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To cite this article: Tamara Borovica, Renata Kokanović, Emma-Louise Seal, Jacinthe Flore, Katherine Boydell, Lisa Blackman & Laura Hayes (21 Jul 2024): What does leisure have to do with mental health – arts, creative and leisure practices and living with mental distress, Leisure Studies, DOI: [10.1080/02614367.2024.2376016](https://doi.org/10.1080/02614367.2024.2376016)

To link to this article: <https://doi.org/10.1080/02614367.2024.2376016>



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Published online: 21 Jul 2024.



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What does leisure have to do with mental health – arts, creative and leisure practices and living with mental distress

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ABSTRACT

There is a growing interest in the role of leisure, arts and creative activities in cultivating health and wellbeing across different contexts. Leisure sports have historically been considered beneficial for achieving health, and similar focus has recently been placed on arts and creativity. Recent research into the role of arts and creative engagement for wellbeing highlights the benefits of these modes of engagement on emotional wellbeing and social connectedness. In this article, we examine the ways arts, creative and leisure practices and mental health converge, co-exist and collide. We draw on feminist leisure studies scholarship and Sarah Ahmed's work on emotion to discuss insights from our research into the everyday experiences of people living with a diagnosis of borderline personality disorder (BPD). We utilise qualitative methods to investigate people's experiences of meaningful leisure practices and the dynamics between leisure practices and living well with the distress. We explore how leisure activities initiate complex processes of discovery and production of meanings, identity and wellbeing. Our discussion emphasises that leisure practices contribute to producing everyday forms of self-care and provide transformative space for self-discovery yet are simultaneously inseparable from the politics of living with mental distress while navigating accumulated effects of distress.

ARTICLE HISTORY

Received 26 January 2024
Accepted 28 June 2024

KEYWORDS

Mental health; mental distress; borderline personality disorder (BPD); creative leisure; wellbeing

Introduction

The association between leisure practices and wellbeing is not new. Active and creative leisure activities feature frequently in academic, policy and cultural debates about health and wellbeing (Mannell, 2007; Mansfield et al., 2020). Leisure sports and physical activities have historically been considered beneficial for achieving physical and mental health (Rebar et al., 2015; Siefken et al., 2019). Previous research indicates positive effects of leisure sports on improving mood and reducing symptoms of anxiety and depression (Rebar et al., 2015). The interplay between leisure and wellbeing evolves around concepts such as quality of life, positive emotion, life satisfaction, meaning and purpose, and more recently human flourishing, a concept originating from Csikszentmihalyi's work on optimal psychological states (2008), that brings together subjective, psychological and social wellbeing (Mock & Smale, 2023). Flourishing has also been used in mental health research to propose a more nuanced view in which the absence of mental distress is not

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equated with mental health (Keyes, 2007). Keyes develops a model of mental health that sees it as a continuum from incomplete to complete mental health (from mental illness to mental health), with flourishing as one of the strong determinants of positive mental health (2002; 2007). We note that definitions of wellbeing, and human flourishing for that matter, are complex, diverse, often contested and beyond the scope of this paper. Our interest is in a more recent focus within the field of leisure studies that transitions away from a traditional view where leisure is seen as inherently beneficial for health and wellbeing to include more complex emotional experiences associated with leisure. This includes the ways social contexts, inequalities, (ill-)health and leisure intertwine to produce varied wellbeing effects for different groups (Mansfield et al., 2020).

A comparable spotlight has more recently been placed on the role of arts and creative activities in supporting health and wellbeing (Fancourt et al., 2023; Penketh & Riding, 2023). Arts and creative practices are seen as particularly productive in fostering mental health and wellbeing due to their capacity to advance affective and social aspects of health whilst introducing a fresh look at health (or mental health) challenges where pathologizing people's lived experience is not at the centre (Dalglish, 2019). Arts activities foreground subjective wellbeing and foster creativity and social connectivity instead of symptoms and labels (Sagan, 2015). In doing so, they broaden the approach to mental health from a rather narrow bio-medical model to a more holistic bio-psycho-social approach. Emergent literature goes further to propose that active and creative leisure contributes to recovery and living well via the opportunities for meaning-making and re-storying narratives of self, health and reimagining what it means to be living well (Gallant et al., 2019). Yet, this contribution is often neglected in traditional definitions of recovery that emphasise employment and social inclusion as benchmarks of recovery while leaving other aspects of life outside of the concept of recovery (Iwasaki et al., 2014).

