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From the Home to the (Hand)bag: Negotiating Privacy in Personal Life when Living with Irritable Bowel Syndrome (IBS)

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Abstract

Securing, and negotiating, privacy with intimate bodily needs is an ordinary but often hidden feature of our personal lives. Drawing upon a UK-based qualitative study that utilised diaries and follow-up interviews to explore everyday life with the health condition irritable bowel syndrome (IBS), this article explores the navigations of privacy when anticipating or experiencing symptoms. Building upon sociological understandings of privacy and personal life, this article maps the intimate and mobile ways in which privacy is sought out – disrupted or achieved – in domestic, material and public realms. It does so by following the paths to privacy and the personal belongings carried as they move through personal life. The article demonstrates how privacy is embodied and spatially, temporally, relationally and materially shaped. In doing so, the article argues that privacy comes to shift through everyday contexts and social relations with intimate materialities in mind.

Keywords

irritable bowel syndrome (IBS), materiality, personal life, privacy, public

Introduction

The private or personal is experienced, and inseparable from, an embodied public life (May, 2019). Such inseparability emphasises the relational nature of our personal lives and the everyday practices of performing privacy across social contexts (McCarthy and Edwards, 2001). Within sociological understandings, privacy has been considered through relational and spatial lenses (with an appreciation of how these are socially

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patterned) (Twigg, 1999, 2000) with the home as a focal point for understanding private space and the sharing of such (Heath et al., 2018). What further constitutes privacy and how we secure it, in a *material* sense, should therefore be considered in the context of everyday practices across domestic and public realms. The materialities of personal items and/or objects, have been mainly theorised in the home (Holmes, 2019a; Hurdley, 2006; Miller, 2008; Woodward, 2015), yet this is largely attended to without a relationship to privacy. Bringing these conceptualisations together, this article seeks to highlight materialities, or personal and/or intimate belongings, as another part of privacy in understanding embodied social life.

To do this, this article seeks to map the paths to privacy through the accounts of people living with the health condition, irritable bowel syndrome (IBS). IBS is a common condition where people can experience abdominal pain, bloating, constipation and/or diarrhoea and an urgency to use the toilet (NHS, 2022). Given some of the symptoms of IBS tend to happen within the confines of the bathroom or toilet, these experiences are often associated with ‘private’ or personal life. This is not to imply that these are never shared, and accounts detailed shortly highlight how such experiences are often negotiated *together*. Through the accounts of those living with IBS, I demonstrate how privacy is located, desired and found, from the home to the contents of people’s bags and into public life.

Based upon the accounts of 25 people living with IBS, this article shows how privacy is navigated, disrupted and achieved. This is told through the spatial orderings of domestic spaces to the items carried (such as medication, wipes and spare underwear) upon one’s presence on everyday journeys that work as an assuring anchor in looking to unobtrusively achieve privacy into often uncertain and inaccessible public life (White, 2021a). Privacy then, moves from the home to the (hand)bag,¹ and into public, yet still personal and relational, life. With these findings in mind, this article seeks to demonstrate that privacy is not solely spatial or static, but actively relational, temporal and *material*. I argue that sociological perspectives theorising privacy and personal life are valuable in understanding everyday accounts of IBS and attending to, and caring for, bodily necessities. Further to this, I suggest that materialities should be thought of as significant in understanding personal and private lives. Such theorisations of privacy are thus relevant for appreciating the needs of diverse social bodies within the context of personal lives more broadly. Finally, this article seeks to offer conceptual contributions to personal lives and privacy with spatial, temporal, relational and the material in mind.

Understanding Privacy and the Personal

Privacy is an especially difficult concept to define but is one common strand within sociological thought. Mills’ (1959) *Sociological Imagination* directs sociologists to question the distinctions between what may be considered as ‘private’ or ‘personal’ and what may be deemed ‘public’. As Mills (1959: 226) notes, ‘the human meaning of public issues must be revealed by relating them to personal troubles – and to the problems of individual life’. Feminist scholars have further considered this in centring analyses of the ‘personal’ as related to the ‘public’. McCarthy and Edwards (2001: 769) note that in understanding the private, we must attend to *social* and *historical* locations, cautioning

against idealisations of the private through highlighting power, conflict and inequalities. Personal lives and negotiations of the ‘private’ happen in public spaces and not only with family members and intimates, but with strangers, acquaintances and passers-by (May, 2019). For Morgan (2019), the personal intertwines with privacy, but must be sensitively considered as being socially and culturally shaped through mundane and momentary social interactions. Thus, considerations of privacy and the personal have been understood as *relational* and *interdependent* (Smart, 2007). Privacy is something *practised* within personal relationships, inclusive of public interactions and relations, and that requires multiple layers of intimate boundary work and shared recognition (Jamieson, 1998). Privacy is something that we all work to ‘do’ through our social practices and relationships (McCarthy and Edwards, 2001) and, importantly, in *all* realms of everyday life – from the home bathroom to a trip to the hairdresser. As such, the processes of acquiring privacy, and the felt necessity to do so, is always in *relation* to others, and across all spheres of social life.

