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Emotional Mapping – towards a geographical explanation of drug use

Abstract

The article highlights how place plays an important role in explaining drug consumption. Within a perspective rooted in critical cartography and social geography, we propose emotional mapping as a method of conceiving urban lived spaces of drug users in European cities. The method provides insights in the spatial experiences and emotions regarding urban space. Our geographical explanation relies on two concepts from social geography. At a macro scale, structural phenomenon of socio-spatial exclusion in European metropolis explain how neoliberal urban policies produce spatial eviction. At a micro scale, personal emotional appropriation of urban places explains individual patterns of drug use. The data presented in this paper is part of an ongoing research process within the DRUSEC (Drug Use and Urban Security) research consortium.

Key Words: drug user, urban, space, emotion, mapping

1. Introduction

In Europe, most of the open drug scenes have similar spatial and social characteristics. European cities are structured around historically dense inner cities with a high intensity of activities and functions such as housing, tourism and consumption, and a wide diversity of social groups. Inner-city areas, e.g. main station areas, are the places where inhabitants, tourists, partying people and homeless drug users cohabit. Inner city places are highly conflictual, which – especially in the growing dynamics of gentrification – potentially marginalise more and more drug users in public spaces.

Today, drug use is widely understood as a socially embedded phenomenon that is constructed and determined through the social environment. The specificity of the urban geographical approach is to consider the relation between places, spaces and drug use and to understand the spatial embeddedness of drug use (Duff, 2007; Moreno & Wilton, 2014; Parkin, 2013). As Potter (2018, p.13) points out, taking drugs “are physical events that happen in specific locations”: consumption settings, place and context do matter. Our aim is to provide geographical explanations of the question “*why do marginalised drug users do drugs in the public places of the city?*”. Thus, we don’t aim at merely localising consumption places, but at asking “*where takes place the life of the marginalised drug users?*”

Inspired by social geography, critical cartography and critical criminology, we chose a theoretical and methodological framework able to consider marginalised drug users as the subjects of their narratives and spatial representations. We consider their everyday lives as wholes and their complex – and emotional – relationships to the urban spaces. We developed a mapping interview methodology called “emotional mapping” in order to consider the users knowledge which is beyond the cartographic practices of official (police) statistics, media representations and other institutional instruments of knowledge production.

The development and first results of the “emotional mapping” presented in this article are part of a French-German research consortium that focuses on drug use in public settings and urban security (DRUSEC) and is a work in progress. The interviews we rely on in this paper took place in Nuremberg and Munich (cities without Drug Consumption Room, from now on DCR) as well as in Berlin and Frankfurt (cities with DCR).

2. From “maps in minds”¹ to a map on a paper

As geographers, we highlight the spatiality of social practices. Space is not only a location, background or context, but also a meaningful dimension of social practices. In this sense, drug consumption has its own geographies – on a world scale, regional scale or on the scale of places – which are embedded in economic, political and social practices (Potter, 2018). In this paper, we focus at the scale of urban places within the city. Emotional mapping is a qualitative methodology, focused on the marginalised drug user as an urban subject and as such it differentiates itself strongly from other drug mapping practices. Our aim is to find a method able to draw how marginalised drug users – the particular group we focus on in this paper – have specific routines and emotions in home and shelters, places to make money, dealers, substitutions medicine and other resources. At the end of the research process, the interpretation of interviews and maps should provide an overview on the drug geographies of cities from the position of marginalised users

Mapping drugs in the city: positivist approaches and fear maps

There is increasing research interest in spatial approaches to understanding drug issues, including mapping drugs at an urban scale: Spatial approaches understand space mostly as a physical phenomenon which enables quantitative and spatial modelisations, based on epidemiological or geocriminological theories (Gruenewald, 2013; Gorman et al., 2013). Such positivist approaches reduce the complexity of the social (Belina, 2009), e.g. when spatial drug research takes neither the everyday lives of marginalised drug users, nor broader urban structures into account. So, epidemiological and geocriminological theories fail to understand drug use practices. Positivist approaches are concerned by the question of the data they rely on. Available data for mapping drug practices generally derive from the work of different institutions, such as police (arrests), harm reduction and social workers (number of clients), pharmacists, etc. The maps based on these data reflect not *drug practices* but the respective work of the institutions (Germes, 2014).

Other drug mapping practices focus on perceived safety, perceived risk or the fear as immediate emotion, often conflating them (Hinkle, 2015). In neoliberal times of securitisation, the inhabitants fear and insecurities often become the legitimation for public policies (Shirlow & Pain, 2003) in order to repress, displace, and erase non-

¹ Downs and Stea (1977)

conforming marginalised drug users from particular neighbourhoods. We refrain from such an approach. Instead, we prefer a more diverse approach of positive as well as negative emotions – because drug use is about both pleasure and risk – and we priority question the emotions of drug users – as showed by the panel of interviewees in this paper.

