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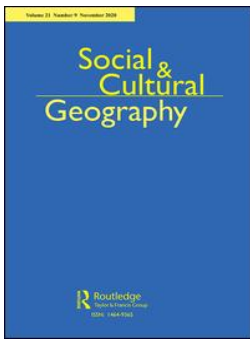
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'I have to know where I can go': mundane mobilities and everyday public toilet access for people living with irritable bowel syndrome (IBS)

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ABSTRACT

'Public' toilets are crucial to our social and geographical landscape, and access to them has become prominent in recent public and academic debates. Drawing on a qualitative study based on 25 daily diaries and follow-up interviews with people living with the common health condition irritable bowel syndrome (IBS), this paper explores toilet access through the lens of mundane mobilities. Planning journeys, mapping toilets, a reliance on commercial toilets and intersections with travel were key themes emerging from the study. Through the lens of IBS, we see how navigations of seemingly everyday mobilities are problematised through the bodily precarity of unpredictable symptoms intertwined with the availability, comfort and knowledge of 'public' toilets. This paper works at demonstrating the interdependency between everyday mobilities and toilet access. IBS offers a particularly useful insight in which the common but often hidden nature of the condition demonstrates the multiplicities of 'public' toilet access and how the unpredictability of access meets with, and is embodied, by those with the condition. This paper contributes to interdisciplinary toilet scholarship by engaging in mundane and embodied geographies and centralises toilets as a site of connection for those studying everyday mobilities.

« Il faut que je sache où je peux aller »: la mobilité ordinaire et l'accès aux toilettes publiques pour les personnes souffrant du syndrome de l'intestin irritable (SII)

RÉSUMÉ

Les toilettes « publiques » sont essentielles dans notre panorama social et géographique et le sujet de leur accès est prédominant dans les débats publics et intellectuels. En s'appuyant sur une étude quantitative fondée sur 25 journaux personnels quotidiens et des entretiens de suivi avec des personnes souffrant du syndrome de l'intestin irritable, un problème de santé répandu (SII), cet article examine l'accès aux toilettes du point de vue de la mobilité

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ordinaire. La planification des itinéraires, le recensement des toilettes, le recours aux toilettes commerciales et les recoupements de trajets étaient les thèmes principaux émergeant de cette recherche. À travers le prisme de ce syndrome, nous voyons comment la gestion de la mobilité quotidienne apparente est compliquée par la précarité corporelle de symptômes imprévisibles interconnectés avec la disponibilité, le confort et la connaissance des toilettes « publiques ». Cet article tente de démontrer les interdépendances entre la mobilité quotidienne et l'accès aux toilettes. Le SII offre une perspective particulièrement utile par laquelle la nature répandue, mais souvent cachée, du problème de santé démontre les multiplicités de l'accès aux toilettes « publiques » et la manière dont le caractère imprévisible de l'accès rejoint personnes qui en souffrent et s'incarne aussi en elles. Cet article apporte sa contribution à la recherche multidisciplinaire sur les toilettes avec son engagement dans les géographies de l'ordinaire et de l'incarnation et en centralisant les toilettes en tant que lieu de connexion pour les chercheurs dans le domaine de la mobilité quotidienne.

'Tengo que saber a dónde puedo ir': movilidad mundana y acceso a baños públicos para personas que viven con el síndrome del intestino irritable (SII)

RESUMEN

Los baños 'públicos' son cruciales para nuestro panorama social y geográfico, y el acceso a ellos se ha vuelto prominente en los debates públicos y académicos recientes. Basándose en un estudio cualitativo basado en 25 diarios y entrevistas de seguimiento con personas que viven con la condición de salud común del síndrome del intestino irritable (SII), este artículo explora el acceso al baño a través del lente de las movi­lidades mundanas. La planificación de los viajes, el mapeo de los baños, la dependencia de los baños comerciales y las intersecciones con los viajes fueron temas clave que surgieron del estudio. A través del lente del SII, vemos cómo la navegación de las movi­lidades aparentemente cotidianas se problematiza a través de la precariedad corporal de síntomas impredecibles entrelazados con la disponibilidad, la comodidad y el conocimiento de los baños 'públicos'. Este artículo sirve para demostrar la interdependencia entre la movilidad diaria y el acceso a los baños. El SII ofrece una perspectiva particularmente útil en la que la naturaleza común pero a menudo oculta de esta afección demuestra las multiplicidades del acceso a los baños 'públicos' y cómo la imprevisibilidad del acceso se encuentra con, y se materializa, en quienes padecen la afección. Este artículo contribuye a la literatura interdisciplinaria de los baños al involucrarse en geografías mundanas y corporales y centraliza los baños como un sitio de conexión para aquellos que estudian las movi­lidades cotidianas.

Introduction

The ability to access ‘public’¹ toilets should be a routine, familiar and seemingly small feature of our everyday lives. Toilets are essential for all of us to ‘go about our daily business’ so to speak. Yet this routine occurrence within everyday life is complicated by care for our bodies, social provision and public access. In 2018, a BBC report documented the decline of public toilets stating that since 2010, availability of public toilets had decreased, with some UK towns and cities having none at all (Jones & Schraer, 2018; see also Bichard & Knight, 2012). Community toilet schemes² have also come to the fore, with local councils encouraging businesses to host their own toilets to non-paying customers (Bichard & Knight, 2012). In 2019, the Royal Society for Public Health (RSPH) argued that public toilets should be as essential as streetlights, roads and waste collection, with the lack of provision affecting equality, mobility and physical health (Stanwell-Smith, 2019). Fast forward to the Covid-19 lockdown restrictions and the capacities for mobility are limited by the spatial, temporal, and structural organisations of a clean, private, and accessible toilet – even for the non-disabled who can ‘flush and forget’ (Boyd Williams et al., 2020). Yet often this ‘matter of urgency’ only comes to light in extreme circumstances or when attention to the body becomes hyper-realised (Leder, 1990). These encounters with public toilets and access to them, evoke broader questions on everyday mobilities and how without toilets, these become increasingly fragile.