‘Private’ Spheres, Spatial Orderings?

Further to understanding privacy as relational and practised within personal lives is an appreciation of how they are situated within, and across, spatial and cultural contexts. For example, bathing and using the toilet vary across time, space and cultural context (Elias, 2000 [1939]; Twigg, 2000). Understandings of privacy *in place* have been affiliated, and indeed theorised with, the home. Sociological understandings of the home see it as an often physical space offering privacy (Allan and Crow, 1989). In often (but not always)² providing security, understandings of the home have been associated with Giddens’ (1991) concept of ‘ontological security’ – a confidence or trust in a sense of ‘fixed place’ and control over one’s own environment (Heath, 2019: 139), with the ability to seclude and protect from intrusion or unwanted attention (King, 2004). Home can be a space where privacy and intimacies typically remain with family members who have ‘bodily license’ (Morgan, 1996: 134). The home presents a supposed escape from the disciplinary practices of bodies regulated in public life (Allan and Crow, 1989), and importantly where privacy can be found, albeit regulated as a shared space with family, intimate relations or cohabitants (Gabb, 2008; Heath et al., 2018; Lewis, 2011).

Shared home space with family or intimate relations is not the only social reality, however, and is socially patterned across contexts. In their project on shared housing, Heath et al. (2018) unpicked what it means to share domestic space with enforced intimate proximities and how the desire for privacy is further challenged when living with people one is not related to, with bathroom privacy particularly noticeable in spatial and relational negotiations. Specifically in relation to the sharing of bathrooms, Lewis’ (2011) work highlights the affective boundaries within families of shutting the bathroom door. Shutting the bathroom door becomes significant in understanding solitary time and intergenerational family relations; namely, children begin to shut (and lock) the bathroom door as they seek to manage their own bodies. Beyond the familial bathroom, however, are further complexities in relationalities. As Lea (2001) notes, individuals may often seek to ‘wait’ to go home rather than to visit a public toilet, at work or even a

friend's house. Such examples highlight the *relational* and *spatial* dynamics of acquiring privacy and are thus relevant in understanding the lived experiences of IBS.

A central theorisation of privacy, the home and specifically an attentiveness to the body within it, is Twigg's (1999, 2000) spatial and temporal orderings of privacy. Twigg (1999, 2006) notes how care for the body and privacy is spatially ordered, based on ideologies of the home and its spatial organisation, with the bathroom seen as the most private space. Relatedly, privacy is temporally ordered, based on normative bodily routines and practices such as morning routines of getting dressed or organising access to the bathroom. The bathroom is ordered as increasingly private, when compared with other rooms that may be more 'public' within domestic settings. Twigg (1999, 2006) builds upon Gurney (2000b) who cautions an over-spatial understanding of privacy and argues for an appreciation of corporeal vulnerability – that is, privacy as an *embodied* experience in, and in relation to, place. Twigg's (1999, 2000) work on the body in community care, and specifically bathing in community day centres, highlights how privacy (and care for such) is a central feature in an embodied social life. Such framings facilitate an appreciation of the body, and its many navigations of privacy, as not solely within the domestic but cared for and negotiated, with others, in public and personal life. Twigg's approach to privacy as spatially and temporally ordered, and indeed embodied, is significant to the later accounts of living with IBS. This article builds upon Twigg's (1999, 2006) ordering of privacy to organise its empirical sections – moving from the home to the (hand)bag and into public life. However, while the relational and spatial theorisations of privacy are more established, this article converges these with another layer – materiality.

Intimate Materialities in Personal Life

Building upon the arguments made already with established literature on the relational, spatial and embodied understandings of privacy, I look to emphasise materialities (and their mobility in public life) as significant to conceptualisations of privacy. Sociologists have centralised materialities as constitutive of personal life (Smart, 2007; Woodward, 2015) and such close associations between the home (and thus privacy) and objects are evident in sociological work (Holmes, 2019a; Hurdley, 2006; Miller, 2008; Woodward, 2015). However, the role of objects as related to both the home and to understandings of the social experiences of *bodily privacy*, are less connected. Miller (1987: 5) stressed the humility of objects within our lives, highlighting their capacity to enable or constrain us even if we take them for granted or fail to 'see' them – or of course, they are not intended to be seen in order to retain the personal within our everyday lives. Woodward (2015) has highlighted how everyday objects can lay 'dormant', kept in wardrobes or cupboards when their usage is not immediate – arguably 'private' spaces. Material objects within the home, and within the bathroom, are also significant within and beyond the private, as bodies are prepared, cared for and attended to in public life (Holmes, 2019b: 124).