Much of the research on arts and mental health focuses on art therapy (Holmqvist et al., 2017) or participatory arts (Stickley et al., 2018) with research into everyday creativity and leisure remaining scarce. In this article, we are interested in the role of artistic, creative and leisure practices in everyday lives of people who experience mental and emotional distress, diagnosed as borderline personality disorder (BPD). We draw on feminist leisure studies scholarship (Desjardins & Ketterling, 2023; Fullagar, 2008, 2020) and Sarah Ahmed's (2004) concept of emotion as socially and culturally produced to discuss insights from our research into the everyday experiences of people living with a diagnosis of BPD. We specifically explore their experiences of meaningful leisure practices that contribute to a subjective sense of being well, how these practices coexist with their mental health challenges, and what hinders wider use of creative and active leisure for people with lived experience of prolonged mental distress.

Arts, creativity, leisure and mental health

To explore the dynamics between arts, creative and leisure practices and mental health, we distinguish between 'leisure activities' and 'arts and creative practices'. In making such a distinction, we recognise that leisure is a broad concept that has historically been viewed as 'an antidote to alienated labour and as a route towards a well-lived life' (Mansfield et al., 2020, p. 2). We also note that diverse leisure forms inevitably include artistic, cultural and creative activities. The distinction we make here aims to assist our analysis of distinct arts, creative and recreational activities people utilise to cultivate health and wellbeing, and to specifically focus on the diverse doings of these activities.

Arts, creativity and wellbeing

A growing body of evidence points to the vital role that arts and creativity play in promoting positive outcomes for mental health and wellbeing (Australia Council for the Arts, 2022). Arts and creativity extend beyond traditional health services and facilitate engagement with groups who

typically do not seek help, while also providing modes of engagement that extend beyond individualised approaches. The dynamics between arts, creativity and health has been explored in multiple disciplines including population health (Fancourt et al., 2023), a growing field of arts and health (Secker et al., 2018; Stickley et al., 2018; Zarobe & Bungay, 2017), and leisure studies (Mansfield et al., 2020; Whiting & Hannam, 2014).

Arts, creativity and hopefulness

For example, drawing on interviews with lived experience artists, Sagan (2015) suggests artmaking complements therapeutic approaches by engendering a sense of hope that living well with mental distress is possible. Sagan foregrounds arts practice as an imaginative way of understanding real-life stories of trauma, distress and isolation while fostering opportunities for imagining different, more hopeful futures. She further suggests that arts practice affords ‘a movement from a static past to a more fluid future’ (p. 76) in which art-makers can build an alternative narrative identity grounded in the lived experience of trauma but open to future imaginaries inclusive of hope, wellbeing and community. It is this dialectic of working with memories of trauma while keeping the metaphoric space for future imagining that distinguishes artmaking from other forms of psychological work. Creative activity, in this way, becomes a way of looking both ways, backward and forward, past and future(s), in creating from one’s raw experience while enabling different future imaginaries. When facilitated in group contexts, arts and creative activities contribute to social engagement, cultivating empathy and counteracting stigma directed towards mental distress of others (Boydell et al., 2020; Gallant et al., 2019; Vaughan et al., 2022, 2023). To that end, art has potential to ‘challenge stigma and self-stigma by making personal and human what has been labelled bizarre or not normal’ and in doing so, challenge the binary between those with ‘good’ and those with ‘poor’ mental health (Gallant et al., 2019, p. 12).

Arts, creativity and self-discovery

The more specific affordances of art and creative practice include artmaking as a calming and relaxing practice; artmaking as a distraction from troubling thoughts or environments, painful memories or mundane routines; artmaking as a sense making practice where order and control is restored; and artmaking as therapeutic expression and integration of disowned parts of the self (Sagan, 2014, pp. 97–101). Beyond these more therapeutic benefits, Gallant et al. (2019, p. 3) suggest broader benefits include self-discovery through emotional expression, an improved sense of self, empowerment, self-control, self-esteem and building social support. Haertl and Ero-Phillips (2019) add that, creative writing, for example, regardless of whether it is applied in therapeutic or other setting (personal journaling, blog writing and similar), helps the writer connect to self, others and society at large through creative expression, personal insight and meaning making (p. 23). This indirect approach to addressing mental distress challenges the normative view that positions mental distress predominantly as biomedical problem and an individual concern, and instead fosters a relational ontology of health grounded in events, relations and dynamics that promote agency and self-knowledge.

Leisure and wellbeing

Similar to arts and creative practice, leisure practices have traditionally been framed in an instrumental way, as practices that cultivate so-called ‘positive’ emotion and wellbeing. Diverse forms of leisure have been explored in relation to the ways they engender meaning making processes (Iwasaki et al., 2014), improve mood and reduce symptoms of distress (Rebar et al., 2015), provide a medium for creating new stories of one-self (Carless & Douglas, 2008) and as a way to relax and cope with stress (Heckel et al., 2023; Ray et al., 2023).