Drawing upon diaries and interviews with people living with irritable bowel syndrome (IBS), this paper embarks on the everyday journeys and negotiations of public toilet access. IBS is a common health condition, characterised by symptoms such as abdominal pain, diarrhoea, constipation, wind, and an urgency to use the toilet (NHS Choices, 2021). Such symptoms can be unpredictable and cause social anxieties in everyday life, including an urgency to use or locate the toilet. Furthermore, IBS is a poorly understood condition and is often diagnosed after excluding other health conditions. This can mean that those with symptoms can feel like their condition is in question (White, 2020). Thus, the necessities of urgent toilet access in public life intersect with negotiating an invisible and often poorly understood health condition.

Previous research in geography and sociology has drawn attention to the inaccessibility of toilets (Cooper et al., 2000; Kitchin & Law, 2001; Slater & Jones, 2018; Wiseman, 2019) with an emphasis on disabling environments and implications for access, belonging and citizenship. However, explicit attention to IBS, a condition that is both invisible and often dismissed, has not been solely theorised. The paper documents how access to toilets is established as part of everyday mobilities, with IBS revealing the fragility of such navigations. First, through bodily precarity whereby symptoms are in flux with uncertain landscapes and unwanted receptions. Second, how this is perpetuated by structural inequalities and economic conditionalities, seen through the turn to the commercial in the context of toilet access. And third, how everyday pressures of mobile lives reveal bodily affects when considering toilet accessibility. This paper locates ‘public’ toilets as fundamental to mundane and embodied mobilities, as we move through public space by catching planes, buses or trains and driving down motorway lanes. Insights into the daily navigations of living with IBS offer contributions to the ‘hidden geographies’ of disabilities (Davidson & Henderson, 2010; Dyck, 1995; Moss & Dyck, 1999). It further adds such narratives to toilet scholarship (Slater & Jones, 2018; Wiseman, 2019) by centralising IBS

and its relationship to mundane and embodied geographies (Bissell, 2016, 2009b, 2007; Evans et al., 2021). Beyond this, this paper seeks to illuminate diverse bodily needs and toilet inclusion and its centrality to everyday life and everyday movements.

Theorising toilets: injustices and inaccessibilities

Despite their often private nature, the politics, injustices and inaccessibilities of toilets has received significant attention within social science. This includes how toilets have historically made visible inequalities including racial segregation (Plaskow, 2008); gender (Butler, 2004); class (Skeggs, 2001); urban design (Bichard & Knight, 2012; Greed, 2003, 2012; Knight & Bichard, 2011); architecture (Hanson et al., 2007); sanitation infrastructures (Terreni-Brown, 2019); disability (Kitchin & Law, 2001) and trans rights (Jones & Slater, 2020). Toilets have been, and continue to be, socially organised in binary ways that do not always reflect the everyday realities of social identities and our civil rights of access. On a more micro level, Lea's (2001, p. 91) work on defecation and bodily control acknowledges how the public toilet involves a performance and/or a disruption of the personal identity. Thus, the role of the public toilet within society has been acknowledged as 'a route worth taking, precisely because of the shadow under which it normally falls' (Molotch, 2010, p. 1). Concerning toilet provision for disabled people, Wiseman (2019, p. 794) acknowledges the everyday nature of access and its work in revealing larger inequalities. The uncertainties of provision, alongside 'uncontainable' bodies in flux, are necessary to pay attention to (Lea, ; Wiseman, 2019). IBS works as an important juncture by revealing the everyday navigations around toilet access, while simultaneously demonstrating how this common yet contested, invisible and unpredictable condition is lived through everyday mobilities.

Important to IBS are the substantive contributions into toilets through disability studies. Geographers have long documented the spatial inaccessibilities and lived experiences of disabilities (Wilton & Horton, 2020). Perhaps most pertinent is Kitchin and Law's (2001) exploration of the spatial constructions of inaccessible toilets for disabled people. Drawing upon Cooper et al.'s (2000) concept of 'the bladders leash', whereby everyday participation is limited by the availability of a publicly accessible toilet, they document the inaccessibilities (lack of provision, poor design, inappropriate use), and how these structural issues limit the spatial practices of disabled people. They refer to toilet mapping and how structures lead to *immobility* as one feature of toilet access for disabled people (Kitchin & Law, 2001, pp. 295–296). More recently, Wiseman (2019) noted the 'toiletsapes' found within the lives of disabled people, further acknowledging how toileting and toilet spaces reflect broader societal ableism where disabled people are placed 'at the margins of everyday citizenship' (p. 788).