The role of material items has also been appreciated and centralised within the sociology of health and illness. For example, Buse et al. (2018) explore 'materialities of care', which seek to make visible the mundane and often unnoticed aspects of materiality within health and social care contexts. Examples include care through food within family life (Ellis, 2018), making and creating a sense of home through material belongings in care home spaces (Lovatt, 2018), the care infrastructures with blood pressure monitoring

devices (Weiner and Will, 2018) and the significance of dress (Buse and Twigg, 2018). These studies bring together strands of the spatial, temporal and practices of care and relationalities with materiality in mind. Furthermore, Buse and Twigg's (2014) study into women's ownership of handbags when living in a care home reveals the role of materialities in facilitating biographical capacities while working to construct and retain privacy in spheres that are otherwise not their own. For Buse and Twigg (2014) there is an 'ontological security' in the use of handbags to give weight to the comfort and privacy afforded from material items held within the contents of bags. Within disability studies, material items have also been explored as disabled people use devices to smooth social interactions and work to create conditions of live-ability (Dokumaci, 2020). As participants' accounts in this article will show, Can't Wait Cards,³ radar keys⁴ and 'quiet materialities' (Pink et al., 2014: 432) such as wipes and tissues facilitate attending to bodily needs in public life, in what are intended to be smooth interactions in private and discreet ways. These themes of privacy, comfort and certainty established through theorisations of materiality are relevant in how bodily intimacy is managed outside of home space, as part of everyday social life, when living with IBS.

The Study

This article draws upon empirical findings from a qualitative research study exploring everyday life with IBS. Despite its prevalence, little research has explored IBS through an everyday lens to capture how IBS is experienced in mundane and significant ways. As part of an attentiveness to the everyday, negotiations of home and intimate moments in public life were interwoven with everyday recollections and navigations. In conceptualising through the everyday and theorising what may otherwise be glossed over, diary methods and follow-up interviews were utilised (Scott, 2009). Diary methods detail personal lives and intimate moments (Harvey, 2011), often otherwise inaccessible through more traditional qualitative methods (Pink, 2012), particularly when they are situated within the home and its most private spaces (Gabb, 2008; Twigg, 1999, 2006).

Anyone who identified as living with IBS was invited to take part in the study. Participants were recruited via healthcare charities, social media and personal networks. Twenty-five people who identified as living with IBS took part in the research between 2017 and 2018. Ethical approval was granted from the University of Sheffield (No: 016164). I made purposeful recruitment for men with IBS to counter gendered stereotypes (Björkman et al., 2016) affording a gender-balanced sample. Participants were predominantly White British, though an ethnically diverse sample would be encouraged in further research given well-documented health inequalities. Specific demographic information regarding ethnicity, socio-economic background, age and disability were partially revealed due to the self-selecting nature of the open-ended and participant-led diary methods and follow-up interviews.

Participants were invited to complete their diaries via paper, electronic or audio, to allow for preferences and abilities (White, 2021b). Participants were asked to write open-ended accounts with the starting point, 'Tell me about your day with IBS' and were encouraged to share insights into the extent to which they spoke about their IBS with partners, family members, friends, work colleagues and 'strangers'. Similarly, the diary

guidance prompted participants to offer remarks on material items of importance. Participants were encouraged to keep a daily diary for approximately two weeks, although the entries varied from singular biographical notes to several weeks of documenting daily encounters.

After completing the diaries, participants were invited to an interview with diary entries acting as prompts for discussion, as well as broader narrative questions about themselves, living with IBS and what was important to them. Interviews lasted between 40 minutes and three hours. Thirteen interviews were conducted in person (taking place in people's homes, offices or local cafes) and 12 via telephone. For interviews in person, the location featured as an important part of the conversation and added to the spatial understanding of living with IBS (Hockey, 2002). For example, participants described reference points within their home as they pointed to downstairs bathrooms and select tables were chosen within cafe spaces due to their proximity to the toilet and to their suitability in talking about personal lives in public settings.