Active leisure as an alternative space for becoming

In Fullagar's study on depression and women's active leisure (2008), she found that creative, active or social leisure promoted recovery and transformation through the facilitation of hope and by strengthening the notion of life outside of the illness. Fullagar suggests that through these leisure practices people, in this case women diagnosed with depression, can 'step outside of themselves' to create alternative stories of self that are separate from the dominant illness narratives, and that sometimes bring hope, joy or relief. However, Fullagar notes that leisure does not simply act as an anti-depressant, rather she frames leisure as a 'counter-depressant' because it extends beyond mood regulating function to facilitate different and novel experiences of oneself. More recently, leisure scholars note that sport and other physical leisure practices cannot be understood as neutral activities or instrumental relations to the body that are inherently good or bad for mental health and well-being (Desjardins & Ketterling, 2023; Fullagar, 2020; Mannell, 2007). These practices need to be considered with regard to socio-material contexts in which different relations (such as those of gender, power, ability, etc.), inclusive of the relations and conditions that contribute to mental distress, matter. This broader focus includes emotions such as frustration, shame, guilt and other emotion that sometimes emerge in people's experience of leisure practices. For example, leisure activities can bring relief and joy, but they can also cause further distress if the outcome is not the desired one or if other factors (for example medication) interfere.

The questions raised by Fullagar and other leisure scholars are highlighted in the recent Special Issue on Leisure and Wellbeing. The editorial team (Mansfield et al., 2020, p. 7) emphasise that while 'leisure provides exceptionally diverse opportunities for people to engage in preferred activities or lived experiences that are meaningful and enjoyable to them', this breadth of activities and practices presents a challenge in understanding the relationship between leisure and wellbeing, and more specifically in understanding what forms of leisure contribute to wellbeing, for whom and under what circumstances. The Editorial concludes that there is a scarcity of research on leisure and wellbeing that moves beyond the focus on positive effects of leisure participation and draws on social sciences to explore the complexities, problems and richness in leisure activities particularly when they are applied for health and wellbeing.

Theoretical framework

In contrast to normative conceptions that see arts, creative and leisure practices as a way of managing emotion and achieving a better state of wellbeing via more 'positive emotionality', in this article we explore the complex ways people living with a diagnosis of BPD understand, exploit and make sense of such practices. To allow a more nuanced and critical understanding of emotion, we turn to Sara Ahmed's work on affect and emotion (2004).

Ahmed's work explores how emotion arises in relation to people, practices, objects and environments, and contributes to shaping our interactions and social world. Put differently, Ahmed explores how emotion *does* something to a body experiencing it and thus becomes a *productive* force on its own right. This notion extends beyond simplistic understandings that see emotion as biological and universal and instead place both emotion and affect in the contexts of people's lives, as something that emerges in their interaction with the world. Ahmed suggests that 'emotions should not be considered as psychological states, but as social and cultural practices' (2004, p. 9). Ahmed's approach enables us to contextualise emotion and feeling as both individual experience but also socially produced and culturally contingent forces that circulate within an individual, a group, or a society. In this article, we follow critical theorists' definition of affect as an immaterial force or field of intensities that affects the body and changes it in some way (Clough, 2008). This understanding draws on Spinoza's line of thought in which the body is understood as an assemblage of things, ideas and practices, defined by its affective capacity, to affect and to be affected (Clough, 2008; Deleuze, 1988). Affect here is seen as an immaterial force (an event) that brings forth

a change. Massumi notes that because the body registers affect (in facial expression, tone of voice, body posture, actions, moods, etc.), affects can be transmitted and this is what makes them intimately social (an interview with Massumi, as seen in Zournazi, 2003).

Similarly, in her book on depression as a public experience (2012), Cvetkovich challenges biomedical framings of depression as an individual failure to perform good health and orients towards sociocultural frames that see depression as a socially circulated 'public feeling'. Analogous to Ahmed, Cvetkovich is interested in seeing how depression is produced in the context of people's lives and what productive possibilities this condition or feeling state might uncover. Cvetkovich calls for depathologising so called 'negative' feelings, 'so that they can be seen as a possible resource for political action rather than its antithesis' (p. 2). Cvetkovich is particularly interested in creative and leisure practices people utilise to mediate their 'depressive feelings'. She frames creative and leisure practices including crafting, painting, journaling, or writing, yoga, running, as a *utopia of ordinary habit* (2012, p. 191). For Cvetkovich, this utopia is 'forged out of the loss of connection – to the body, a meaningful sense of work, to relations with others – that characterises depression' (p. 193). The term habit in relation to utopia suggests 'a mechanism for building new ways of being in the world because it belongs to the domain of the ordinary, to activities that are not spectacular or unusual but instead arise from everyday life' (p. 191). When this habit becomes a practice, and possibly a routine, it fosters an experience Cvetkovich frames as spiritual – an experience that allows a degree of transcendence of the ordinary via everyday creative or wellbeing practice. Creative, or for that matter spiritual practice, is any 'daily activity whose meaning resides in the process itself, not in the results that happen somewhere else' (p. 197). For Cvetkovich, creative practice is essential to surviving and living well in late capitalism, precisely because it produces a range of feelings and affects, some of which, at times, allow a certain dissolution of the pressures of everyday life.