This marginality is further important when considering IBS – an invisible condition, where symptoms are often glossed over as 'minor' in the absence of physical disease and symptoms are unpredictable (White, 2020). This follows work within geography that acknowledges the spatial navigations of hidden health conditions and/or disabilities (Davidson & Henderson, 2010). Thus, it is both an acknowledgement of how access to toilets can be put into question when bodies do not 'fit' particular ideals, but also how such precarity filters into the multiplicities of toilet access – from calling upon the commercial to the questions about whether one is granted toilet access in

the absence of a 'visible' condition, access fluctuates within the everyday mobilities of those with IBS.³ Previous toilet scholarship has cited IBS when discussing toilet access (Hanson et al., 2007; Knight & Bichard, 2010; Slater & Jones, 2018) yet I focus here on how the everyday journeys and mobilities of IBS are experienced and can be theorised with embodied and mundane geographies in mind. Therefore, contributions within disability studies have revealed the spatial dimensions of toilet accessibility, and how this is experienced as part of everyday participation and citizenship. This paper extends such work by focusing explicitly on IBS, mirroring geographies of hidden health conditions (Davidson & Henderson, 2010) and its implications for toilet access. Following the participant accounts, this paper further illuminates the *everyday mobilities* associated with navigating toilet access as a key concern when living with unpredictable bodies and precarious provision.

Interdependencies of toilets and everyday mobilities

As previously acknowledged, the spatial dimensions of toilet access as a tale of mobilities is touched upon within disability studies (Kitchin & Law, 2001; Wiseman, 2019). Slater and Jones' (2018) intersectional work into toilet accessibility highlighted how inaccessibility was brought to attention through tales of travel (p. 9). Scholars have highlighted the centrality of public toilets to urban mobility, with Greed (2012) highlighting how toilets are 'the missing link' (Greed, 2012; Molotch, 2011). These contributions illuminate the relationship of toilets to mobilities and how they work as connective devices within the everyday journeys of publics. Therefore, toilets follow the theoretical turn to mobilities (Sheller & Urry, 2006). Importantly, Urry (2007, p. 19) suggested that mobilities presuppose large-scale immobile infrastructures that make everyday lives flow – paths, railways, public roads, water pipes, and toilet provision should certainly be part of these large-scale infrastructures (see also Tonkiss, 2020). Imrie (2000, p. 1641) highlights the inequities of mobility are intertwined with socio-cultural values and practices prioritising mobile bodies with an independence of bodily movements. Yet within these large-scale infrastructures are mundane and daily navigations that require further attention and are increasingly important when access is in question or bodily precarity becomes apparent.

To connect public toilet access and the geographies of everyday mobilities, one must think about the ordinariness of going to the toilet. Visiting the toilet is not what we may initially think of as part of broader mobilities, but a daily (with varying rhythms) occurrence. Reflecting the quotidian nature of toilet access and the everyday needs of bodies, I turn to everyday mobilities literature. Binnie, et al. (2007) called for a turn to the mundane in response to the expansion of mobilities in light of technological and social developments and accelerations of mobilities, and a focus in on the minutiae of everyday life. This is especially pertinent when thinking about one of the most basic movements of all – bodily movements. Binnie et al. (2007) suggest that we are all caught up in banal or mundane mobilities such as the daily commute, a visit to the supermarket or even a holiday, and what makes these mundane is their *regularity* and their integration with everyday practices. Such everyday mobilities offer us certainty, security and an ability to go about our everyday lives

with a peace of mind. However, when considering toilets as constitutive of mobilities, such assurances cannot be established in light of uncertain provision together with the bodily precarity of IBS. Thus, strategies of everyday mobility become hypersensitised.

Previous literature on mobilities has also noted that movements in public space are not equal (Pain, 2001; Valentine, 1989), and further visible in the context of accessible toilets for disabled people (Kitchin & Law, 2001). Recent work in mobilities studies has further attended to the micro geographies of everyday life, accounting for socio-materialities and micro-political encounters. Bissell's work is useful here in documenting the everyday intensities and temporalities of mobilities and transport (Bissell, 2016, 2009b, 2007), highlighting embodied and emotional experiences as well as structural political forces. This is useful in the context of toilets and mobilities, as the everyday journeys of people with IBS reveal both the precarity of public toilet provision and the micro-encounters of felt and embodied inaccessibility. Evans et al.'s (2021) work on flying while fat is further useful in acknowledging the embodied experiences of travel, demonstrating a hyperawareness of the body in line with socio-materialities of the plane alongside socio-political contexts. This attentiveness to the body in zones of hyperawareness or 'dys-appearance' (Leder, 1990) (the idea that the body is only noticeable in times of dysfunction) with both socio-material and political lines has resonance with the accounts of IBS and access to toilets in public space. Structural inaccessibility makes the disruption of bodily experience and questions of access even more stark.

This body of work demands a focus on the mundane journeys of everyday life, together with the structural inequalities of illuminating toilets as fundamental to everyday public participation and citizenship (Evans et al., 2020; Wiseman, 2019). This paper extends understandings through the accounts of IBS by demonstrating how access to toilets involves knowing where one can go, not only on extraordinary ventures, but on the route to work or (what should be) leisurely travels. This paper builds on mobilities literature about toilet access considering this interdependency (Greed, 2012), and extends it using work that accounts for socio-materialities and bodily encounters (Bissell, 2016, 2009b, 2007; Evans et al., 2021). What mattered to people living with IBS were the anxieties felt when anticipating a journey, deciding whether or not to take a bus, or whether or not they could make their daily commute without a toilet stop. The data reveals a dual precarity when it comes to everyday journeys and public toilet access. First, in the uncertainty of a toilet being available and accessible to those with a hidden bowel condition – a structural precarity of provision. And second, in bodily precarity whereby symptoms are unpredictable, unreadable, and at times, questioned. Thus, inaccessibility (structurally and interactionally) becomes embodied to avoid urgency in uncertain public and mobile spheres. This is made visible through the accounts of living with IBS as public toilets are navigated – planning journeys, mapping toilets, and the limits and conditionalities of those that are available and relied upon as part of their everyday mobilities.