The research had an autobiographical grounding (Stanley, 1993) in that, at what felt appropriate times to do so, I shared my experiences of living with a bowel condition and 'opened up' my bag to show my own personal items. Within the interviews, I shared the cards carried in my purse, gifting a Can't Wait Card in one case, and participants revealed items of theirs. Together, participants' personal belongings, and indeed my own, facilitated our (perhaps unanticipated) communication and co-creation of stories in how IBS is negotiated with *material* belongings (see Woodward, 2020 for insights on opening up collections). The objects worked to elicit and centre sensitive conversations on the intimate handlings and personal belongings that feature as part of living with IBS. Such sensitivity to personal belongings within the context of interviews further prompted the analysis into the role of materialities, which have shaped this article.

Diaries included biographical narratives and logged, in-situ or reflective, day to day navigations. Interviews followed with more exploratory conversations of the meanings and significance of participants' documentations (see White, 2021b). As such, both narrative (Riessman, 1993) and thematic (Braun and Clarke, 2006) analysis forms were adopted. Partial biographical details, together with thematic narratives, will be revealed in the pseudonymised accounts of how privacy is secured and located, from the home to the (hand)bag and into public space. This will be achieved through intimate geographies and sharing domestic space, personal belongings and intimate materialities and relational privacy in public encounters. Together, these work to demonstrate how privacy is located not only through spatial proximities but through the security and assurances of material belongings on everyday journeys and the relational assurances in uncertain public, yet intimate, spaces.

Intimate Geographies and Sharing Domestic Space

In considering the intimate and often uncertain nature of living with IBS, the comfort of being at home was often highlighted. There was a shared consensus that there was 'no place like home', due to the comfort and privacy of having one's own bathroom, together with the ability to sleep, rest and care for their body at their own pace, with their own things. As Caroline explained, 'being at home is calming to my system . . . I'm in my

safe place. I do not need to worry when I am at home . . . my little cocoon.’ Sociologists have documented the comforts and privacy obtained from being at home (Heath et al., 2018; King, 2004). As Twigg (1999: 397–398) notes, ‘home is about privacy, security and identity. It embodies the self . . . contains and shelters the self in its ultimate form of the body.’ Similarly, Amy’s diary stated she was also more relaxed at home due to there being two toilets and ‘nothing to worry about like there is in public’ (see White, 2021a for discussions on public toilet access). Having two toilets illuminates not only the spatial dimensions of privacy but the material comforts afforded through social patterns and privileges. Thus, *what* is in the home facilitates such comfort (Miller, 2008) and realisations of privacy. As Julie explained, ‘at home, you know where everything is . . . toilet paper, air freshener . . . you name it. If you go to someone else’s house, they might not have them.’ Of course, alongside these ‘home comforts’ must be an acknowledgement that domestic spaces are shared. Participants had diverse living arrangements – from living alone, with partners and parents, to shared student housing. Acquiring privacy within shared domestic settings is based upon relational and spatial negotiations.

Sharing Homes (and Bathrooms) with Others

I mean there have been many a’ times where I’ve got Cath [sister-in-law] out of the shower . . . they’ve only got one toilet. Cath’s had her breakfast then she’ll go in shower, and she’ll always say, ‘Anyone want to go before I go in?’ My brother’s the same as me, ‘No we’re alright’ and then she’s gone in the shower and 10 minutes later you think ‘I’ve got to go’ so you’re banging on the bathroom door ‘Are you going to be long? I’m coming!’ There have been times where she’s got out with shampoo still on her head. (Molly’s interview)

Molly presents the intimacies of everyday life – the close associations, privileged knowledges and trust of our bodies with intimate others (Jamieson, 1998). Molly’s account is an example of familial shared domestic life, morning routines (Gabb, 2008: 155) and temporal interdependencies when living with IBS (White, 2022). Her account demonstrates the divisions and negotiations of privacy when it comes to one of the most private rooms of the house – the bathroom. While Molly’s account is one that describes a stay at her brother’s house, the micro-routine exchanges detail the nuances of privacy, as homes and bathrooms are shared and privacy is spatially, temporally and relationally negotiated.