Both Ahmed (2004) and Cvetkovich (2012) emphasise that emotion and even mental health problems are only culturally imagined and represented as individual troubles rather than socially circulated 'public feelings'. This critical relational approach to emotion shifts our interest from exploring individual's emotion and the way it informs their moods or actions, to considering the way that emotions arise in relation to something and how they move or orient bodies and shape social realities (Desjardins & Ketterling, 2023). To that end, in this article, we explore what participation in arts, creative and leisure practices does to individuals' feeling worlds and how it shapes their sense of living well with the distress.

Methods and materials

This article is based on an interdisciplinary qualitative study exploring the lived and living experiences of people diagnosed with BPD, conducted in Australia between 2021 and 2022. The focus of this research was to explore how a diagnosis of BPD is co-produced alongside sociocultural dimensions, familial and community relations, health-care treatments and supports, including everyday practices people use to cultivate a sense of living well. We explored creative and wellbeing practices not necessarily as a way of attending to challenging and difficult emotion, but by looking at how people living with a diagnosis of BPD make sense of, apply and benefit from such practices. This article discusses data generated through an online qualitative survey ($n = 88$) and narrative interviews ($n = 24$) with people who identify as living with a diagnosis of BPD. Ethics approval was granted through the Melbourne Health Human Research Ethics Committee (HREC) based in Victoria, Australia, approval number: HREC/65990/MH-2020 and RMIT University's Human Research Ethics Committee.

The decision to use multiple methods in this research was grounded in the different affordances of each method. We utilised the qualitative survey for its ability to capture a diverse range of voices while providing anonymity and narrative interview for more in-depth approach to understanding nuances in people's lived experience. Braun and colleagues note that participating in a survey can 'feel completely anonymous ... which can facilitate participation and disclosure in sensitive

research' (2021, p. 645). For this reason, the qualitative survey is often a method of choice in health research. In this research, we invited survey participants to provide open-ended accounts of the activities and practices they use to support their wellbeing and their reasons for these. This was followed by narrative interviews with different participant cohort, aimed at generating in-depth understanding of people's lived experience starting from the experience of being diagnosed with BPD, detailed accounts of their experiences with healthcare and wellbeing practices, including leisure, and elaborating on sense-making around their experiences and practices. Interviews were conducted via a digital meeting platform and audio-recorded, lasting between 90 and 120 min. The recordings were transcribed professionally, de-identified to protect participants' confidentiality, and approved by the participants prior to analysis. NVivo 12 software was utilised for data management and analysis.

The survey included following open-ended questions: 1) *What are the activities you most often engage in to support your wellbeing? Please list as many self-care, creative, educational, therapeutic, or other activities that you engage in to improve or support your wellbeing*, and 2) *In what ways are these activities helpful to you?* The interview guide included a wider scope of topics organised in following themes: a) diagnosis/describing the experience; b) experiences of care; c) personal and social life; d) education and employment, and e) looking ahead. Specific questions relevant for this discussion include *What kinds of supports have you accessed (or would like to access) outside of medical system, such as community groups, informal support groups, leisure groups, art programs? Are there other sources of support you found beyond these things? For example, self-help books, arts and creative activities, creative hobbies, physical activity, leisure sport.*

The complete data collected via qualitative survey and narrative interviews encompass a broad range of topics that are beyond the scope of this article. In this article, we specifically focus on data that illuminate everyday practices people engage with, whether those are arts, creative and leisure, in their search for meaningful supports beyond the health-care system. For those more interested in research about people's experiences of living with a diagnosis of BPD, a broader discussion can be found in our forthcoming publications (Borovica et al., 2024; Seal et al., 2024) and in Duff et al. (2020), Leyten et al. (2020), Lewis (2023), among others.

