Visibility, gossip and intimate neighbourly knowledges

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Visibility and gossip: intimate neighbourly knowledges

You can't really do anything without everybody knowing. And they almost know before you've done it! [Larissa, ER, 12/12/01]

Introduction

This paper highlights how social life in rural community settings is characterised by powerful social relations surrounding notions of 'visibility' and 'surveillance'. The first part of the paper documents, through the voices of users of mental health services, how everyday life and routines are actively mapped and noted by community members in rural areas: how lives are made 'visible'. The implications for people with experiences of mental illness are then privileged in terms of their understandings of how visible their problems are to the rest of the community. The paper then moves to consider what social actions follow and flow from this accumulated knowledge. In particular, we document users'[1] feelings about how information on their own daily lives is circulated within and beyond specific places through community talk ('gossip'). We also cover what sites and spaces are important in this circulation of gossip, and, more crucially, we include reflections on what the implications of gossip are for users in terms of acceptance, rejection and 'passing' in daily social life.

Rural Highland communities and visible social lives

In small rural communities it is difficult to keep secrets. Not only is it difficult to keep secrets, but it is difficult to keep any part of one's life private. By this we mean that there is a real sense in which all members of the community are somehow enmeshed into the lives of each other, partly by their exposure to the detailed routines of other people's everyday existence. This is especially the case for remote Highland communities in which few houses are dotted about barren and treeless physical landscapes. A movement, a flash of colour, the starting of a car, the sound of a telephone across the wind are extremely obvious phenomena in such crofting geographies. Even in Highland villages and towns, crowded centres of population by comparison, the visit to the only post office, the walk down the lane, the drunken exit from the one of the few public houses are all extremely visible social actions. Interviewees discuss such everyday 'events' and routines as ones that are marked and noted by friends, family and neighbours: there is a striking agreement between all of our respondents then that a fundamental part of rural and remote rural lives is the reality of observation: *'People see me walking'* [Paul, SL, 10/9/01], *'you are living under a microscope'* [Clara, ER, 27/11/01], *'it's very much like living in a goldfish bowl'* [Stephanie, NWS, 17/7/01], *'it doesn't matter what I do somebody sees me!'* [Ralph, SL, 18/9/01]. For our rural Highland dwellers, then, there exists a strong sense that their lives are not entirely private, that simply by living in rural spaces, they live more public lives. Their actions, movements and location at any point in time are more obvious than they would be in urban spaces.

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[1] Throughout the document we refer to 'users', denoting users of mental health services.

There is an implied explanation for this sense of 'public', 'visible' living: that because places of low population density are strewn across natural landscapes and hold few centres of social interaction, they simply lend themselves to unintended observations: *'because of the smallness and closeness of the community, people just can't avoid it'* [Ken, SL, 19/9/01]*, and *'it's very difficult to be anonymous in a small place, I mean people are spread out, but people do know each other'* [Katy, NWS, 9/7/01]. This latter quote begins to imply something else, however, that the everyday lives of rural dwellers are not just unintentionally observed in sparse Highland landscapes, but that observation (the looking and noting of what a neighbour is doing) is also about *knowing* people: it is about the social relations which exist between rural dwellers. In interviews, many people elaborate the assertion that living rural geographies is a visible activity, by explaining that this visibility is an important facet of the ways in which rural communities work. They effectively begin to argue that the cohesiveness of community life is related to the 'knowing' of each other and this in turn is tied to the practice of observation. Many interviewees, then, seek to explain their sense of living visible social lives through their understanding of the practice of observation as a rural cultural norm: *'it's a small town and it's got a very village mentality, everyone knows everyone else's lives'* [Miriam, ER, 13/11/01]; *'everyone knows everyone'* [Justine, INV, 14/6/01]; *'it's just the way they are'* [Hazel, SL, 13/8/01]; and *'it's par for the course here, part of the culture'* [Alistair, SL, 17/9/01]. This raises many issues about social relationships in rural Highland communities, boundaries to neighbourliness, the maintenance of privacy and confidentiality and the social actions that accompany an intimate knowing of another everyday life.