However, the assurances of being *at home* or within the domestic realm did not always translate to comfort and privacy. Accounts of sharing domestic space have been acknowledged sociologically (Heath et al., 2018) and living with IBS made such navigations particularly sensitive. For example, Shaun who lives with, and cares for, his parents wrote in his diary:

Within 15/20 minutes of finishing lunch at home I urgently need the loo – it’s always diarrhoea and the smell is embarrassing. Luckily, I work from home, so I can clean myself up after the event – soap, water, towel . . . I had to open the window this lunchtime after I’d been. Mum commented that it was cold, but I said it was to clear the stench. It’s still embarrassing, even with your family. (Shaun’s diary)

Shaun described how, despite his close relationship with his parents, his IBS could still be embarrassing in close shared proximities and thus demonstrating the tensions involved in sharing domestic space even between familiars (Heath et al., 2018). Privacy is also not solely spatial, but relational and sensorial (Gurney, 2000a). Thus, it is important to highlight that proximities of privacy and intimacy, and what Gurney (2000b) calls corporeal vulnerability, are not necessarily static. As Lea (2001) notes, degrees of privacy vary between families and homes where the toilet door is rarely closed to others where it is firmly locked. For many participants, they described partners with whom they cohabited, where ‘bodily license’ (Morgan, 1996: 134) was articulated and boundaries relaxed when it came to shared intimacies and shared bathrooms. As Katie noted, ‘When it’s just the two of us, it’s fine because I’m comfortable in front of [my partner].’ Thus, in many close relationships there is an intimacy between bodies, with the bathroom door being left ‘open’ (in both a metaphorical and literal sense) with the longevity of personal relationships often meaning that partners and/or family members had the privilege of knowing the intimacy of others’ bodies. Therefore, understanding the multiple relational lines of privacy within the home requires an appreciation of material, relational and sensory facets.

Despite Katie expressing comfort of sharing bathrooms within her home and with her partner, what concerned her was having to share her bathroom with visitors, coupled with the uncertainty and unpredictability of IBS, and whether one’s own toilet is ‘occupied’ by another. As Katie explained, ‘It’s when we have people staying over, that’s when I get worried about “What if they’re in the toilet when I need it?”’ Thus, her account reveals the anxieties of having personal space and privacy, but the boundaries of sharing domestic space and transgressions of privacy (Gurney, 2000a), also seen in Shaun’s account of the open window. Twigg (1999: 392) notes that in the spatial orderings of privacy and indeed the bathroom as a semi-private space often in an upstairs zone, ‘strangers’ can only visit on ‘licence’. This is further significant when entering the home of another.

Acquiring Privacy in the Home of Another

Many participants documented the anxieties of visiting the toilet of another. Visiting or being a guest in the home of another, for work or leisure, reveals not only the spatial orderings of privacy but the social patterns and relations within. Shaun described staying in Airbnb accommodation where he ‘became very aware of [sharing bathrooms]’. This relates to Heath et al.’s (2018: 110) findings whereby a lodger recalled sharing domestic, and particularly private space with the ability to ‘allow for privately situated acts to potentially “leak” into public spaces and undermine attempts of privacy’. Accounts like this reveal the heightened role of sharing domestic space and the comfort and ability to ‘go’ in unfamiliar domestic spaces when privacy cannot be guaranteed. With sharing, or ‘using’ the homes of others in mind, participant Tony perhaps offered the most heightened sensitivity of this. Tony worked as a gas engineer, which involves visiting the homes of others as part of his service work. He described the challenges of going into people’s homes and negotiating toilet access:

I find that if I'm working for myself, I can nip off and say I need to pick up some bits and if I'm near home then I'll go home [to the toilet] and if I'm not I'll go to a supermarket. I can always remember this time negotiating with a woman. I told her I had IBS and she wouldn't let me use her toilet. After negotiations I got given a pair of rubber gloves and some bleach and she watched me clean the toilet after [laughs]. I've had one extreme to the other, I said to one guy, 'I'm sorry but can I use your toilet? I've got an illness so I may be in there a while' and he was fine about it, he went off to make a cup of tea and watched some television and I resurfaced an hour later. (Tony's interview)

Tony's account of visiting a customer's house offers a difficult account of being made to clean another toilet after visiting and a more compassionate example of being afforded privacy in spatial and relational ways. Furthermore, his account of living with IBS reveals how the ability to obtain privacy when working on the move and entering the homes of others is unequally socially patterned. Tony's account also reminds us of the spatial and *material* matter that comes to be important in public, but not necessarily facilitated as private, life.

Intimate Materialities and Personal Belongings

I carry a little emergency wash bag with me. It's got a spare pair of knickers, some wipes, hand gel, spray, you know, just in case. It's another reassurance. (Carly's interview)

As well as the domestic material assurances found within the home in facilitating privacy, the comfort of such objects and subsequent personal belongings carried become significant in the ventures of everyday journeys. Carly's collection of things in her wash bag facilitated a comfort and reassurance in times of uncertainty – 'just in case'. Such material belongings and the work done in ensuring they are among one's presence often coincide with the planning or 'mapping' of accessible public toilets (White, 2021a). Many participants described carrying things around in their pockets, purses, bags and glove compartments within the car: medications, toilet radar keys, spare change, underwear, 'safe' foods and peppermint tea. Such objects have affective capacities (Miller, 2008) in offering comfort and facilitating privacy in public spheres. For those with IBS, these material items can offer assurance for anticipated scenarios and realised eventualities in 'public' life.