Qualitative mapping with social geography and critical cartography

On the contrary, of a positivist understanding of maps representing an objective space mostly with quantitative data, our approach of mapping is based on social geography and critical cartography.

In our understanding, space is not a mere objective physical dimension, but produced (Lefebvre, 2000), throughout the time and histories of actors, throughout the scales and interdependencies, materialising power relationships, structuring everyday lives and destinies, yet inhabited and transformed by subjectivities. Spaces are complex social constructions and often involved in conflicts between social groups and different uses. That is why the presence of drug users in public spaces, their access to places and resources, as well as, the autonomy or control of every person in public are central questions for public debate and research. These questions are fundamental to understand the *where* and *why* of drug use, and we will address them through the lenses of individual lives of marginalised drug users. In order not to objectify their lives in the city, we refer to the distinction made by social geography between *living* and *lived* spaces²: The *living space* is the area of our everyday lives, a mere list of places (such as home, friends' homes, frequently visited public places, routes). The *lived space*, a core concept of the French speaking social geography, designates the way we inhabit these places and we interact with others, the relationships we establish with them, the representations we have from them. With the concept of *lived* spaces, the research focus on how the ways in which our participants inhabit spaces, the everyday practices they use and the emotions they associate with these spaces.

How to map *lived* spaces – subjective spaces? We follow the critical cartography perspective (Harley, 1989; Crampton & Krygier, 2005; Kindynis, 2014; Belina & Germes, 2016) – which does not only criticize the abstractions and objectifications of positivists maps, but also proposes methods to create, produce and work with maps, in a qualitative way, enhancing the complexities of the production of urban spaces.

² These terms are derived from the French social geographical concepts “espace de vie” und “espace vécu”.

Qualitative drawn maps have been for a long time developed as a research method in different disciplines such as urban planning, psychology, geography or urban theory (Lynch, 1960; Downs & Stea, 1977; Ziervogel, 2011). We enhanced the process of “mental maps”, a semi-directed interview in the course of which interviewees draw the places of their everyday lives and their representation of space. In doing so we develop our own method of emotional mapping, one contribution to the lasting interest of geographers into mapping emotions (Nold, 2009; Olmedo & Roux, 2014; Mekdjian & Olmedo, 2016; Rekacewicz, 2016; Muis, 2016; Dernat et al, 2018;)

Mapping emotions

In order to obtain maps and narratives about *lived spaces* (and not only *living spaces*), and in order not to fall back into the traps of “fear” maps (s. above), we decided to include emotions as a major part of the mapping process. Recently there is a growing interest in the role of emotions, especially the role of pleasure within the context of drug use (Ducan et al., 2017). Emotions are increasingly recognized as an important factor that influences how and why people do drugs. We consider emotions as constructed and individual lived expressions of social conditions. For the mapping interviews, our first aim was to integrate a diverse but uniform spectrum of emotions, which enables an understanding of them in drug places of different cities and the comparability of drawn maps and transcribed texts. We developed a colour wheel of chosen emotions with a range of positive feelings such as relaxation (green), happiness and pleasure (yellow) or bliss and desire (orange) and a range of negative emotions such as blue (worry and insecurity), violet (disgust) and red (hostility and aggression)³. As in figure 1⁴, the colours are arranged on a continuous wheel for hues gradations, between positive and negative as well as, more and less intense emotions.

(Insert Fig. 1 about here).

Methodology of “emotional mapping”

We conduct qualitative semi-directive interview and first ask our interviewees about their living spaces – from housing to visiting friends, sometimes going back into their past. We explain the process of mapping, and step by step they draw each space and place in black on a white big sheet of paper. There is no need for accurate localisations.

³ We didn't choose the colors of emotions according to one or another theory, since we don't build this research on an underlying theory of emotions. The relationship between color and signification (emotion) is the one of a legend: a contingent code for a specific purpose.

⁴ All illustrations of this article can be found in color on following research blog: [we will be able to provide the link to the blog on the 14th of may and in all cases before proof reading](#)

Later, the interviewees talk about their everyday life experiences in relationship with drug and drug places: they chose colours out of the colour wheel and circle or colour particular places with different emotions. **(Insert Fig. 2 about here).**

The drawn maps are representations of individual geographies and enable us to gain a deeper understanding of specific drug places or drug user's geographies (Behnken & Zinnecker, 2013, p.547). The entanglement of visual and textual material, the emotional map and the interview transcript represent the lived space and is therefore a lens into the way drug users experience urban space, producing further knowledge about pleasures and insecurities of a potentially vulnerable population group, also about cities as complex landscapes of drug consumption.