Key to the significance of visibility and observation for our project was that the knowledge accumulated through such processes, the 'knowing' of others as referenced above, was not usually held by one community member, but rather *shared* between many. This sharing of knowledge, then, occurs through community 'talk', in other words, 'gossip'. Gossip and talking are the means by which rural lives are *made more visible*, in other words, intimate, detailed observations which are shared with others enables an extension of an observant gaze. This powerful act means that many rural residents feel watched by many eyes, but in ways that they often cannot pinpoint. Community talk and gossip, then, enable a dispersed geography of knowledge about an individual over which they have no control, only an awareness that their behaviour might be observed and then might be made more visible by the sharing of those observations with others. That rural residents are themselves sometimes participant in such distributive processes means that they understand how the significance of the transformation from observation to talk makes lives in small places particularly visible. They understand that behaviour in small places can easily be watched (often at a distance), and that serial observation (especially over time) amounts to an intimate accumulated knowledge which can be shared in ways that facilitate a dispersed intimate gaze on other's lives. Gossip, then, is a particularly important facet of rural Highland life and the implications of the above comments for people with mental health problems are our main concern below.

The notion that everyday lives are very visible is noted by many of our interviewees who discuss in stark and detailed terms how their lives are very much 'revealed' in rural landscapes and small communities:

> *People … well there are positive and negative aspects to this, that, people know what you are doing. I'd an argument, well, a discussion really, with my GP a few years ago. You can't do anything, everybody knows what you're doing and he said 'that's universal, it's the same any close community, all you have to do is switch on the telly and watch Coronation Street!' That's true, but people know your own business and it can be really awful you know. You get talked about so much you know?* [Julia, SL, 17/9/01]

While noting that there are both positive and negative consequences of very visible social lives (something we will deal with below), the notion that any close community involves similar levels of surveillance is qualified by many of our interviewees who consistently refers to the Highlands as a *particular* geography of visibility. Felix [INV, 31/5/01] symbolises this, as he refers to the whole region as *'the valley of the twitching curtains'*. Other interviewees differentiate their visible rural Highland lives from city landscapes: *'Well in Inverness you are completely anonymous … whereas in Malliag …'* [Gordon, INV, 14/5/01]; *'In the city you can hide in the city, you can't hide in a close-knit community where every body knows everything'* [Alness group discussion, ER, 23/11/01]; and *'[in] the town you can maintain an anonymity in the town and you can sort of go about the place privately and you can live your life more privately … . Where up here everybody knows everybody'* [Gill, SL, 15/9/01]. The notion that observation is a particular cultural trait of Highlanders is perhaps difficult to argue, but there is a palpable sense in which rural and remote rural places are likely to be different from other localities in terms of living rather more 'public' lives.

There are, it should be noted, significant nodes in the geography of community talk and gossip through which shared information is circulated. The pub, the GP surgery, the shop, the sheep fank, the street, the church and the garage are all points of exchange in rural Highland community. They are also spaces where observation takes place, and as such users of mental health services are sometimes wary of these spaces, often perceiving them in rather threatening terms in relation to gossip and talk:

> *You do get feedback from friends who hear people talking about you in a bar. The bars are terrible places for gossip … . They are most likely to talk about it in Skeabost, which is a really close community bar. I mean there are very few what I would call outsiders or something. It's a place where a lot of gossip goes on. Fella behind the bar knows the whole community …* [Patrick, SL, 20/8/01]

> *Especially the local bar you know … they love to have a go at anyone … because there's something to talk about, something to discuss and laugh about.* [Skye Group Discussion, SL, 3/9/01]

> *There's gossipy people in the park, and they stand at their gates gossiping about people. You walk past and you know their talking about you,* which is *something you never got in London.* [Cameron, INV, 11/5/01]

Not only are certain spaces important in the geography of community talk, but also certain individuals, usually long-standing community members who are recognised as being some kind of nexus for community knowledge:

> *There a huge village gossip lives in the village as well, and you see all those people, the doctor, the two receptionists going to her house and you wonder what on earth they're talking about*. [Judith, INV, 26/8/01]

Private spaces can also be used for the circulation of community talk, and for many users, especially if incomers, these spaces are ones that they are not generally welcomed within (see also our findings paper on **Social differences**).