Recruitment

Recruitment took place via social media platforms such as Twitter and Facebook and websites of partner organisations consisting of key national mental health organisations and their networks. Recruitment was phased starting with qualitative survey and following with narrative interviews. The survey, hosted on Qualtrics platform, was open from August to November 2021 after which the data were screened. The interviews were advertised from December 2021 and conducted between February and October 2022. Individuals aged over 18 years old who had received a BPD diagnosis or self-identified as living with symptoms associated with BPD, and resided in Australia, were invited to participate in an online survey or narrative interview. Informed written consent was sought for participation in both phases of this study. All information presented in this article has been anonymised.

Participants

Eighty-eight people responded to the survey; 78 identified as females, five as males and five identified as non-binary. They were aged between 21 and 61 years old, and most lived in three large Eastern Australian states. All participants except one were diagnosed with BPD and one participant self-identified as living with BPD, and all but one had received treatment for BPD (psychotherapy, social support and/or medication).

Twenty-four people living in an Australian state participated in qualitative interviews between February and December 2022. The participants were age between 22 and 63, with majority aged

between 25 and 45. Most participants (17 out of 24) identified as female, four as non-binary and three as males. All but one participant had received a diagnosis in the healthcare system, and only four participants did not identify with the diagnostic label.

Analysis

The analytic approach was iterative thematic analysis (Braun et al., 2021). Initially, we read and reviewed the survey responses and early interview transcripts to understand the breadth and depth of the data, identify key themes and develop a preliminary framework for the analysis. These themes and the framework were discussed and reviewed by co-authors in a collaborative data analysis workshop, and were continually refined as more interviews were completed, to generate greater sensitivity to participants' worlds in their complexity. A slow analytic process ensured we could give time for prolonged engagement with the topic, collaborative and iterative approach to analysis and careful consideration of research findings in relation to our reflexive field-notes and diverse disciplinary expertise of our team members. A critical relational approach to emotion (Ahmed, 2004) informed our consideration of how emotions arise in relation to a practice and how they inform or affect bodies. Using Ahmed's relational ontology warranted our intention to avoid reductive default to sameness in storying mental health and focus instead on the dynamic between mental distress, emotion and leisure. We present our discussion through four interlinked themes identified in both data sets: (i) creative and leisure practices as everyday forms of self-care, (ii) storying oneself differently, (iii) the politics of leisure and wellbeing and (iv) the limits of leisure and being-well.

Findings and discussion

Creative and leisure practices as everyday forms of self-care

Living with a diagnosis of BPD can be a challenging and difficult experience, marked by intense, confusing and often unbearable pain (Johnson, 2021, p. 638). This complex experience is further frequently marked by stigma and marginalisation of people living a diagnosis with BPD in the community and within health-care services (Veysey, 2014). For people living with mental distress such as experiences diagnosed as BPD, leisure and creative practices address several purposes that we frame as 'everyday forms of self-care'. This everyday self-care assumes active orientation towards activities that produce a more positive affect, often in a myriad of ways, including distraction from the everyday, a way to work with intense emotion and sensation as it arises in the body, and a way to experience a sense of release or self-control. The leisure in our research becomes a site of material and cultural production of a different feeling-state. We argue that emotions arise in relation to something, they move or orient bodies in particular ways, and shape individuals and collectives in often unpredictable ways (see Desjardins & Ketterling, 2023). Creative and leisure practices here are much more than a way to produce a certain, particularly positive, emotion, as seen in these participant accounts:

I do dance, reading, social contact, aerial yoga – They help in a mixture of ways. Some things allow me to take some time away from my mind (e.g. reading), others give me a safer option to 'vent' my destructive energy/impulses, others are general strategies to help myself stay healthy and maintain a non-judgemental acceptance of how I feel and how that changes. (Anna, Survey respondent)

I write when I feel low or need to regulate myself, almost as an alternative to meditation. Meditation allows me to calm when I feel my emotions becoming difficult to handle and too intense. Also, it allows me to feel at peace and relaxed. Watching sport (and playing when I can) helps release any anger and allows me to forget issues and become immersed in the game. Pets are just therapeutic to me. Tarot allows me to connect to my spirituality and have control over my life in a positive and helpful way. (Sophie, Survey respondent)

While these practices contribute to cultivating positive emotion, that is not their only affordance. There is notably more nuance in how people utilise leisure time in their everyday lives. Some practices (like yoga, meditation, or gardening) produce a sense of connection with the body leading to embodied experiences described as: soothing, grounding, relaxing, or meditative.