Experiences and practices from the field of research

After 26 interviews conducted by the authors of this article, our experiences of emotional mapping was enriching. First, we noted that paper, colour pens, and the map are mediating objects between interviewee and interviewer, helping to structure the dialogue. The people we interviewed were part of a heterogeneous group. The diversity showed in age, gender, housing conditions drug use and duration of drug use. The interviewees appreciated the recognition of the importance of their knowledge. Some noted enhancement of feelings for being heard, the possibility of expressing themselves via pictorial and creative way. Thus, the mapping enhances the quality of the interview itself as the map mitigates the "typical" researcher-subject situation and enables the interviewees to be an expert of their own maps / their lived space. Nevertheless, there are huge variations in the mapping results. Despite our efforts of standardising the interview process with common guideline, common emotion legend, each of the interviewee approaches the method in their own way, also depending on their fitness. The individual representation of space sets limits in the drawing of the maps, some maps do not show more than a few signs, which mark the everyday places of the person. Furthermore, likewise to other social research methods, the results depends on the willingness of the interviewees, especially if they are asked to draw criminalised cats like drug use **(insert Fig. 3 about here).**

In this article, we use two different ways of quotes: statements of the interviewees and maps. In order to anonymise the data, only some details of the maps are quoted, or the map was re-drawn by the authors, without any personal data from the original drawing, and everything was translated into English. All names of the interviewees quoted here are pseudonyms.

3. Urban lived spaces of drug users

Marginalized drug users in urban drug scenes face many challenges in their everyday life, as their living space is highly structured by daily routines. Mapping interviews with drug users from open drug scenes in Munich, Nuremberg, and Berlin give a unique view of the drug users' perspectives and experiences of these cities. From housing to encounters with (repressive) institutions, these urban experiences and mobilities are associated mainly with negative feelings. The visual and text material collected during the interviews confirms how emotions are the results of the encounter between subjectivity and social structures: an encounter taking place and drawing a social geography of the city.

The anxieties of precarious housing situations

The interviewees start with their current sleeping accommodation. Some have a home, sometimes shared with a non-consuming family. The living space "home" may lead to very positive or negative emotions – and is such, is lived in different ways, if the person is autonomous or lives with family or partner. **(Insert fig. 4 about here)**. But the majority of our interviewees do not have a permanent home. Most of them live in uncertain housing conditions for years; stay at homeless shelters, friends' places, squat cellars and attics, use the sleeping accommodations of drug services or sleep on the street. The reasons of homelessness in the open drug scenes are diverse. Some lost their former home due to separations with their partners or families or were evicted for lack of payment. Others cannot go back to their home because of being searched by a warrant to arrest. Some arrived in a new city in the last few months or years as existing drug consumers and had never had home, work or family in that time.

In the maps, the participants sketch sleeping accommodations often decentralized and at the edges of the paper, which indicates a peripheral location in the city, but also a minor role in the lived spaces **(Insert Fig. 5 & 6 about here)**. They use these places mainly to sleep and are not willing or allowed to stay there during daytime. The housing situation is very stressful for most of the drug users and influences the drug use habits. The interviewees describe an increase of drug consumption with each step towards precarity. Martin, a 36-year-old drug user from Munich, outlines the situation in the homeless shelter where he stays as unbearable and links this situation to his (increase of) drug use:

„So it's... you won't make it without being high. I don't know anyone who doesn't drink or blaze or take other stuff.“ (Martin, 30, Munich)

In his experience, the mere presence in the shelters leads to an increased drug use. Nevertheless, the pressure to consume drugs at the sleeping accommodations must be understood as socially constructed. Consuming in safe spaces such as home or shelter, is generating mixed feelings due to the transgression and the perceived risk of eviction.

Ambivalent joys and worries of urban routines

Our interviewees spend most of their time outside, going through their major routine: making money, buying, and using drugs. Thus, public space plays a major role as a lived space and particularly as a social meeting space. The term open drug scene is often negatively connoted and used as a catchphrase by politicians, journalist, and other actors. Open drug scenes are heterogeneous group of drug users, depending on earnings, housing, etc. Beside drug related issues, the social meeting places have an important function for coping in everyday-life (Weber, 2011, p. 109 f).

The people who meet at these places can be friends, acquaintances or strangers, while many highlights that their “street buddies” are in no way “real friends”. Social meeting places can be in the public spaces such as the edge of a square, on the bench of a train station or alleys or other interstices between buildings, which allow staying there. These places are often located next to dealing places, substitution doctors or harm reduction facility. Alternatively, the facilities of drug services also have an important function as social meeting places. The wide range of emotions visualises the important role of social meeting places in the maps. In some maps these places appear as “rainbow”, covered by most of the colours in the emotion wheel. (Insert Fig. 7 about here).

The emotions associated with the everyday routine places are often described as inconsistent or conflicting. On the one hand, these are the places where one can meet one's friends and experience a social life or where one gets what one needs. On the other hand, the mere presence at these places is often connoted with drug use and the continuation of daily habits. Therefore, many of them want to change the everyday routine of drug consumption and subsequently, the marginalisation by changing the spatial environment:

“I just want to leave. I have to change my social contacts somehow. (...) I just need a new and stable environment around me. (...) Again, and again, you go back to the places you know. And again, and again, you meet the people you know. That’s very difficult.” (Miriam, 39, Nuremberg)

Miriam sees a significance in changing her lived space as the only possibility for changing her drug habits. Nevertheless, she struggles with doing so.