As introduced above, the practices of observation and the general lack of anonymity that characterises social life in these parts are seen as the fuel for gossip – the shared community talk which is circulated within and beyond specific places. In terms of the specificity of the Highland context, it is well known that family and friendship networks stretch across the region as a whole and certainly exist within proximate localities to specific villages and townships, and as such there is a wider geography of intimate knowledge distribution that takes places, often at an alarmingly rapid rate. As the quote below reveals, this may have implications for people with mental health or drinking problems, as using other proximate places for socialising, drinking, even certain behaviours and illegitimate activity is no guarantee that such events will not *become visible* to immediate family and close neighbours.

> *That's the problem it doesn't matter where you are, I get caught, it doesn't matter what I do, somebody sees me! We were in Dunvegan one night and I thought, nobody is going to see me over here, got back and 'You were drinking in Dunvegan yesterday'. It was dark! Somebody had seen me! The trick is you watch for the cars people have got, that's what I do, I know all the cars the social workers have got, everyone of them. Watch for these cars*. [Ralph, SL, 18/9/01]

The gossip networks that exist within and beyond places ensure that webs of surveillance are woven tightly across, say, a whole island in the case of Skye. There are significant implications here for the formation of perceived 'safe spaces' away from community or even medical surveillance in rural spaces for people with mental health problems. The notion that *all* close communities involve some element of community observation and knowledge accumulation hence fails adequately to differentiate the ways in which intimate knowledges are gained and circulated in specifically Highland places: *'Everyone tends to know each other or they know someone connected to them you know'* [Charmaine, ER, 22/11/01]; and *'I can guarantee that folk in Kyleakin know what going on in Mallaig and the island as a whole. They know everything'* [Geraldine, SL, 18/9/01]. That there exists a regional geography of knowledge distribution about community lives in specific remote places is an idea that certainly holds water in many accounts of Highland social life. However, it is more the local level about which we are concerned in the remainder of this paper as we begin to explore something of the sites and spaces through which observation and gossip operate in the making visible of community

members' lives. As such, we include voices of users of mental health services who highlight the implications of these geographies of talk for vulnerable community members.

Community talk and mental health

> *The first thing I noticed when I came to Tain was that people did gossip about each other …. One of the first things I remember was this girl moving into the housing estate and spreading a rumour that I had killed three children and then I went away on holiday. And a friend of mine told me that someone came to the house and said 1) I was on drugs 2) I was on probation and it was so ridiculous ….* [Alness group discussion, ER, 23/11/01]

The implications of intimate community knowledge gained through the visibility of daily social routines are particularly important for people with mental health problems. Accessing and receiving different forms of healthcare, living through different phases of illness, and managing symptoms while concealing mental health problems from others are all made difficult by the webs of surveillance and circuits of gossip perceived to be crafted across rural places. Community knowledge of an individual's health status is noted to be finely tuned – *'you know who is unwell anyway, because if you were along at the surgery and someone would say to you 'how are you doing, I saw you popped into the surgery the other day', and you'd probably ask me who else was there'* [Darren, NWS, 18/7/01] – in part from simply noting the comings and goings of people into and out of community health centres. The common perception that visits to the GP and visits from the CPN would be noted and discussed by other community members has meant that some users have not sought help immediately. Users are also acutely aware that cars used by mental health service providers are known in rural and remote rural settings and thus serve as a form of disclosure about mental health problems:

> *To think that people round about would see [the CPN], would see that car, would see where she was and would, as you say, draw conclusions about what she was doing there.* [Lisa, NWS, 11/7/01]

> *Because everybody knows everybody else; if you did go to the doctor to say you had a problem, it would be round the community in no time at all and I think that's what people are frightened of, the stigma.* [Phillip, SL, 9/8/01]

The result of being seen to access services is thus a risk for people with mental health problems who do not wish to disclose their illness to the rest of the community (see also the findings paper on **Drop-ins**). Access to services can risk community gossip, as Paula [NWS, 14/7/01] points out: *'there is a little bit of 'so and so seen a psychiatrist' and it's like 'oh so and so has seen a psychiatrist' (incredulous whisper)'*. The absence of community members through periods of hospitalisation is particularly noted by interviewees, who maintain that such events are extremely visible in the community and hence gossiped about:

> *Like everyone here knows about it, they don't know the details or anything but they knew I was away in hospital … . When I went into hospital I know people*

were talking about me and that ... I was hearing it on the grapevine, like, em, people have been saying this about you and that about you. [Rebecca, SL, 16/9/01]

However, there are more subtle ways of knowing others' mental health status by noticing their daily routines and changes in it. As Morag [NWS, 11/7/01] says, *'I don't see how you cannot let your neighbours know when you find it a job to go out and do anything'.* The community knowledge of mental health problems can thereby simply arise from the shared observations of neighbours who might note and comment on the fact that individuals do not leave the house, or that they might have been behaving strangely in some way. Also, on return from hospitalisation, some interviewees discuss how routine observations from other community members could increase, that their own behaviour becomes more monitored in a way, and that through such monitoring neighbours suppose themselves able to 'read' how people are feeling:

It's a place you can go in there and folk will read you, you often don't have to say anything. [Ken, SL, 19/9/01]

You would walk into the shop and people would spot that there was something wrong. [Rowland, NWS, 5/7/01]

Yes you can tell if someone is having an off day, aye. How can you describe it? You know what a person's character is like, so if one day you come across them and they are different, you think they are just having an off day but if it was more than that ... . There are certain people in the village you could say 'is so and so okay, he hasn't been very well and so on'. [Greg, INV, 18/6/01]

In a small community you see the same people more often than you would sort of living in a city or whatever ... . If you're seeing people on a daily basis, you do notice changes. [Miriam, ER, 13/11/01]

In the latter quote the interviewee makes clear that the sheer exposure to the mundane details of others' everyday lives and personalities in rural and remote places makes it easier for community members to make judgements about what might be 'normal' or 'routine' and what might not be. For people with mental health problems who are dealing with or recovering from symptoms that may result in them being less *competently* social than they would normally be, there is consequently a greater risk of their mental health status being discovered. Indeed, for some users, their 'mistakes' in social spaces are commented upon after recovering from illness, as Sally [SL, 20/8/01] explains: *'I could hardly walk before and my facial expression is changing, it's getting better. ... I think it's my face, especially my face and one of them said 'it's great to see you going into your purse and you're not shaking'* [SL, 20/8/01]. The visibility of daily routines makes hiding illness difficult, then, as a break from routine can be a signal that something is wrong and may alert other community members.

There are various consequences of intense observation for interviewees, including withdrawal from spaces of social interactions, but in some cases the pressure to 'maintain appearances' may prompt people with mental health problems to keep going, to keep

socialising and to try continuing in a structured routine for longer during times of ill-health:

> *It's not so easy to just hide away in somewhere like Alness, in your house. People tend to know each other a lot more so you are forced to get out the house a lot more.* [Leah, ER, 4/12/01]

The notion that people with mental health problems should *want* to hide their conditions and 'pass' in everyday social interactions is intimately tied to the perceptions of the effects of gossip and shared observations:

> *The gossip's dreadful … you worry that somebody's going to say something to somebody else and its not going to be the right thing you know.* [Lisa, NWS, 11/7/01]

The perceived consequences of gossip will be expanded upon and addressed more directly below, but we concentrate now on how and why community talk happens around mental health problems. One issue raised by interviewees relates to treatments and the risk of a lack of confidentiality between service providers:

> *One very bad thing happened in [location]. The chemist, the shop assistants handle the prescriptions and they discussed it in the shop to each other … they were discussing it in front of other customers.* [Gordon, INV, 14/5/01]

Phillip [SL, 9/8/01] expands this theme below, voicing a perception that service providers of health care sometimes act more on their community than their professional status, thereby contributing to gossip about people with mental health problems who are patients and about whom they might have intimate knowledge:

> *Well problems of living in a small place … you've got a problem of confidentiality. I know all the nurses who work in the local practice. So it is inconceivable that it wouldn't get out if I had expressed problems of sleeplessness or depression. Everybody knows everybody else, that's the problems here, that's why people are very reluctant to seek help for things.*

In summary, there are different prompts for community talk around mental health problems relating to the visibility of broken or unusual routines and behaviours, service use and hospitalisation.

Consequences of community talk and gossip

For many, although not all, of our interviewees there is a desire to keep their mental health problems secret, to avoid discussing them openly with other community members. This can partly be explained by cultures of resilience and silence that are said to characterise Highland social landscapes (see our findings paper on **Highlands, economy, culture and mental health problems**). In part too this can be explained by the perceived consequences of wide community knowledge and gossip about an individual's mental health status. For many users, being the subject of community gossip holds the terrifying potential of being stigmatised as an unworthy, suspect member of the

community, from which might flow all sorts of exclusions from everyday social activities. There is indeed a strong perception that community gossip leads to exclusionary social actions and practices. While some interviewees certainly report experiences of extreme social exclusion, partly as a result of gossip networks (see our findings paper on **Exclusionary social relations and practices**), there is an array of more nuanced interpretations to be made about the consequences of this form of community talk.

Firstly, interviewees point to the types of gossip which circulate; implying that some of it is not of a supportive nature, but more so involved 'bitchiness' and 'nastiness'. So, it is asserted that some of this gossip is malicious and might increase the risk of rejection by other community members:

> *Some people in this village delight in other's misfortune. It never ceases to amaze me*. [Natasha, NWS,17/7/01]

> *Everybody was acknowledging it and talking about it. And they did treat me different, so it became worse once everybody knew*. [Julia, SL, 17/9/01]

One fundamental aspect of gossip networks is that 'truth' and accurate representations of an individual and their mental health problem can never be assured, and there is recognition that gossip commonly involves embellishment of situations, symptoms and behaviours:

> *It would spread like wildfire. And there's arms and legs on it*. [Lorraine, NWS, 17/7/01]

The fear of malicious gossip, and of inaccurate representation in community talk, means that some users develop strategies in attempts to ensure that they do not create gossip. We have already noted that some people delay or never attempt to access services for their mental health problems, but there may also be other consequences related to attempts to 'pass' in public spaces of social interaction as not ill, as 'normal'.

'Passing' as 'normal' in rural social spaces[2]

Many interviewees discussed their strategies for occupying everyday social spaces when experiencing mental health problems. That there is a need for a detailed strategy on the part of interviewees is related to the visible nature of rural life, which one interviewee articulates as a particular geography of *noticeable* social actions:

> *It's easier to read everything when you're not in the city. Because in the city you have got everything coming at you, you've got neon lights, you've got the noise of the cars, traffic lights, you've got the whole bloody city at you. That really doesn't leave lots of space in your mind for the little nuances of how a*

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[2] For an extended discussion of passing in the extent of the illness experience see our findings paper on **Experiences of mental health problems**.

person is feeling. People are subtle, very good at concealing what they are feeling ... . [Barry, SL, 18/9/01]