The study

This paper is derived from a qualitative study which sought to explore the daily experiences of individuals living with IBS. Despite its commonality, little research has explored the everyday navigations of IBS through an everyday lens. Building on previous studies that have focused

on living with an 'unreliable' body (Håkanson et al., 2009) and navigating 'unpredictability' (Rønnevig et al., 2009), my research turned to the *everyday* negotiations, as a way to capture where IBS is experienced in *mundane* but *significant* ways. As part of this attentiveness to the mundane, being in and having access to toilets became important. In looking to capture the everyday, diary methods and follow-up interviews were employed (Zimmerman & Weider, 1977). Diaries were further valuable in appreciating private lives and the 'taken for granted' aspects of living with illness (Elliott, 1997). The research also occupied an autobiographical grounding (Stanley, 1993), having origins in my own experiences of living with a bowel condition, which was important in sharing experiences of toilet locales and a collective understanding of negotiating access.

Participants were recruited via the National Charity for IBS, GUTS UK, The Bladder and Bowel Community, Twitter, Facebook, university volunteer lists and personal networks. Given the nature of recruitment, there was a geographical spread of participants. This meant that diaries were completed across the UK and the accounts of public toilet access reflect a multitude of towns and cities. All participants were based within the UK and interviews took place in 2017–2018, with ethics approval granted from The University of Sheffield (No: 016164) and written consent obtained from all participants. Due to the complexities of the IBS diagnosis, whereby it can be diagnosed medically via a process of exclusion or based on individuals associating with symptoms, I stated in recruitment information that anyone who *self-identified* as living with IBS could take part. 25 people who identified as living with IBS participated in the research. I made active attempts to counter gendered stereotypes associated with IBS⁴ (see Björkman et al., 2016) by doing purposeful recruitment for men with IBS. As such, the sample offered a gendered balance of men and women. Relatedly, while it is important to acknowledge how toilet access is experienced through gender (Greed, 2019; Jones & Slater, 2020),⁵ this paper foregrounds the experiences of IBS. The participant group was predominantly White British. A diverse sample would have been preferable given the broader racial inequalities in health (Nazroo, 2001) and is encouraged in future research agendas on the lived experiences of IBS. Regarding socio-demographics such as ethnicity, age and socio-economic background, partial demographics were revealed given the self-selective nature of the participant led diaries and open-ended interviews. Some of these characteristics are interwoven within the pseudonymised accounts.

Participants were invited to complete their diaries via paper, electronic or audio, to allow for preferences and abilities. 14 paper diaries, 9 electronic diaries and 1 audio diary were received. One participant chose not to complete a diary but took part in an interview. Diary guidance encouraged participants to write open-ended accounts with the simple reference 'Tell me about your day with IBS'. Further prompts were offered, including questions on navigating toiletry time and travel time into routines, managing symptoms in 'public' and in 'private', and how toilet access affected daily life. Participants were

encouraged to keep a daily diary for approximately two weeks, although the entries varied from singular biographical reflections to several weeks of documenting daily encounters.

After completing the diaries, participants were invited to an interview as a 'source of expansion' (Zimmerman & Weider, 1977, p. 491). Diary entries acted as a prompt in the interviews, as well as broader narrative questions about themselves, coming to live with IBS and what was important to them. Interviews lasted between 40 minutes to 3 hours. 13 interviews were conducted in person and 12 via telephone. Due to the diversity of diary entries which featured biographical narratives and daily navigations, a combination of analytical approaches was utilised. Analysis involved the inclusion of narrative (Riessman, 1993) and thematic analysis (Braun & Clarke, 2006). Biographical accounts underwent narrative analysis with the creation of participant portraiture whilst daily diary notes on everyday occurrences underwent thematic coding using NVivo 11. The process of reading diaries before the follow-up interview was a further analytical process. Some biographical details of the pseudonymised participants will be offered as I discuss the everyday mobilities of participants living and looking for lavatories.

Planning journeys, mapping toilets

It's hard, it makes it hard for people, doesn't it? If they haven't got a toilet on the bus or whatever they're going on, then they're snookered . . . sometimes someone will say, 'oh shall we go so and so?' and I think 'shall I or shan't I?' you know. (Molly's interview)

Molly is a 72-year-old retired carer who volunteers at her local community centre. She recalled having IBS for the past ten years. As part of her volunteering, she often goes on day trips involving coach travel. These trips are troublesome, and her account demonstrates how modes of travel have a question mark of being able to 'go' when living with IBS. Molly's account reveals how toilet access is the gatekeeper to the possibilities of getting from one place to another and as a key feature of everyday mobilities in public life.

With questions of toilet access in mind, many participants living with IBS explained that they 'had to know where they could go' and consequently had a mental map of toilets (Bichard & Knight, 2012; Greed, 2003). This builds on Wiseman's (2019) 'toiletsapes' where she described the landscapes of toilet access that disabled people learn to navigate. For those with IBS, mental maps of toilets simultaneously acknowledge the questioning of available toilets in line with uncertain provision, together with the knowledge of establishing certainty in times of unpredictable symptoms. In the case of IBS, such mental maps of toilets and the associated emotional labour involves processes of coming to know spatial and temporal proximities as well as the socio-material comforts and accessibility (e.g., toilets with windows, floor to ceiling door frames, away from colleagues' desks). Moreover, knowledge of toilet locations is also underpinned by feelings of safety, familiarity, and relief in an emotive and an embodied sense (White, 2017). As Bissell (2008) notes, comfort takes work. For instance, Rosie's diary documented that, for her, visiting a new place meant that locating the toilet was 'the first thing on [her] agenda'. Similarly, Martin described that 'Almost subconsciously when you first go into a bar or restaurant, you just have a quick glance around to make sure you know where the toilet is.'