Avoiding the risks of repression and conflict

Within the autonomous routine, encounters with particular institutions – such as the police, traffic controllers, emergency services, and hospital personal – make up the lived spaces of marginalised drug users. Places, which are known to be hotspots of police surveillance and repression (because of drug dealing and use), are avoided as much as possible. As Alf (27, Berlin) puts it:

“From my point of view, they [the police] bother... Then comes the whole confiscation stuff... that's, off again, collecting bottles, working... Evictions... when they see you again in the next 48 hours, they take you with them... From my point of view it is harassment”.

Here again, as an answer to the question “Are there places where you never go?”

“Mainly where there is the police! I don't want to have to do anything with them... There are places where they always go through and drive through, such as Kotti, Hermannplatz, Ku'damm, etcetera...”

Our interviewees report experiencing hostility from institutions, not only because they would “do their job”, but mainly because of repeated experiences of humiliation and violence. Users also experience hostility (as threats and aggressions) from inhabitants while trying to hide in staircases, cellars and attics for consumption. The avoidance of such public and private places influences their mobilities in the one’s very own neighbourhood and shapes their representation of the city that is made of hostile public or private places.

Police controls significantly structure movements and mobility of drug users in the lived space. With “junky jogging”, drug users describe the daily routine of getting evicted from one public place and moving collectively to another, until control and banishment

start over again. It reinforces the experience of being not a proper part of the “civil society”, as several interviewees from Munich pointed out.

4. The emotional geographies of drug use

The lived spaces of marginalised drug users are characterised by a high spatial precariousness and vulnerability. Their emotional geography stresses unrest, hostility and aggression. Drug use is the main activity directing their routine. Therefore, we ask – what are the emotional geographies of their consumption places? Does pleasure have a role? Does the availability of DCRs make a difference?

For the few interviewees who have a home, it would be their preferred place for drug use. In case of cohabitation with sober partners or parents, consuming home often would be a transgression – so it happens only in secret. Homes, shelters and assisted housing are most of the times peripheral and far away from the city centre, where the routine and harm reduction take place. Therefore, drug consumption in a personal or private space happen only in the evening, for the last shot, and once the day is over. Thus, it can be said that drug use is driving consumers throughout the city.

Drug consumption rooms as anchors of everyday lives

In Berlin, all interviewees were clients of the same DCR. Some come almost everyday there, others occasionally; most of them do not go to any of the other three DCR in Berlin.

Nonetheless, all emotional maps highlighted the DCR with positive emotions of safety, quietness and happiness: it was the place with the most positive and safe feelings, even before the home shared with a partner or parents – undermined by conflicts around addiction with the dearest ones. The possibility of drug consumption in a safe context responds to a need of quietness, hygiene, and overall safety; facilities such as sterile equipment, meal, shower, and laundry are a significant relief for most of the homeless clients; the availability of information and support from the health and social workers make DCRs a helpful resource. Most of them were regular users reporting how important this place became for their everyday lives, particularly because of feeling accepted and welcomed, not having to face the moral prompting to quit drugs and experiencing a relief from the discrimination experienced with police and health

workers. In this place, marginalised drug users find acceptance and relief. For many of them, it is the only room or closed space, available for them. This one place is an anchor of their precarious routines throughout adverse and dangerous public spaces.

(insert Fig. 8 about here)

The DCRs are essential for drug users, because drug consumption is possible there and support is available. These are the places where one can autonomously conform to addiction. Nevertheless, most of the time, our interviewees consume outside of the DCR. There are different reasons for this. Neither the schedule of DCRs, nor their restricted number in each city could respond to the needs of the interviewees. The opening times, limited to the afternoons of opening days, leave longer closing hours: the whole weekend, as well as evening and morning of everyday. Even within opening hours, the distance between the place of retrieving drugs and the DCR for the person experiencing withdrawal symptoms is significantly long. In such circumstances, only a small part of consumption practices might take place in a DCR. Nevertheless, DCRs still play a crucial role for drug users.