Barry eloquently explains that one of the reasons why people not only 'observe' but also 'read' social behaviour in rural spaces is that they have psychological room to do so (unlike in overwhelming city spaces). This knowledge, then, means that people with mental health problems have to be attuned to ways in which 'the little nuances' of how they are feeling might be read by others. As a result of this 'tuning', rural Highlanders become adept at hiding emotion and concealing their problems in public spaces:

It's like you have to ... not pretend, that's not the right word, but it's the only word I can think of ... put up a front. It's just feels, that you're, it's like a goldfish bowl, so people can watch you, people [are] watching ... . [Judith, INV, 26/8/01]

[You] just try to behave normally ... [you] try to carry on through the daily routine [Julia, SL, 17/9/01]

One key effect of visible social lives and gossip networks in rural and remote rural Highlands, then, is that people with mental health problems make significant and conscious attempts to behave 'normally', to conceal or to cover mental health problems, or to 'pass' as recovered once problems are well known. For some users, as we shall see below, this is a constant struggle, a battle to read and to act competently within what they perceive to be correct social and cultural norms. For others, this discipline serves as a kind of safety valve, as they use their monitoring of *their selves* in social situations as a barometer of wellness:

*If you make one mistake and you are mentally ill, you get locked up. You've got to be careful, really careful. It's quite good actually if you're thinking positively ... you've **got** to be really careful.* [Paul, SL, 10/9/01]

For many interviewees, the attempts at 'passing' in everyday social spaces and interactions are related to the illness experience itself. It is important to some users to carry on routinely, both out of fear of letting the illness take over and through dreading the response from others:

Therefore you tend to sort of keep a lot of the negative feelings to yourself, you know, because you think, well, I can't go down the street the day and go, like I feel like crap, I feel like greetin' [crying], I feel like going up the road and just doing myself in. Because if you said that to them, they would just run in the other direction, you know. So it's not worth saying. [Charmaine, ER, 22/11/01]

I think it was trying to find a face for the outside. ... I was afraid of showing my emotions ... I didn't want to be going down the High Street and I'm in tears, I didn't want people saying 'poor Karen'. I didn't want people feeling sorry for me. It was myself I was frightened of, how I was going to react. I didn't want to lose the place really. [Karen, ER 6/11/01]

As part of a fear of showing their emotions and of possibly breaking down in public space, of 'losing the place', users relate how they use strategies for deflecting attention during social interactions. As Karen elaborates:

> *I think what I found was I would maybe meet somebody. If someone just said 'how are you today?', I would say 'fine' and then would go on talking about the weather and I would say 'how are you doing?'. I was very aware that I was putting it back to them to get them to talk because I didn't want to.* [*ibid.*]

Curiously, despite the fear of social and emotional incompetence in rural public spaces, some users prove themselves skilful managers of conversational and social exchanges in ways that allow them to conceal their true feelings. Such strategies are important, especially for those people whose problems are known about, as, due to the nature of shared community gossip, they can find themselves directly questioned about their mental health status from people with whom they are not even familiar:

> *Aye, I would get people that hadn't spoken to me in my life before they would come up to me and saying 'are you feeling better now?' and I was saying 'yeah feeling fine', but I wasn't really … . I didn't really feel fine, just put a front on everything. It was quite intimidating as well, [people] going up and saying [that] to you. I know I was ill and that, but I didn't want people reminding me of it.* [Rebecca, SL, 16/9/01]

Not only are interviewees skilful managers, but also effective readers of what particular social interactions demand of them. As Jessica [NWS, 18/7/01] articulates, *'I'm keeping with the rules'*, implying a competence in reading and reacting to social and cultural norms. Barry's comments above about how rural geographies are characterised by nuanced 'readers' of feelings may mean that rural Highland residents with mental health problems are practised social players in these terms. Yet these 'nuanced' challenges and the keeping to social boundaries are inevitably draining, notably if experiencing illness, and some users exercise strategic spatial avoidance tactics if they feel that their attempts at passing might not be robust enough on any particular day. As Charmaine [ER, 22/11/01] reveals, *'I take all the short cuts to Somerfield and get my shopping and take all the short cuts back home so I don't have to meet anyone'*. So the concealing of emotional distress and mental health problems together with the putting on of 'front' are all important elements in 'passing' so as to cope with unwanted attention in public space.