I do exercise, meditation, yoga and reading - [These activities] keep me balanced, help regulate intense feelings, give a sense of something bigger than my mental health concerns, get me into body and out of my mind. (Ethan, Survey respondent)

I most often do embroidery. Because I found nature of embroidery is more soothing and more like meditation . . . Like I've never been able to meditate, but I assume the mental state I get from embroidery is similar to meditative experience. (Anne, Interview participant)

Well, I've got garden, which definitely helps me to ground and relax and take care of myself. So, that's definitely a part of my . . . I don't know, it sounds so kitschy maybe, self-care regime. And also, going to cinema once a week. It helps me enormously just to reset and recharge. But that's, always, with either ups or downs, I always go to cinema. That is something I just do. (Susanna, Interview participant)

For some participants, the everyday forms of self-care require more active leisure that enables them to *manipulate, modulate, express or release* the emotions (such as running, dance, fitness). These practices, whether creative or physical in kind, present participants with tools for supporting their feelings-state that bypasses medical, symptom-dominated approach. We could say that the emotion *produced* via these activities differs from emotion produced in people's everyday life; it introduces a different relationship to oneself, one based on care and compassion. It also emphasises individual agency in modulating feeling-states and contributing to one's wellbeing.

Ahmed's notion that emotion is best understood as a social and cultural practice (2004, p. 9) because it emerges in the context of people's interaction with the world, *does* something to a body experiencing it and so becomes a *productive* force on its own right, and is particularly useful here. This social and cultural nature of emotionality comes through the participants accounts below:

I do yoga, trail running, time in nature, art, journaling, mindfulness and meditation, maintaining contact with friends and family, checking in with myself and my feelings – all help me to maintain a sense of order, purpose and calmness in my life. I do activities that require lots of energy so that my body feels physically exhausted, and I am less likely to stay awake ruminating. I journal/meditate so that I have brain space. I keep in contact with loved ones because it is a source of wellness, and I will isolate myself when I am unwell. (Alex, Survey respondent)

I do reading, drawing, painting, walking, dance, group fitness, self-care routines, journaling, mindfulness - I find creativity is best for me to cope – it allows me to express how I am feeling through a different form – as it is often difficult to explain verbally. For example, dancing, drawing or painting helps to take my feelings and put them elsewhere. I find also sensory things really help – yoga, focusing on something so you have to be fully present. (Amanda, Survey respondent)

These participant accounts demonstrate a significant effort people living with mental distress put into *producing* different feelings or distancing from the feeling-world of the everyday and symptom-dominated mental healthcare. Another way to understand the affordances of leisure practices is by drawing on Cvetkovich's concept of '*a utopia of ordinary habit*' (2012, p. 191) introduced earlier in this article. These ordinary habits, like journaling, reading, drawing and running, draw meaning from the process itself. For Cvetkovich, creative practice is essential because it produces a range of feelings and affects, some of which allow a certain dissolution of the pressures of everyday life. More significantly, these creative practices allow feelings and affects associated with mental distress to be lived and felt, instead of framed as pathology, as described in this quote:

Arts and crafts are just fun! I also have ADHD and the combination of having something to do with my hands and being creative is a winner. (Sara, Survey respondent)

Storying oneself differently

Living with prolonged mental distress can have challenging effects on people's sense of self, particularly when one's personal story is replaced by normative narratives focused on deficit, malfunction and symptoms of distress (Carless & Douglas, 2008). The social isolation and stigma that often accompany mental distress only exacerbate these challenges. As suggested earlier, through creative and leisure practices, people living with mental distress can create distance from the symptom-dominated everyday life and step outside their routines for a while to create alternative stories of self that are separate from illness narratives (Fullagar, 2008). Over time, these practices offer a different way of understanding oneself and a different way of sense-making about one's life. Sagan (2015) proposes that arts practice affords a dynamic relation between memories of past and imaginings of the future in which people get to build an alternative identity grounded in the lived experience of trauma but open to future imaginaries.

I do photography of everyday things, poetry and short stories, exercise, push bike riding at night. Photography takes me places in my mind, I take pictures of things that evoke a positive feeling or create a feeling that describes an internal feeling that I find hard to express. Poetry helps define my feelings, thoughts and internal processes in a way that I can understand it better or create a narrative that brings a story together and can help it move from my emotions and body to something that I can read and like on paper. Exercise helps my body feel better, brings a chemical change that helps me to 'feel' well which helps my motivation, personal journey, helping others and overcoming adversity. (Nick, Survey respondent)

Sagan (2015) further adds that arts and creative practice present an imaginative way for narrating one's history while offering opportunities for imagining different, more hopeful futures, or even a space between past and future where one can engage free from their thoughts and feelings. In the quote above, Nick discusses how poetry and photography assist in giving form to undefined thoughts and feelings and creating an artwork that can be appreciated for its aesthetic value. Personal distress thus becomes an impetus for creativity.