Fragile existences of drug use in public

In cities without DCRs (and even in the cities with DCRs), marginalised drug users, homeless or not, are banned from finding places for drug use within public spaces and their interstices. Places of drug use are determined by the routine of making money and buying drugs, which is happening in the centre of the city. Regularly, withdrawals symptoms lead interviewees to use the drug immediately after buying it, in the very first interstice, half-hidden as one can find. Drug users have to find places for drug injecting and smoking, as these must be places within their reach, among the spaces one is allowed to be present and have privacy for that. Indeed, the places of drug use are not an adequate drug consumption places and the injecting process at these places is characterized by hurry and worries for the user. Charlie, 28 years old, from Munich describes this process below:

„In underground car parks as well as on the stairs. Just between the cars, kneel down, boil it up, get ready.” (Charlie, Munich)

The hurry, however, originates from the risks of “getting caught”, as well as, the craving to consume drugs as soon as she gets it:

„If you don't feel well, you have the *seal* (consumption unit of heroin) in your mouth, you buy yourself a syringe and then you want to absorb the stuff as soon as possible. And then you just go in the next best backyard.“

Most of the drug users would prefer a DRC instead of the “the next best backyard”. Most of the interviewees reported aggressive encounters while consuming. Public consumption places are almost exclusively connoted with negative emotions such as insecurity, worry or disgust (insert Fig. 9 about here). A part of the respondents named non-specific places for drug use or refused to draw consumption places. This leads us to the interpretation that these places of drug use are rather an unavoidable situation the people have to confront in their daily life, than a choice of the lived space. Public drug consumption places are whether stable nor securing, but situations of frailty that change due to factors as (police) controls, public construction work or other measurements that influences the urban environment for drug user. As a consequence, the emotional geography of drug use itself is polarised between DCRs and public spaces – in the cities where DCRs exist.

5. Geographical explanations between emotional appropriation and socio-spatial exclusion

Social drug research showed how the question “*why people do drugs*” has to take into account many factors such as biographic or medical ones, as an act of reward-seeking, as a strategy to avoid distress, as a cultural practice of late capitalism. All these factors are materialised in urban spaces. The provisory results of emotional mapping showed how place plays a huge role in explaining drug consumption. The obvious answer to our question “*why do marginalised drug users do drugs in the public places of the city?*” is: because there is no other place left where they could do so. However, another answer could be: it is exactly because they are excluded from private spaces and institutional support and evicted from public spaces that they do *more* drugs than they would. This plays at two scales: At an (inter-)individual scale, the emotional appropriation of spaces explains drug use in the moment. At a broader urban and social scale, socio-spatial exclusion processes explain how marginalised drug users are easily trapped in a day-to-day drug consumption routine.

Emotional appropriation of spaces

Beside urban (drug) policies, which affect the lived spaces of the drug users – in creating, suppressing or criminalising drug places – the users themselves constructed their lived space and influences of the cities geographies, as well as, their internalised drug habits. Due to what we call emotional appropriation, drug users experience different places within the city and overlay them with subjective emotions and spatial knowledge. The emotional mapping interviews illustrate that drug places are highly intertwined with specific, inconsistent, and overlaying emotions. Experiences (related to emotions) stabilise in the all-day places, where they are experienced. During this process, drug users appropriate specific places emotionally. The emotional appropriation of drug places becomes the individual explanation of behaviour such as drug use. Indeed, the desire for drugs can be understood as an emotion regarding drug use. As a result, drug users themselves find answers of the question “why using drugs” at the spatial setting. Through the emotional appropriation of a specific place, this space becomes the psychological cause for drug use.

From our perspective, these drug places are constructed not only through the lived experiences and appropriation of drug users, but also through urban (drug) policies, which influence the geographies of drug consumption within the urban space. The way drug users experience public drug places is determined through political (il)legalisations, harm reduction policies (e.g. establishment of DCR's) as well as through measures of repression (e.g. police controls) and displacement effects. The reason to use drugs in public places is rare and are rather individual preferences, even if mostly due to a lack of alternative possibilities. Drug users without a permanent home and, in cities without a DCR (or during the closing times in cities with DCR) remain public places in order to consume drugs out of necessity and to meet other people or undertake various activities.

Socio-spatial exclusion and day-to-day drug use routines

From our perspective illegalisation, tabooing, and moralising of some substances and their consumptions foster social exclusion of some drug user groups. The individualisation of personal vulnerabilities – such a social isolation or psychological issues – fails to point the production of both isolation and interpersonal violence in neoliberal times and to record the failure of the social and medical system to address this issues. In this theoretical perspective, drug use leads to social exclusion (Becker, 1973) - exclusion from social relationships, from the work market, from sufficient

healthcare, and stable housing. Exclusion expresses spatially, as more places become inaccessible, because of a lack of financial resources, economic capital, body and physical appearances, willingness to conform as soon as one does not fit any more to the roles of each space. The almost impossible access to private or semi-private spaces, the permanent eviction back to public spaces are also examples of socio-spatial exclusion.

"I didn't really inject for three years, and I do it again since six weeks. Probably because all the things that come together"

refers Evelyn (28, Berlin) to her eviction from accompanied housing, living now in a shelter.

In its turn, spatial exclusion deprives marginalised drug users from access to determinant resources. The public spaces appropriated by marginalised drug users are the last one in which they can stay alive. The interviews showed clearly how each step toward more socio-spatial exclusion was a step towards more consumption. Exclusion fosters subjective and objective vulnerability, and thus, explains consumption.