Moving onto another participant, Kelly explained the journey she takes to work every morning. Kelly is 48 years old, works in an administrative team within the city and has lived with IBS for 8 years. She lives in another town and commutes into the office. She takes her car halfway, parks at a park and ride, and then takes the tram to work. Her diary read:

I know where I can go to the toilet if I need to when I park my car and then once I get off the tram. I have a map in my head of all the toilets in the area near work and in town, although [the toilets in] town are limited in the early mornings. (Kelly's Diary)

These everyday travels and daily commutes to work (Edensor, 2010) *rely* on toilet access. As Binnie et al. (2007, pp. 166–7) note, 'everyday travels rely upon a combination of practical competencies of how to get about . . . and geographical competencies of where the shops are, and which are the best routes to get to them'. Knowledge of toilet locations (and often their qualities) and the temporalities of the city are factored into the journeys people take. Such mental maps of toilets are a resourcefulness in response to questionable access and the unpredictability of bodies. However, ultimately, it is a form of work that not everyone has to do.

Further important to developing knowledge of toilet locations, is the work done in being granted access. Like other everyday mobilities, this is not always equal (Pain, 2001; Valentine, 1989). Slater and Jones (2018) highlight that on top of the lack of funding for council funded public toilets, a standard model of toilet provision means that for some disabled, trans and chronically ill people, leaving the house is challenging and anxiety provoking. This is particularly important for those with IBS, where it is not visible nor often felt as 'legitimate' despite its commonality, how disruptive symptoms can be and how uncertainty has a role to play. This echoes geographies exploring hidden disabilities and the everyday work in negotiating or concealing the condition (Davidson & Henderson, 2010; Moss & Dyck, 1999). For example, Ellie is 28 years old and works as a secondary school teacher. During her interview, she recalled visiting a music festival with friends. She described needing to go to the toilet and the difficulties in having to *request* access, declaring necessity and diminishing bodily autonomy. Her account reveals the socially disruptive nature of being denied toilet access despite efforts to legitimise need:

Last summer me and my friends went to a music festival. I ordered a steak and then I started thinking 'I don't feel good'. Because it was a massive festival there were queues everywhere. I then tried to get back in the gig we had left, and I told the guy on the door that I was desperate. In fact, I lied and told him I had Crohn's because I thought he might understand that whereas if I said I have IBS he might not know what that is. He said, 'Err no sorry love, I can't let you in'. In the end I had to leave town and I thought this could be the time in my life when I shit myself in the middle of town. Luckily, I found a bar that was open and just legged it in. My friends were texting to ask if I was ok, but I felt rubbish and couldn't get back in the event, so I went home . . . Experiences like that are awful. I knew where the toilets were, but I just couldn't get to them. (Ellie's interview)

Ellie knew where the toilet was but was denied access. Pertinent to Ellie's account is that she further attempted to *legitimise* her access by using an alternative condition (Crohn's, a form of Inflammatory Bowel Disease) that she thought would be knowable and more sympathetically received and yet, this was not successful. This is crucial in the embodiment of an IBS identity in that the invisibility of the condition is perceived to have minimal

effects on a person's life comes through into public negotiations and access to space. As Hughes (1999) notes, a crucial factor in experiences of oppression is how impairments are viewed and understood by others. In response to being denied access, Ellie called upon a pub. Such places have a role in not only their availability and familiarity but the unlikelihood of being questioned. Importantly, she then returned home after the physical and emotional toll of being denied access. So, the certainty of knowing toilet locations is only one dimension. There are questions of access and a reliance on particular places in times of necessity and what this reveals about the complexities of toilet access in public, and of living with a hidden health condition, in everyday life.

Comforts of the commercial?

Considering that toilets are an essential public infrastructure, the facilities participants identified in their toilet mapping were not often council funded toilets, but the nearest coffee shop or department store (Hanson et al., 2007). This arguably reflects broader socio-political processes of the neo-liberalisation of urban space (Peck, 2012; Tonkiss, 2020) whereby council funded toilets have dissipated and led to a reliance on the commercial, but there is also something to be said for the comfort, convenience and 'civil inattention' (Goffman, 1956) gained from such places as part of everyday urban mobilities. Building upon her diary entry mentioned in the previous section, Kelly explained:

I know where all the toilets are that I can use. You know where you can just walk in and use the toilet - department stores, public toilets, cafes, pubs ... I know which places have toilets where you don't have to walk past the bar, you can just sneak into the toilet. Anywhere that I go regularly, I have a picture in my mind of where I can go to the toilet. Going to a new place is difficult and I tend to check out before I go where the public toilets are. Journeys as well, if I'm on my way somewhere I'll think 'oh there's a garden centre where I can go to the toilet', you know, just places along the way that you know you can stop. Starbucks opens quite early so you can go there, although I'm quite conscious that I'd probably need to buy something on my way out. I've done that before; I've used the toilet and bought a biscuit from the counter and taken it away with me. There's McDonalds too - McDonalds have always been places where you feel like you can just go in and go to the toilet. (Kelly's interview)