Thus, this strategy and the processes of making privacy mobile – arrangements from the home to the (hand)bag when moving into public space – are important to give attention to. When leaving the home, the reassurances that offer privacy and security move to the (hand)bags, pockets and cases among people's presence. (Hand)bags work as 'props' in creating privacy in public space (Henderson, 1975). Through the study of handbags, Buse and Twigg (2014) note how handbags 'hold' identities, memories and most significantly, security and privacy in environments unknown or not one's own. They note that bags are not typically carried at home, for they belong to 'public' space and the management of bodily boundaries within (Buse and Twigg, 2014; Hagerty, 2002; Henderson, 1975). Within their argument is Giddens' (1991) 'ontological security' – the idea that security or sense of self is afforded by a constancy in social and material environments

and a ‘reliability of persons and things’ (1991: 92). The items carried (or close by) for those with IBS are significant in providing embodied comfort and reassurance when public landscapes are uncertain and symptoms potentially unpredictable (White, 2021a). Several participants in the study spoke of items carried as part of their everyday journeys and paid work. Carl, a bus driver, demonstrated the items carried when at work:

Lauren: Are there times you’ll have tissues or tablets in your pockets?

Carl: I do carry them, especially on my service work. I carry a few packs of loperamide in my bag and a packet of tissues because there have been times where there have been no toilets around and I’ve had to go behind the nearest bush or whatever. It’s been that bad sometimes, it’s just as well I’ve had tissues in me pocket. I mean I even carry 20p in me pocket because at the bus interchange you’ve got to pay 20p to get in. As a driver, I don’t have to pay and I can press the buzzer and go in the disabled one [accessible toilet], but sometimes you can’t wait. (Carl’s interview)

Carl’s account highlights the role of objects and finding accessible toilets as part of his daily routine and working life. Such items negotiated within the bags and pockets of participants tell a story of intimate belongings, quests for privacy and access *without question* in public life.

However, what is also significant to the accounts is ‘having’ such items even if they need not be used. For example, Julie explained the personal belongings that she carried and those of which were held back in the maintenance of privacy and the avoidance of having to declare having IBS in ‘public’ situations:

Lauren: In your diary, you talked about having Can’t Wait Cards and radar keys in your car. Do you use them a lot?

Julie: Well, I haven’t used the card because I think really, I’m a bit ashamed of it and I don’t know how people are going to react if I go and produce it. I have used the radar key though. It’s just being armed; it’s knowing you’ve got all the things in your car or in your handbag that can help if you need them . . . I’m not as bad since I retired. I don’t have to worry as much as I’m never far from home. When I was at work, I always had, you know, underwear, that sort of thing. Just the things you might need. (Julie’s interview)

Despite having a ‘Can’t Wait Card’ Julie explained how she has never produced this due to the discomfort of having to declare an urgent need for toilet access and the uncertainties of how this may be received (and in the case of IBS, discredited [Goffman, 1963]) in public interactions. However, even in the absence of use, Julie describes having such items as ‘being armed’. Privacy is thus sought out by avoiding the use of such items and through not having to declare necessity and thus negotiate access. Thus, such objects, while complicated in their role of having to declare having a condition often in times of urgency, offer comfort in the eventualities of inaccessible toilet provision. Sophie opened the contents of her bag within our interview explaining how the items were ‘just one of those things, a comfort thing . . . where you don’t always need but it’s nice to have them’. Woodward (2015) suggests that objects lie dormant because they hold within

them past experiences or anticipated futures. In the case of items carried for those with IBS, there is not only the practical utility and corporeal necessity, but an ‘ontological security’ (Giddens, 1991) and comfort of having them to hand. The ontological and the embodied are bound up with the structural environments and inaccessibility of public life. Thus, there is an emphasis on the presence of objects as part of embodied social lives and as having capacity to facilitate privacy and security in uncertain public receptions and inaccessible landscapes. Yet, what is public can be further unpicked as accounts of living with IBS demonstrate the heightened intensities of locating privacy in public, yet often still intimate and, importantly, *shared* space.