6. Conclusion

Within a perspective rooted in critical cartography and social geography, we proposed emotional mapping as a method of describing and conceiving urban lived spaces of drug users in European cities. This method is not only helpful for understanding marginalised urban drug users, but also it is suitable to understand the lived spaces of other social groups - whether marginalised or not, occasional or regular users, or non-consumers frequenting public places used for drug consumption and dealing.

With our method of emotional mapping, we highlighted in which manner places play an important role in explaining drug consumption. At a macro scale, structural phenomenon of socio-spatial exclusion in European metropolis explain how neoliberal, social, economic, and health policies produce massive anomie. Spatial eviction can lead to a feeling of helplessness, abandonment from the institution and social loneliness, and thus fosters drug use. At a micro scale, personal emotional appropriation explains individual patterns of drug use. Emotions are intertwined in personal experiences as well as in structural power relationship and their spatialisation reflect both.

Emotional Mapping is still in the explorative phase within the broader DRUSEC-Project. Our aim is to extend emotional mapping by persons from different social groups within the city, as a way to understand better urban space and the conflictual geographies of the city as a complex production. We will apply emotional mapping to cities in Germany and France and suggest that this method is suitable for European cities, which present similar mixed inner-city neighbourhoods known as drug places, similar intricate living spaces from many different groups and similar patterns of urban policies.

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Figures:

Figure 1: DRUSEC Colour-Wheel of emotions

Figure 2: The process of the emo-mapping interview

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Figure 8: Zet's Map: Quietness and joy at the DCR

Figure 9: Zet's negative emotions associated with consumption in public places

Figure 1: DRUSEC Colour-Wheel of emotions

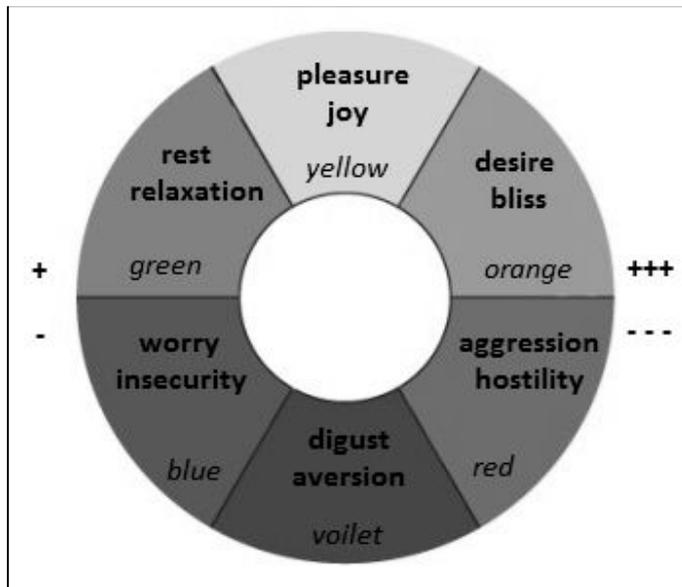


Figure 2: The process of the emo-mapping interview



Figure 3: Chris' Map: "If you want me to, I take all pens"