Kelly's account reveals the places on her internalised toilet map and how she selects appropriate facilities. Kelly highlights the importance of the opening times, spaces 'open' to visitors that may not always be customers, and a broader message about common commercial spaces in the context of toilet availability and everyday mobilities. Molotch (2010, p. 3) described that in New York city, Starbucks became known to be 'the city's bathroom'.⁶ Jones et al. (2015, p. 644) describe commercial cafes as important spaces in the urban and multicultural landscape. They argue that instead of dismissing such places, like Starbucks, as 'commercial, globalised spaces of soulless homogeneity,' these spaces provide room for familiarity, ethnic mixity, mundane co-presence and inattentive forms of conviviality. While Jones et al. (2015) focus on ethnicity, the imaginary of the commercial, globalised spaces being convivial has echoes with the toilet accessibility that participants described. The reliability, familiarity, and relief of such commercial spaces transcend localities and offer a vital reassurance of toilet availability, even if their terms of access can be at times, questionable. In the context

of toilet mapping, in both familiar locales and unfamiliar ventures, commercial franchises in their uniformity can be a welcome sign and crucial reference point in uncertain places and unpredictable times.

Like Kelly, Carl explained that in mapping toilets on his everyday journeys, McDonalds was turned to in times of necessity. Yet this was 'accessible'¹⁷ not only in terms of being a familiar stop with possible toilet access, but also available at times in the day when others were not. Carl is 33 years old and works as a bus driver. He recalls his IBS starting when he got 'caught short' one morning on a bus route and his IBS often affects him whilst 'out on the road'. As part of his work, he explained that with the routes of his bus journey, the most challenging aspect of accessing toilets was the time of day. Carl sometimes works at 4 or 5AM and, for him, knowing that toilets may not be open makes the *anticipation* of symptoms difficult whilst on bus routes, demonstrating the embodied suspense of mobilities and everyday journeying (Bissell, 2007), including for bus drivers (like Carl) themselves. Like Kelly, Carl relies on McDonalds being open:

When I'm on a service bus, we do a variety of routes so I have to know where I can go. Early in the morning the only place is McDonald's, or we've got a bookies shop that's quite good to us [bus drivers]. Down where I live, I've got a Tesco's garage that's got a toilet. One of the routes goes past my house so if needs be, I can nip home and go to the toilet there. On every route I have a mental note of where the nearest toilet is. (Carl's interview)

There were also more unique sites of toilet access beyond the commonplace coffee shop and department stores. For example, betting shops were included as part of perhaps a more gendered toilet landscapes for two of the men that shared their experiences (Greed, 2003). Carl also highlighted betting shops on route, and this was further supported as an optional toilet spot by Shaun (a 44-year-old full-time carer), who also called upon betting shops, and marked the occasions where he has ended up 'writing a quick bet' which he described as 'virtually paying to go to the toilet'. Of course, through Kelly's biscuit purchase and Shaun's betting slip, the conditions of access are made visible, even if these commercial spaces may be the most accessible in terms of their reliability and familiarity. These accounts further beg the question that not everyone can place a quick bet, nor can they purchase a biscuit from a Starbucks counter as a fleeting city life encounter.

For those with IBS, commercial spaces are turned to for 'public' toilet access. This is due to the decline of council funded toilets and the rise of the leisure sector in the UK (Bichard & Knight, 2012; Jones & Schraer, 2018), but also due to the *anonymity* sought out when navigating an invisible and often contested health condition where, as demonstrated in Ellie's account earlier in this paper, access can be questioned. Yet, despite the access gained from the likes of McDonalds and Starbucks as familiar and comfortable landmarks, the accounts reveal the conditionalities of access, hidden costs and the uneven lines within everyday mobilities. Building upon the mental maps of toilet locations, the practical and geographical competencies of everyday mobilities are further revealed through commercial spaces and the temporalities of urban landscapes. Attention will now be turned to journeys themselves, demonstrating how the socio-materialities of transport become embodied with toilet access in mind.

Taking journeys: trains, planes and motorway lanes

The participant accounts demonstrated how toilets are in direct relationship with journeys and forms of transport. The experiences of being in a car or on a bus or train are worth paying attention to when considering everyday 'public' toilet access, and further demonstrates the relationship between toilets, bodies and everyday mobilities. What is important from the diaries is how Kelly talked us through the imaginings of toilets on her route to work, and Carl told a story about his work as a bus driver and routes of his services, with toilets plotted along the way. This builds on broader geographies of everyday mobilities and embodying travel (Bissell, 2007; Sheller, 2004). Further to this, participant Tony completed an audio diary on his daily commute. Tony is a 34-year-old gas engineer and commuting is a substantial proportion of his working day. Navigating symptoms and the availability of toilets *on route*, and thus his bodily response, was important. He recorded:

I've skipped breakfast because it's a 60-70-mile journey over a pass where there's not many places or services to stop that have toilets. One reason why I skipped breakfast was that I find if I've got a long drive, it's making sure there's toilet breaks but also, I know the journey I normally take has bad traffic. This morning it took me three hours to do an hour journey and that can cause a bit of stress and anxiety. (Tony's audio diary).

Again, Tony's account demonstrates the avoidance of food whilst travelling to work as he maps out the sixty to seventy-mile journey with limited points of access at which he can stop on route. His account highlights the pressures of 'toiletory time' (Inglis & Holmes, 2000) as part of everyday travel and the stresses of getting to work on time (Bissell, 2016, 2014; Edensor, 2010). Tony's account further reveals the familiar landmarks of service stations on motorways. Motorways require an understanding of place in its connections from 'A' to 'B' (Merriman, 2004), and most importantly, the service stations and toilets that may or may not be present along the way. Importantly, these are daily journeys with bodily consequences – and toilets are crucial within them.