I do word search, reading, sitting at the beach, aiming to be empty in mind, listening to podcasts about true crime: I find they all assist in detaching from my 'reality'. There is a way, I can remove myself, and become planted in a word search, or true crime and become wholeheartedly focused. It gives me time away from my 'reality' to engage mindlessly and freely in another way. (Jon, Survey respondent)

The 'time away' in this sense becomes necessary for stepping outside one's identity and feelings of distress to create space for different experiences and stories of self. Carless and Douglas (2008) suggest that sport and other leisure-type activities 'provide an alternative way' to improve the lives of people navigating complex mental health terrain, 'namely through providing the narrative resources which enables them to create and share positive personal stories which differ markedly from dominant and more negative narratives of mental illness' (p. 592). These activities provide opportunities for social interaction and foster a sense of identity, meaning and optimism. When performed in group context, leisure activities become a medium for creating collective identity that evolves around community of practice (see O'Brien, 2024) contributing to participants' social capital.

Sport and exercise in this way become, as Fullagar frames, 'a new corporeal therapeutics' that offers 'nonpharmacological solutions to medicalised problems' (2020, p. 173). Leisure thus becomes a platform for creating different, more optimistic, and hopeful stories of oneself and one's future built on physical movement, sense of achievement and social relationality. Paramount to this is noting that recreating a sense of self and storying one's identity in a new way is an important aspect of achieving wellbeing. It is equally significant to recognise that diverse conceptions of achieving wellbeing inevitably include a process of rebuilding a sense of self, recreating one's identity and a sense of purpose which includes meaningful social roles and relationships (Carless & Douglas, 2008, p. 578; Davidson & Roe, 2007). Without denying the value of these stories, we also need to note the risk in leaving the socio-material conditions of people's lives that often contribute to materialisation of the distress outside of this discussion.

The politics of leisure

I think for me being in nature and that kind of stuff is definitely something that I find really connecting and I think there is this whole thing around, you know, people with maybe complex trauma and that kind of highly sensitive person movement and recognising that, you know, there is this incredible strength to people who've potentially got these diagnoses around their capacity for empathy and connection on such a deeper level. I think that extends to our natural environment and stuff, like, I don't think it's any surprise that, you know, maybe protest movements that I have been involved in around climate action or anti-logging and stuff also happen to have a lot of people who have mental health diagnoses . . . Um, so kind of flipping that narrative a little bit, but for me, being out in nature and space and being with . . . like, feeling that sense of connection and belonging, and that's the biggest thing I think, because you feel so alienated if you've got this diagnosis. (Jack, Interview participant)

Complex experiences of pain and distress, coupled with stigma attached to mental distress, make the lived experience of BPD prone to isolation and alienation, as suggested in Jack's quote above. Outdoor leisure time, particularly time spent in nature, presents people with opportunities for relaxation, connection and belonging. This belonging is, however, not always positive. The participants also discuss the way emotion circulates in the context of their leisure time and in relation to social environmental sensitivity and ecological values. In the account above, we can see how the need for time spent in nature conflicts with people's conscience about potential environmental threat caused by unmanaged economic growth. Outdoor leisure time is often coupled with concerns about environmental damage and ways to increase ecological conscience (see Mansfield & Wheaton, 2011).

In our research, this is further complicated by the links made between time in nature, heightened sensitivity and empathy among people experiencing prolonged mental distress, and ecological crisis, making it evident that leisure activities in many cases produce complicated emotions. Mansfield et al. (2020) add that 'leisure forms and practices afford people wellbeing experiences created in time and space and in connection with the cultural and physical environment and embodied and sensual experiences that characterise them' (pp. 2–3). Leisure happens within socio-cultural and material contexts and relations that can enhance, complicate or hinder people's wellbeing; this is inseparable from the way individual's wellbeing is implicated within the environments and relations they inhabit. In this complex dynamic, everyday lived experience unfolds.

Limits of leisure and being-well

I think outside of the mental health system I haven't found anything that's kind of super-duper helpful on an ongoing basis. But at points in time, I have found walking useful. At some points, I have found yoga useful as well, even if it's just a base to, like if I'm distressed it helps to be locked in a room for an hour and forced to do something other than be stuck in my own head and kind of connect in different ways. But I think, I had an experience of when I was at a yoga class one day, I passed out and they called an ambulance. And I kind of haven't been back since (laughs). (Chloe, Interview participant)

Creative or leisure practice are inevitably situated within the realm of people's everyday lives; while they can contribute with cracks in the fabric of the mundane, they cannot fully accomplish escape from it. The challenge of navigating everyday life when dealing with complex mental distress remains present within people's leisure and creative practices. In the account above, stigma and shame associated with poor health prevent Chloe from practicing yoga which, in her words, was somewhat helpful prior to the incident described. For other participants, leisure and creative activities are entangled with health-care. Medication, self-medication and self-harming behaviours interfere with people's capacity to engage in and benefit from leisure-type activities. In that sense, leisure can also 'produce alienation and isolation; sadness and grief; and stagnation and blockages' (Desjardins & Ketterling, 2023, p. 3).