Negotiated Intimacies and Practices of Privacy within Public Encounters

Acquiring privacy in public was highlighted as a challenge for many with IBS and accounts were provided into the disruptions of privacy within mundane, public encounters. Many described the uncomfortable and inaccessible nature of public toilets, and the vulnerabilities of being questioned, seen or heard going to the toilet, often resulting in a return home for comfort and assurance (White, 2021a). While the earlier sections of this article focused on perhaps more familial or intimate relations, accounts of negotiating bodily privacy in public with social relations such as acquaintances and passers by (Morgan, 2019) are also important to remark upon. One example of this is Molly’s trip to the supermarket, in which she experienced urgency to go to the toilet, abandoning her shopping trolley with a neighbour as she rushed back home. She explained:

I once went to the supermarket. I had a few things in the trolley and then got this horrible pain. I saw one of the blokes that I knew from next door at the time, and he came, and I said, ‘Here, take that trolley, I’m off because I don’t feel very well.’ Bless him, he called back down with his pound from the trolley and said, ‘Are you alright?’ and I said, ‘Yes, thank you, just a stomach ache and I needed to come home.’ He said, ‘I got you your pound out.’ I said, ‘Oh, you can have that.’ [laughs] . . . I had to dash home. (Molly’s interview)

Molly’s example of bodily urgency within the supermarket and the fleeting encounter with her neighbour (Morgan, 2009) tells a moment of care as the trolley coin was returned as she was checked upon after returning home. Such intimate and material encounters speak to the care found within the mundane public encounters of the supermarket and the role of neighbourly support in relational understandings of privacy (Brownlie and Spandler, 2018; Crow et al., 2002). Thus, this perhaps mundane example of leaving the supermarket in attending to the body highlights not only spatial orderings of privacy (Twigg, 1999, 2006) sought after when in ‘public’ spaces and broader questions of access, but a *shared* understanding of corporeal vulnerability (Gurney, 2000b). As Henderson (1975) notes, privacy is not a solely individual endeavour – there is an *inter-dependency* and *care* from others to maintain or secure it.

Like the everyday public space of the supermarket, many participants talked about trips to the hairdressers where uncertainties of bodily urgencies and the provision of privacy became particularly pressing. Scholarship into hairdressers has indeed emphasised the sociality of such spaces and the emotional and embodied work found within

(Toerien and Kitzinger, 2007; Ward et al., 2016). The accounts of IBS work to further demonstrate a particular attunement to the body in place and the salon as a social space in which the intensity and concentration of its work illuminates the embodiment of privacy in what can be seen as an intimate, yet 'public' space. For example, Deborah explained:

I don't know what it is, but it affects me. They notice because your body changes. She [salon worker] asked what the problem was. I told her and she said, 'Don't worry, if you have to go, you go. We just stop what we're doing and you shut the door.' She [salon worker] has it too, IBS. (Deborah's interview)

Like earlier examples, visiting the hairdresser further blurs the boundaries between public and private and the sharing of domesticities. Ellie documented in her diary:

Saturday 20th January: I wasn't feeling great when I woke up today but had to go to the hairdresser. All in all, it takes around three hours and if I'm not feeling well, it makes me nervous. I go to someone who has literally cut my hair since I was tiny and so it's slightly better, but she works from an extension in her house. Whilst there is a toilet, it is literally next to where she works so if I need to go, it's incredibly embarrassing. I take medication just as a precautionary measure. (Ellie's diary)

Within her interview, Ellie explained how her hairdresser had 'done her hair forever', noting the longevity of hairdresser–client relationships in the relational privilege of establishing and knowing intimacies (Harness et al., 2020). Yet despite this, the precautionary medication and personal belongings come to the fore considering uncertainties of privacy within the 'public' proximities and intimacies of space. Further to this, the temporalities of attending to the body and being in public and/or private space or the homes of others are significant (Twigg, 2000). While the examples of visiting the hairdresser or cutting short a trip to the supermarket appear as specific examples, the accounts demonstrate how privacy is negotiated in public spheres and where matters of caring for, and appreciating, the body are brought sharply into focus. What connects these two examples is how privacy in public is spatially and temporally organised, demonstrated by the journey home from the supermarket and the intensities of needing the toilet in the domestic hair salon. The accounts also reveal how privacy is practised – reliant upon interdependencies and care within intimate relations and acquaintances in personal lives (Morgan, 2019). Within all these too, are the material facets of privacy – of resources obtained and mobilised in ensuring privacy is secured.