The lived experiences of toilet access amid a car journey, flight, or train, become hypersensitised when navigating IBS. In her diary, participant Amy (aged 25 and living with IBS since the age of 18) expressed feeling '*always on the edge*' on a journey home and '*trapped in the car, miles from home*'. This has resonance with geographies of hyperawareness and discomforts of the body (Bissell, 2010, 2009a, 2008; Evans et al., 2021) and further engages with the subjectivity of how time can 'drag' when it comes to travel (Edensor, 2010, p. 190) and the 'suspense' (Bissell, 2007, p. 284) of waiting to arrive home to go to the toilet. Amy described travelling as challenging:

I find travelling difficult. I think I'm ok with my commute now, its 25 minutes so I'm not too bad, I generally know that I've got time to get to work and be able to get to the toilet if I need to, but I do find that a longer journey or travelling abroad because you're up at different times can put my stomach on edge. We travel to Australia fairly often because we have family there, and that panics me a lot as I'm trapped on a plane in a tiny toilet with the potential of having IBS ... in a car or on a train, especially on a train. (Amy's interview)

As Amy alludes to in her account of feeling '*trapped on a plane in a tiny toilet*', aeroplane journeys were a problem for many. Aeroplane toilets are often tight and 'closed off' to the social world. Plane toilets are often singular, small, and frequently have a queue outside

(at least this is the case in economy travel). This has resonance with Evans et al.'s (2021) work on bodily experiences of flying, capturing the inaccessibility and discomfort of travel spaces as well as the careful navigations (particularly temporally) of bodies challenging normative boundedness. As a result, the inaccessibility of toilets when travelling and in transport spaces become embodied, as limits are placed on managing the bodily precarity of IBS in order to be geographically mobile.

Terry, a retired social worker in his 60s, started with IBS in his late 20s. In managing his condition, he pays close attention to his routine and travel. In Terry's diary, he documented that whenever he travelled abroad, he would avoid eating the day before and took 'precautionary lmodium' (medication to prevent diarrhoea) as a way of establishing bodily control (Longhurst, 2001, p. 66):

When we used to go on holiday abroad and we were leaving at 6 o'clock in the morning, I would starve myself the day before and take lmodium. The last thing I wanted was to have a bowel movement on an aeroplane. (Terry's interview)

Similarly, Molly explained:

I don't go to the toilet on planes, I don't move, I don't get out of my seat apart from standing up and having a couple of minutes. But then I know that when I get there there's toilets in the airport. So, I know that I am alright in short bursts ... I've been twice to Australia and not eaten until I've got there, and it takes 24 hours ... But you sleep, you watch television. With me, you just programme yourself that you're not eating, and it doesn't matter. (Molly's interview)

Molly's account described how she avoids food whilst travelling and distinguishes between plane toilets and those within the airport which offer relative comfort by virtue of being 'fixed'. Bissell's (2007) narration of waiting is relevant here, as within Molly's account is the documentation of inactivity and passing the time in the absence of a comfortable and accessible toilet whilst travelling. The accounts also build on Cooper et al.'s (2000) concept of 'the bladder's leash', where bodies are constrained by comfortable and accessible toilets, and how these relate to being 'in between' places or literally 'in flight', and the emotional geographies of travel (Sheller, 2004). This further echoes findings whereby a lack of access to toilets can prevent individuals from going out, and restricting food and/or drink for long periods of time (Bichard & Knight, 2012; Knight & Bichard, 2011; Slater & Jones, 2018). Yet, the accounts add new insights into how fleeting, fluctuating and enduring temporalities of transport and travel relate to the inaccessibility of toilets. Those with IBS demonstrate how travel is implicated with spatial, temporal and embodied practices surrounding comfortable and accessible toilets. Toilets connect to transport and the experiences of IBS come to embody inaccessible infrastructures in the navigations of everyday mobility.

Discussion and conclusion

This paper began by highlighting the presence (or lack of) toilets in public life and their uptake in academic discussions and public agendas. Writing during a period of Covid-19 restrictions has further illuminated the precarity of toilet access, what lies bare when the commercial closes and the notability of bodily needs and unboundedness (Lea, 2001; Leder, 1990; Longhurst, 2001) when access is in question. Toilets within public life are

integral to everyday mobilities (Greed, 2012; Molotch, 2011). Further to toilet scholarship that has acknowledged inaccessibility (Slater & Jones, 2018; Wiseman, 2019) and limits within urban landscapes (Greed, 2012, 2003; Hanson et al., 2007), this paper has centralised the *embodied* geographies (Binnie et al., 2007; Bissell, 2016, 2009b, 2007; Evans et al., 2021) of those with IBS to tell a story of bodily precarity intersecting with socio-economic conditionalities when it comes to toilet access and everyday journeys. Such literature facilitates an understanding of the lived experiences of the hidden health condition of IBS. The precarity of IBS and the uncertainty of toilet provision are related, given that the ordinary journeys and questions of toilet availability highlight uncertain, questioned or conditional access and its relationship to inaccessible public infrastructure. Bodily movements can be reshaped in line with such landscapes. It is further important to recognise the active mobility and agency of making journeys and getting by, while simultaneously acknowledging accounts of constraint and exclusion.