Underlying much of the struggle to 'pass' is the fear of the social consequences of not passing, of being the subject of stares, observation and gossip, with the perceived rejection that might follow. As Fred [NWS, 24/7/01] says, *'I've got to act normal … I can't show … then people are going to back away again'*. Many users actually sound quite confident that their social performances are effective, although at times some of them acknowledge that their 'face' may slip: *'I don't speak to that many people. I see a few people, a few shopkeepers. If you're having a bad day you say you're doing fine, it's a lot easier [but] they probably know [though] … . Skye is a small place'* [Ralph, SL, 18/9/01]. Interestingly, one interviewee suggests that it is easier to pass in conversations with men, as they were not so demanding as women: *'It's easier for guys to hide it, females always want to talk … but the guys …'* [Daniel, SL, 15/8/01].

There may also be some evidence that other community members collaborate with users in 'putting on a front' through advice based on neighbourly routine observations of daily activities:

> *I was saving bottles for the bottle bank. And I used to save them outside the back door until a neighbour said it probably wasn't a good idea, because people would think we were alcoholics.* [Judith, INV, 26/8/01]

Here a neighbour collaborates with Judith in order to help her pass as a regular community member, and such collaborative social actions can arguably be deemed oppressive, on the one hand, but helpful, on the other.

Pressures, relations and concerned talk

For other users, the fear of gossip means rarely discussing problems with other community members and only confiding in a selected few or with service providers (with obvious implications for the development of meaningful and accessible support networks). In particular, users are wary of discussing things in shops and bars as these are key nodes in geographies of community talk:

> *I would never even discuss anything in the local shop.* [Jessica, NWS, 18/7/01]

Not only do people with mental health problems feel both the pressures of sustaining competent social performances and the maintenance of routines, they are also limited in terms of discussing such pressures and problems more generally. The reality of living within tight networks of knowledge and surveillance between local community and regional populations is, for some users of mental health services, an overwhelming thought. The perceptions of the rural as a rather punitive social container is palpable from some interviewees' accounts as they discuss the emotional consequences of gossip:

> *It can get claustrophobic … it is claustrophobic if you are worried about what you are doing.* [Barry, SL, 18/9/01]

> *The lack of anonymity and paranoia smothered me. It was a horrendous feeling to come out of hospital and start to build up again. … I value my anonymity, my privacy and I found that you cannot have that over there [Lewis].* [Eve, INV, 30/5/01]

When experiencing illness, it is certainly more difficult for users to cope with the intense level of observations and gossip, the pressures of which may have detrimental consequences for recovery:

> *There are quite a lot of curtain twitchers in the area – who make it their business to know what you are up to. That was something I had to fight hard against. When you're depressed and you're mind is down … the least wee things is difficult to cope with. When you are feeling vulnerable you start feeling that people are against you.* [Susan, SL, 20/9/01]

For some, of course, the effects of these webs of surveillance promote migration decisions, and also act as reasons for users *not* to become return migrants (people returning to remote and rural districts):

> *Having been away from it all … it would just feel too claustrophobic for me, I think.* [Sharon, INV, 27/6/01]

These negative consequences of visibility and gossip are balanced by more nuanced interpretations of the effects of community talk. For some users whose mental health status is known in the community, they experience positive aspects to the observation and monitoring that happen across public and private spaces, noting how people seem concerned and supportive:

> *[a shop] they all keep an eye on me, tell me if there was anything wrong. They would … building up networks of trust and support is so important … .* [Paul, SL, 10/9/01]