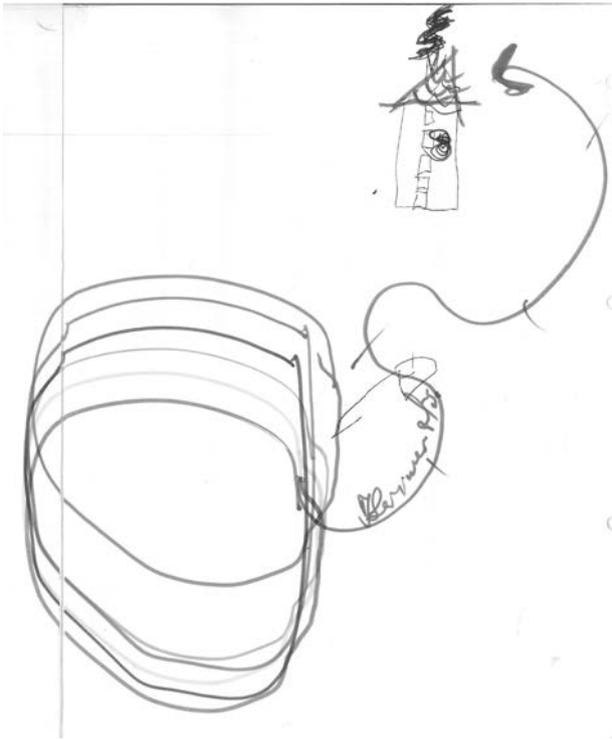


Figure 4: The living space “home”: hostility or joy

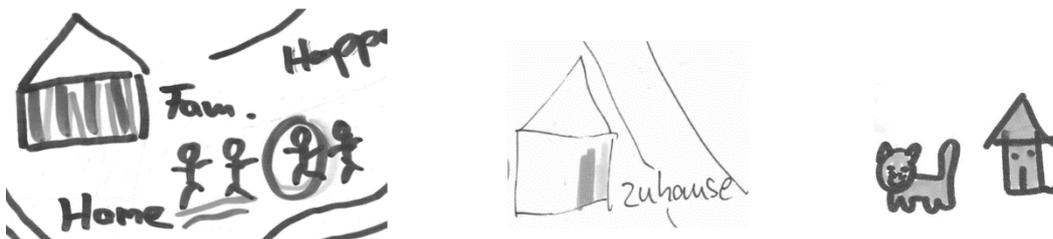


Figure 5: Martin's Map: decentralized sleeping accommodation

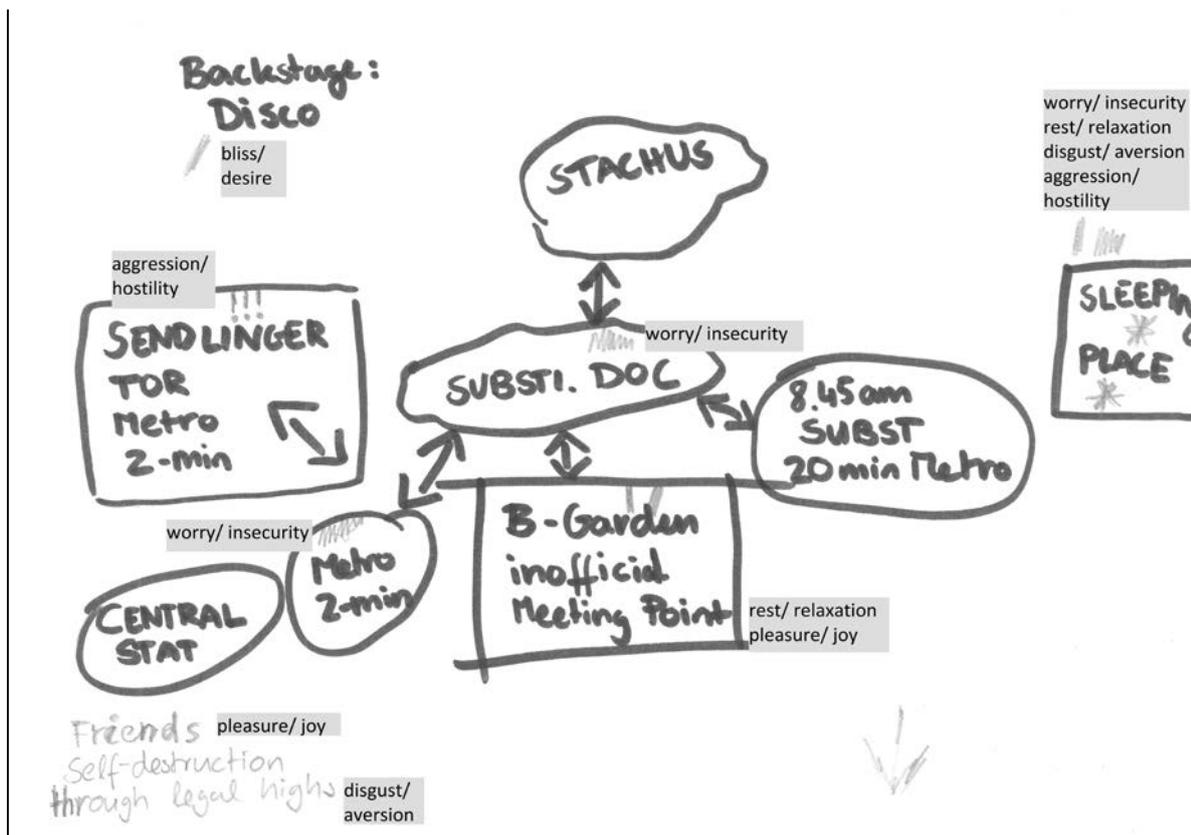


Figure 6: Charlie's Map: decentralized sleeping accommodation