As the earlier quote from Molly demonstrated, questions of social participation are implicated with 'Is there a toilet on the bus?'. In light of such uncertainty with everyday travel, toilets and unpredictable symptoms, those with IBS create a mental map of toilets as a feature of their everyday hidden geographies (Dyck, 1995). Such mapping is a response to bodily uncertainty and the unpredictable nature of toilet necessities but is also a reflection of questions of provision. This echoes previous scholarship that has highlighted the spatial inequalities of toilet provision and the labour associated with locating access (Kitchin & Law, 2001; Wiseman, 2019). More broadly, the mapping of toilets is evocative of mundane mobilities whereby geographical competencies of knowing place and of the ability to get there (Binnie et al., 2007). However, as demonstrated by Ellie's account, living with IBS extends such work in that there is work done not only in knowing toilets, but also in legitimising access in light of invisibility. This thus connects geographies of hidden disabilities (Davidson & Henderson, 2010) and reiterates the role of the toilet and the shifting landscapes of public space and in being granted access. Accounts such as Ellie's remind us of the jarring narratives of how capacities of participation and mobility come to be constrained when it comes to toilet provision.

This mapping of toilet access is further implicated as those with IBS turn not to council funded toilets (of which there are few) but McDonalds, Starbucks and department stores. Such findings echo previous scholarship documenting the decline in toilet provision (Richard & Knight, 2012; Jones & Schraer, 2018) and reflects broader geographical notes on 'austerity urbanism' (Peck, 2012) and declining public infrastructure (Tonkiss, 2020). Yet, data also demonstrate that places such as McDonalds can become welcome signs in unfamiliar places and unpredictable times. They can be open spaces, accessible by their 24-hour rhythms that meet with the unpredictable bowel. This echoes Jones et al.'s (2015) work into semi-public café franchises that tell a story of multicultural comfort and conviviality. With toilets, these spaces are not solely shadows of neoliberalism, but places of reliability, familiarity and comfort where 'civil inattention' (Goffman, 1956) can be granted when legitimacies of access wish to go unquestioned. Thus, commercial toilets are inclusive in their familiarity and their allowance to facilitate a fleeting toilet encounter, acknowledging that this is accompanied with a pressure of consumption. As demonstrated by Kelly's urge to buy a biscuit on the way out, these spaces often come to be *conditional* access.

Perhaps the most overt demonstration in the interdependency of toilets and mobilities is the talk of travel and journeying itself. The accounts of living with IBS demonstrate the stresses, strains and embodiment of everyday commuting (Bissell, 2014; Edensor, 2010) and its relationship to spatial and temporal dimensions of toilet accessibility and provision. In light of such socio-materialities and political forces that constitute everyday travel (Bissell, 2016), access to toilets and the ability to 'go' becomes heightened for those with IBS. As a result, such experiences of transport and travel demonstrate how bodies are altered in times of questionable access (Cooper et al., 2000; Kitchin & Law, 2001). For those with IBS, this embodiment is heightened in times of unpredictability and boundedness. Being in a car, sitting on a train or experiencing a long-haul flight brings out the spatial and temporal tensions of infrastructures and the meeting and misalignment with bodies requiring certainty of toilet availability. Such findings extend embodied geographies of transport (Bissell, 2010, 2009a, 2008; Evans et al., 2021) by centralising the access and comfort of toilet provision and the interdependency of such as part of everyday journeys.

To conclude, the accounts of those living with IBS demonstrate how *ordinary* and *routine* journeys can become *extraordinary* efforts with bodily consequences when 'public' toilet access is implicated. Spatial, temporal and embodied geographies of catching a bus, driving to work and being on a plane, are made noticeable when seen through uncertainties and sensitivities of toilet access. Only through accounts of 'dys-appearance' (Leder, 1990) do the ordinary navigations of everyday life become acute. Everyday journeys are made possible through the comfort and availability of toilets, and vice versa. Such insights are of value not only in understanding experiences of IBS but offer a broader contribution into a diversity of social bodies and an inclusivity of 'public' toilet access (Slater & Jones, 2018). IBS's role as a 'hidden' condition is an important layer here, given the navigations in legitimising access alongside provision. However, an unquestionable and inclusive toilet access and public provision as part of everyday travel, regardless of fluctuating temporalities, is a matter for everyone in our shared corporeal vulnerability (Leder, 1990). As Carl notes, '[we] have to know where we can go'.

Notes

1. When referring to public toilets I follow the definition that it is inclusive of toilets away from home that the public has access to including local authority toilets and toilet access in private buildings such as cafes, bars and shops (see Knight & Bichard, 2011)
2. Community toilet schemes are designed to encourage the private sector (such as bars, cafes and shops) to allow the non-paying public access to their toilets in exchange for an annual payment from the local council.
3. Here, I would also like to recognise that IBS can be experienced alongside 'physical' or 'visible' health conditions and/or disabilities.
4. Gendered connotations surrounding IBS include the categorisation of it being a medically unexplained condition, gendered stereotyping and attitudes surrounding diagnosis and the experiences of IBS symptoms themselves (White, 2020)
5. While Greed (2019) has documented gendered toilet inequalities, Jones and Slater (2020) stress the importance of trans experiences concerning toilet inequalities. Experiences of trans toilet access are further important to the experiences of IBS given the parallels in access and inclusion based on the readings of diverse bodies and bodily autonomy in public space (see Slater & Liddiard, 2018 on disability and trans allyship).

6. In 2018, Starbucks in the US came into the public eye as employees called the police on potential toilet users which led to a statement changing access requirements without necessity of purchases (see <https://www.bbc.co.uk/news/world-us-canada-44088033>)
7. In utilising the term accessible, I recognise that access can have diverse meanings and applications.

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