attention to how participants experience and negotiate social anxiety (whether socially, spatially or otherwise) in the context of their everyday lives. Comparatively, attention needs to be paid to the

disruptions caused to ‘whole’ lives and the impact of wider ill-health trajectories on, for example, social lives, educational attainment and employment opportunities (Bell et al., 2016).

Drawing on lived accounts of social anxiety, this paper has explored those people for whom very little can become ingrained or goes un-noticed in the practice of everyday life, but is always there, central to conscious self-reflection and a constant questioning of the self. Thus, life is never seamlessly habituated, but is, instead, constantly interrupted and re-visited. In doing so it has unearthed a tension in how habit is conceptualised, where the very essence of habit exists ‘some-where between the necessity of ease and the torment of need, one side directed to making the world readily habitable, and making the living being at home in the familiar; the other directed to a trajectory of in-finite repetition, a tic, an addiction, a limitation and constraint on life’ (Grosz, 2013, 202). If there is to be a sense of ‘habit’ in the context of social anxiety, then it is in the specific assemblages where so many distressing and uncertain possibilities coalesce; manifest in the internal and external interferences, affective viscerality and the persistent rumination and anticipation that are so emblematic of social anxiety. What requires greater attention is the ways in which these intensities linger in the repetitive reflection upon the micro-textures of everyday life, where individuals are so often reliving past interactions in minute details. The exhaustive anticipation of future events – where the possibilities of what could go wrong viewed through the lens of negatively perceived past experiences—is considered routine, and is evident in the strategic micro-planning enacted to circumvent potentially damaging events and interactions. Through what processes, then, can these en-during practices be undone? Stravynski (2014) argues that current therapeutic approaches, namely Cognitive Behavioural Therapy (CBT), are deeply interpersonal defined by a mode of relating that is ‘menacing’ for the individual. He contends that the ‘undoing’ of social anxiety is in the complete ‘undoing’ of self-protective patterns, this exists somewhere between ‘fearful withdrawal’ and ‘reckless social involvement’ (2014, 227). Even then, the remnants of these ingrained anxious behaviours may remain. However, this necessitates an awareness of the intrinsic, embodied and interpersonal nature of habitual patterns exhibited by individuals in their daily lives. The findings discussed throughout this paper are instructive here.

The focus on routines and practices fostered in response to the un-predictable nature of participants' socio-spatial surroundings illustrate how negotiating the intricacies of various interactions, situations, movements and encounters habitually experienced as distressing takes a substantial effort which may have long-term consequence for physical, mental and emotional wellbeing (Hansen and Philo, 2007). While much work remains to be done that incorporates lived accounts of social anxiety, this paper provides insights into the ways in which people actively live with their social anxieties through painstakingly detailed, temporally and spatially-specific practices that convey the pervasive and disruptive nature of their experiences; habitually unmaking and re-making the habits of a ‘normal’ lifetime.

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Appendix A. Supplementary data Supplementary data related to this article can be found at <http://dx.doi.org/10.1016/j.socscimed.2018.03.002>.

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