Discussion and Conclusion

This article has sought to demonstrate how privacy is negotiated, desired and obtained in personal life through the social interactions and intimate materialities when living with IBS. Drawing upon sociological understandings of privacy and personal life, this article explores how privacy comes to be experienced as relational, spatial, temporal and embodied, further illuminating the intimate materialities of such in public social life. IBS

as a condition offers a useful case to reveal the heightened need for privacy when the corporeal is uncertain and environments inaccessible. And yet, the intimacies and interdependencies of care in facilitating privacy are simultaneously revealed within everyday public life through material and relational ways. Through the daily accounts of living with IBS that bring an embodied social life into focus, privacy is negotiated within the sharing of domestic space, having and holding onto intimate materialities and the personal encounters in public life.

First, and following an unsettling of the conceptual understandings of what ‘private’ and ‘public’ mean (May, 2019), the accounts of living with IBS reveal the intimate proximities and relational ways in which privacy is actively negotiated, protected and indeed, disrupted. As noted by Katie’s comfort at home ‘in front of her partner’ follows what Morgan (1996: 134) referred to as ‘bodily license’ within personal relationships and family life. Yet, accounts such as Shaun’s visit to a family home AirBnB and Tony’s challenges in negotiating access to the toilet in another’s home, when at work, reveal the shifting relational lines of moving beyond understandings of the home and its affiliation with it being a private, accessible and comfortable space in attending to bodily needs (Heath et al., 2018). Elsewhere, accounts within public settings such as the hairdresser and the supermarket reveal a social sensitivity to bodily needs and the interdependency, care and relational nature of facilitating and ensuring privacy when necessary. When carrying personal belongings, but not always using them (Woodward, 2015), it reveals a structural issue in the strains of acquiring privacy, dependent upon accommodation from others. Such intimate materialities, despite their ‘dormancy’, reveal the work done in attending to bodily necessity and striving to retain privacy in the desire to go unquestioned (in this case, to the toilet) in public life.

Second, the accounts have further contributed to understandings of privacy as something felt and embodied (Gurney, 2000b). As the title of this article states, privacy moves from the home to the (hand)bag and into public life, with the structure of the empirical data following this. Building upon Twigg’s (1999, 2000) spatial and temporal ordering of privacy, and the ‘corporeal vulnerability’ within (Gurney, 2000b), privacy is created in situ. From Caroline’s reflection that her home is a ‘little cocoon’ to Molly’s rush home from the supermarket, the embodiment of privacy in space is particularly important for those with IBS. However, following literature that has deconstructed the simplicity of home space as private and as a place of comfort (Heath et al., 2018), Tony’s preference for a trip to the supermarket toilet before asking at a client’s home or Ellie’s precautionary medication when visiting the home of her hairdresser, reveal the spatial and relational uncertainties of being granted privacy across spheres of personal life. Such uncertain public intimacies in everyday life reveal the relational, temporal and spatial orderings of privacy but importantly, the necessary materialities that then come into play.

Third, and finally, the accounts of IBS have demonstrated how privacy moves beyond solely theorising it as only spatial, relational, temporal and embodied, but materially mobile too. Participants’ accounts demonstrated how the comfort of things (Miller, 2008) and personal belongings move from the home into the contents of pockets and bags when moving into public life. Such materialities are particularly important to notice and resonate with understandings of ontological security (Buse and Twigg, 2014; Giddens, 1991) when public environments are uncertain and often inaccessible (White, 2021a). From

Carl's 20 pence to Julie's Can't Wait Card, such personal belongings reveal the role in facilitating everyday journeys, but further have an active role in thinking about privacy. While such items may be 'quiet' (Pink et al., 2014) or remain unused (Woodward, 2015), their presence should not be understated, as their very non-use is tied up in negotiating unquestioned access and thus privacy in public settings.

Through the accounts of IBS, this article offers sociological contributions into securing privacy through practices, places, people and things that can make a difference to an embodied social life in often uncertain or inaccessible public landscapes. Appreciating the intimate materialities carried 'just in case' encourages a questioning of how social structures and public attitudes might disable privacy within personal lives and how we might take care in reshaping this, and collectively support inclusive social lives for diverse bodily needs.

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Notes

1. In referring to (hand)bag, I work to encapsulate a diversity of ways in which items are carried among one's presence by a diversity of people.
2. Understandings of the home and its affiliation with comfort, privacy and safety have been rightly criticised by feminist scholars, highlighting how the home and home spaces can also be sites of harm, oppression and vulnerability (see, for example, Bowlby et al., 1997; Munro and Madigan, 1993).
3. A Can't Wait Card is a credit card sized card that explains the need for urgent toilet access (see, for example, <https://www.theibsnetwork.org/cant-wait-card/>).
4. A radar key is a key designed for accessible toilet facilities.

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