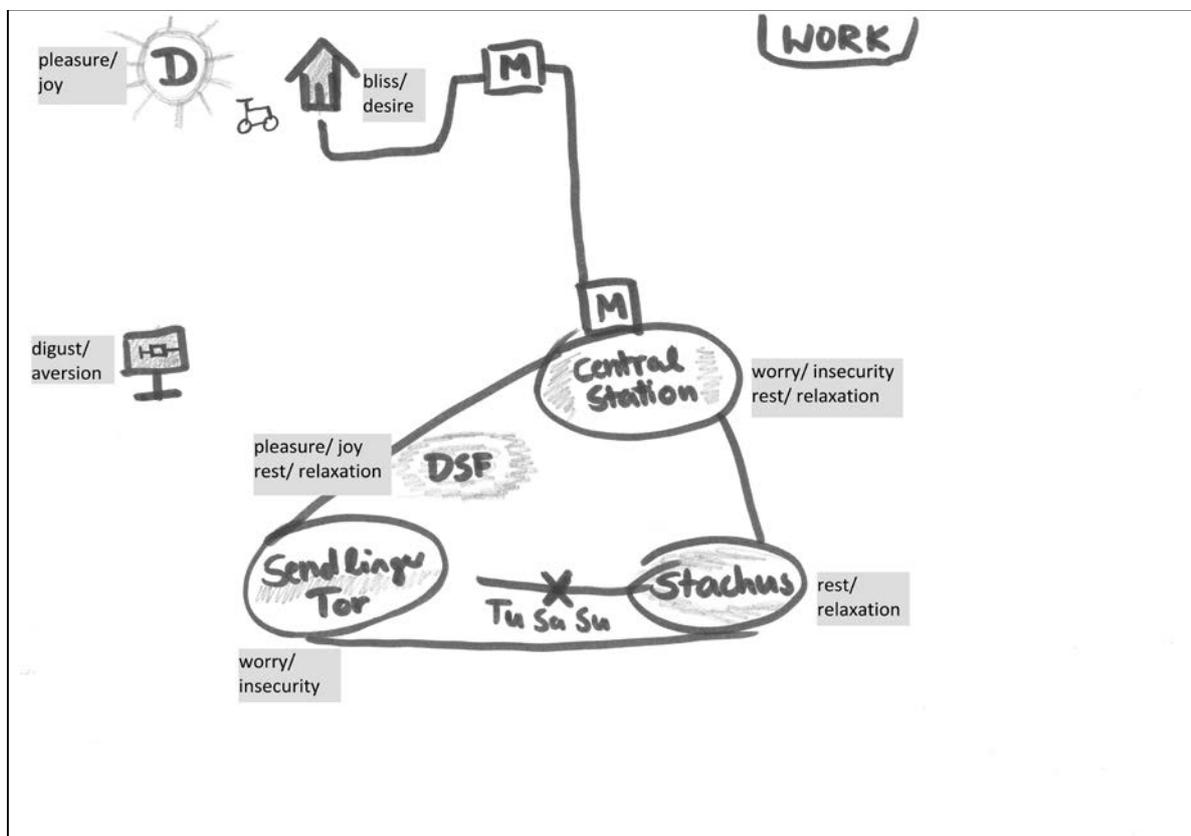


Figure 7: L.Schweino's Map: Social contact and the rainbow of emotions

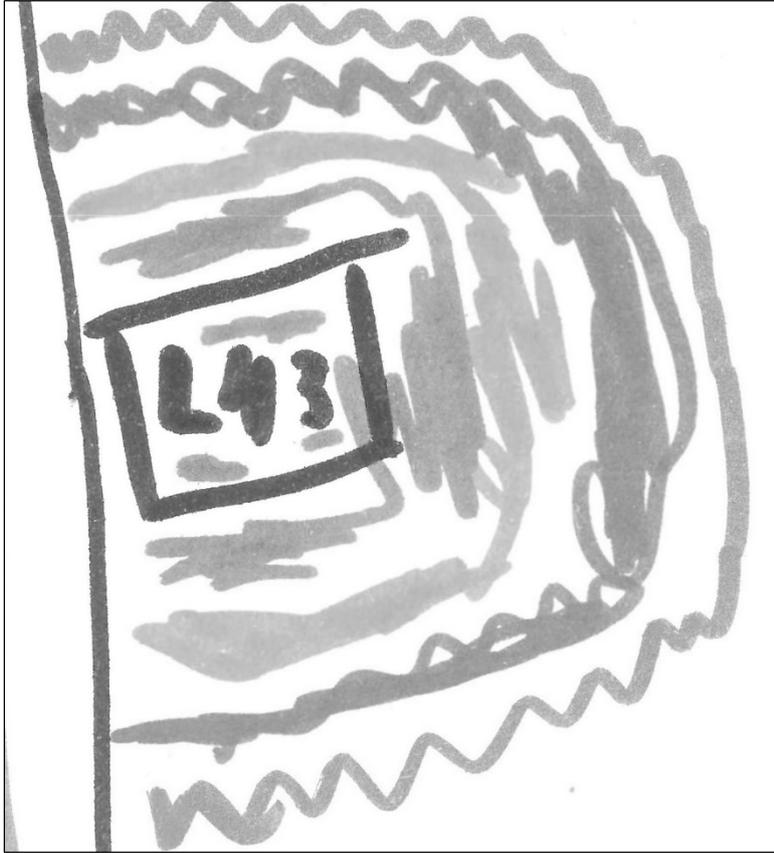


Figure 8: Zet's Map: Quietness and joy at the DCR



Figure 9: Zet's negative emotions associated with consumption in public places