Here the observations of other community members can be used as early warning signals when illness symptoms appear. Other users expand on the supportive effects of widespread community knowledge when discussing friendly neighbourliness, but they also recognised the boundaries to such social relations:

> *My husband was in hospital last weekend and I personally have not spoken to anyone about it … but I believe the whole village knew and we even had a visit from the local parson.* [Josephine, NWS, 4/7/01]

> *Out in the country everybody knows everybody else, which is a very, very good thing. On the other hand, it tends to be too good sometimes! You don't really want people, you know what I mean? There's friendliness and overness, you know what I mean? Overall, you're part and parcel, it's all one big family from 15 miles-20 mile stretch of a glen from one end to the other. Everybody knows and helps and shares. … It's all one big family.* [Catherine, INV, 14/6/01]

There is the suggestion in this latter quote that, although 'everybody knows' and people are friendly, such social relations can be too intensive (especially for someone experiencing illness) and overwhelming as the boundaries of neighbourliness get stretched in small communities:

> *I'm sure they don't mean any harm, but sometimes they can mean it too well, in that nosy way, trying to make your business their business … .* [Kyla, INV, 1/6/01]

There are also interesting comments about the levels of care and concern that result from some neighbours having knowledge of mental health issues, and more particularly the sharing of that knowledge with others:

> *He [the shop keeper] is a source of knowledge … like he would say 'Mrs so and so next door is away in hospital' …so he knows everything. So there's a general*

concern at that superficial level, but not in any deep level. I would rarely speak to him on that kind of level. [Jessica, NWS, 18/7/01]

There is a suggestion here – and this may well be a crucial part of understanding the effects and consequences of community gossip about visible social lives – that such gossip only generates a superficial concern amongst interested parties. The care and concern generated by gossip amongst community members is thus 'not on a deep level', as Jessica puts it. Although it might be possible to see evidence of inclusionary social actions as a result of gossip (see our findings paper on **Inclusionary social relations and practices**), the level of emotional engagement and interest about mental health problems might remain low. Jack [ER, 16/11/01] expands and illustrates this idea, referring to how the substance of mental health issues are rarely discussed and with community gossip doing little more than just registering the fact of mental illness:

> *I think the only time you hear people talking about mental health issues if they know someone as in New Craigs or what was Craig Dunain. They talk about 'oh, he's in Craig Dunain', but I don't think they know diddly squat about it.*

> *Like the first time you are ill, everybody rallies rounds you, [but] if you get ill again or it reoccurs, they're not so keen.* [Nathan, ER, 10/12/01]

For some users, the consequences of widespread community knowledge about their mental health problems brings about further observation and monitoring of them than had previously been the case, leading to the sense of a very restricted personal geographies. Hear what this woman explains with reference to her previous problems relating to alcohol and depression:

> Deborah: *If I went out on my own, I always, every Saturday afternoon, would go to the wee shop over the hill,* w*hich happened to be a licensed grocer as well. But I went there every Saturday for my main Saturday shopping, God I wasn't five minutes in the shop when my brother came to offer me a lift home, you know. Not allowing you to think they're your keeper, you know. That kind of thing. 'If I want a bloody drink, they're not going to stop me'. And I think that's the kind of things that make you do it actually, is when people think that they were put on the face of this earth to guard you and keep you, but that's a long time ago. I got over that, I didn't … .*
> Interviewer: *That means somebody had phoned up?*
> Deborah: *Oh yes, obviously, 'oh, she's going to the shop!'.* [Deborah, NWS, 23/7/01]

In summary, then, some consequences of visibility and gossip include actions that are articulated both individually and collectively. On an individual level, users may seek to conceal further their problems in order to avoid the risk of gossip, while others find themselves in receipt of inclusionary and exclusionary social actions following shared community knowledge (see also our findings papers on **Inclusionary social relations and practices** and **Exclusionary social relations and practices**).