I like movement so I used to be quite a decent runner and I've for the most part, continued doing that, except for when I was self-medicating, I couldn't then. And I put massive amounts of weight on at the same time. So, but it's taken on a whole other meaning in recent years, and it's more about the sort of movement and I've established that that's jogging or running. I feel better than walking. And I like to be out in nature. (David, Interview participant)

For people living with complex mental distress, navigating creative and active leisure is not straightforward. While artistic, creative and leisure-type practices feature in our participants' accounts as significant and largely beneficial, it becomes evident that for people navigating mental health challenges finding meaningful and enjoyable leisure time activities comes with a degree of negotiation, challenges and sometimes unpredictable outcomes. Yoga and running in the quotes above produce a range of affects and emotions that continue to *do* something by way of affecting (in this case, diminishing) bodily capacities to affect and be affected (Ahmed, 2004; Clough, 2008). This points to a need for thoughtful consideration of the conditions and relations under which people living with prolonged mental distress can partake in everyday creative and active leisure and particularly can benefit from such practices. As Desjardins and Ketterling (2023), a belief that emotion can be straightforwardly managed through leisure is too instrumental and simplistic; for these authors, as for us in writing this article, emotions brought into leisure activities 'are sometimes tempered, sometimes magnified [...] sometimes metamorphosed, and sometimes made slippery instead of regulated' (2023, p. 9).

Concluding discussion

Leisure scholars argue that 'emotions often considered "positive" are conceptualised as creating a liberating space removed from everyday productivity-focused life or personal challenges, or are seen as having the capacity to imbue life with meaning or purpose and to build interconnectedness and community' (Desjardins & Ketterling, 2023, p. 3; Scott & Fletcher, 2024). This article adds to existing scholarship that aims to challenge this view and to include a more nuanced perspective which sees leisure as practices that produce a range of emotion and relations, and to show how emotion produced through leisure activities can include a broader spectrum of emotion as it emerges in people's interaction with the leisure practice and the broader world (see Fullagar, 2008; Kišjuhas, 2024; Rana, 2022). Participants' accounts stress that emotion is a complex aspect of social life; they help us understand how creative and leisure choices are made in relation to emotional work and emotional relations produced through assemblages of context, social relationships, agency and power. Fullagar notes that exploring what emotions do in people's leisure lives offers a means of theorising the social and embodied processes that shape experiences of subjectivity and change (2008, p. 48).

Leisure, arts and creative practices presented in our participants accounts produce a continuous site of encounter, negotiation, conflict, and engagement with everyday forms of self-care, creativity and becoming. Participant accounts illustrate their engagement in complex processes of discovery and production of meanings, identity and wellbeing. In that sense, this article adds to the debate about the role of arts, creativity and leisure practices in supporting people experiencing mental health-related challenges. Sagan's research on artmaking as a means of managing one's mental health (2014), confirms that creative or art practice becomes a medium for catharsis, renewal, reliability, memory and discovery – and most importantly, a sense of hope, particularly at times when other things seem to have failed. Other types of leisure offer similar affordances. The so-called 'third space' that can be activated through creative, embodied and immersive practices provides an opening into a world separate from the symptom-dominated quotidian world, a world characterised by self-determination and hope.

This research emphasises that while invaluable in producing everyday forms of self-care and providing transformative space for creating different stories and identities that are distinct from experiences of mental distress, these quotidian activities are simultaneously inseparable from the politics of living with mental ill-health while navigating trauma, emotional pain and accumulated effects of

living with mental distress. Our research indicates the need for lived experience expertise in providing leisure opportunities and structural and systemic supports in accessing and maximising potential use of arts, creative and leisure activities for people with mental ill-health. This includes more research into mental health-related benefits of leisure practices but also increased attention to the doings of creative and leisure practices in the lives of people who live with mental ill health. Such an integrated approach values medicalised and non-medicalised supports and includes lived experience perspective in designing leisure programs for mental health.

Acknowledgements

This research was funded by an Australian Research Council Linkage Project grant [LP190100247]. We would also like to acknowledge the contribution to this project by wider members of the research team, research participants who generously shared their experiences with us, and project partners for their invaluable support.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The authors disclosed receipt of the following financial support for the research and authorship of this article: This work was supported by the Australian Research Council Linkage Project [grant number LP190100247].

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Data availability statement

Research data are not shared.

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