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Darrin Hodgetts, Kerry Chamberlain, Jon Gabe, Kevin Dew, Alan Radley, Helen Madden, Pauline Norris, Linda Waimarie Nikora

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Emplacement and everyday use of medications in domestic dwellings

Associate Professor Darrin Hodgetts

School of Psychology

University of Waikato

dhodgetts@waikato.ac.nz

Professor Kerry Chamberlain

School of Psychology

Massey University

K.Chamberlain@massey.ac.nz

Professor Jon Gabe

Department of Health and Social Care

Royal Holloway, University of London

J.Gabe@rhul.ac.uk

Professor Kevin Dew

School of Social and Cultural Studies

Victoria University of Wellington

Kevin.dew@VUW.ac.nz

Professor Alan Radley

Department of Social Sciences

University of Loughborough

a.r.radley@lboro.ac.uk

Ms Helen Madden

School of Psychology

Massey University

H.Madden@massey.ac.nz

Professor Pauline Norris

School of Pharmacy

University of Otago

Pauline.norris@otago.ac.nz

Associate Professor Linda Waimarie Nikora

School of Psychology

University of Waikato

Psyc2046@waikato.ac.nz

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Abstract

To extend knowledge of relationships between people and domestic settings in the context of medication use, we conducted fieldwork in twenty households in New Zealand. These households contained a range of 'medicative' forms, including prescription drugs, traditional remedies, dietary supplements and enhanced foods. The location and use of these substances within domestic dwellings speaks to processes of emplacement and identity in the creation of spaces for care. Our analysis contributes to current understandings of the ways in which objects from 'outside' the home come to be woven into relationships, identities and meanings 'inside' the home. We demonstrate that, as well as being pharmacological objects, medications are complex, socially

embedded objects with histories and memories that are ingrained within contemporary relationships of care and home-making practices.

From pre-history, through antiquity and modernity and into the present, potions and elixirs have been revered for their 'transformative powers' to alter bodily and psychological functioning (Merlin, 2003; van der Geest et al., 1996; Whyte, van der Geest & Hardon, 2002). Today, medications are used to treat minor and major ailments, prevent illness, and enhance functioning as well as to alter human consciousness, give certainty in the face of illness, control behaviour, and calm people. Medications are diverse and are understood and used by people in everyday life in ways that transcend their categorization as prescription drugs, over the counter drugs, traditional medications and so on. The appeal of medications is facilitated through being embedded in complex social, familial and health care relations; their meanings are complex. This complexity is reflected in research examining lay accounts of medicines, which reveals ambivalence, desire, antipathy, faith and suspicion about medicines (Doran, Robertson & Henry, 2005). Different meanings given to medications are important for explaining variations in medication use (Shoemaker & Ramalho de Oliveira, 2007). In a seminal paper, Helman (1981) identified three different ways in which chronic users of psychotropic drugs gave meaning to their drugs, as 'tonic', 'fuel' or 'food', with each embodying a symbolic meaning that was reflected in different modes of usage. Pound and colleagues (2005) suggest classes of patients; those who accept readily, accept reluctantly or resist medicines, each of whom use medications in different ways. Further complexities surrounding medication use are illustrated by Sointu (2006), arguing that people derive a sense of wellbeing through the use of complementary and alternative medications, transcending biological health and encompassing issues of identity.

The symbolic meaning of medications exceeds their materiality as objects in a physical world. Medications are invested with history and tradition, and often crystallize connections with people, places and events. Medications are implicated in people's hopes, imaginings and desires: medications have enlivened social lives as well as pharmacological lives and function in ways that exceed their medicinal purposes (van der Geest, Whyte & Hardon, 1996; van der Geest & Hardon, 2006; Whyte et al., 2002). Pills and potions have multiple existences; once in the hands of sick people they represent relief from suffering or the maintenance of health, but they are also an element in identity construction, moralities, routines, relationships, care, healing

and home-making (Doran, Robertson & Henry, 2005; Pound et al., 2005; Shoemaker, Ramalho & de Oliveira, 2007).

Despite medications being a common fixture in many homes, to our knowledge no research has examined the spatial, material and relational practices involved in the everyday use of medications in domestic settings. Such a focus is important because the home, as a place to dwell, is related to personal identity, security, privacy, respite, trust, routine and care (Mallett, 2004). The home is not readily reducible to the physical place, the material objects within it, or the bodies and relationships of people residing there (Robinson, 1971). These elements are combined and recombined over time in the making of a home. In the process home and self become interwoven, as when dwellers decorate and privatize their dwellings with objects reflecting their interests, achievements and healthcare needs (*cf.*, Cooper-Marcus, 1995; Morgan & Pritchard, 2005). The home furnishes people with a distinctive social organization around which everyday practices, including the use of medications, are enabled and enacted (Saunders & Williams, 1988). Tilley (2006, p. 24) makes the useful observation that “Domestic dwellings are material media through which relations between self and society are both objectified and negotiated. The home is the prime site for expressions of creativity, for appropriating and individualizing an alienable realm of consumer goods”, including medications. The home is both private and public in that it is constructed through social relations, communication and movements that stretch beyond its four walls (Massey, 1992). This is an important point given that medications are often brought inside from the outside, thus breaching the public private divide.

Geographical research into therapeutic landscapes (Gesler, 1992) informs our research. Such work has focused primarily on settings outside the home (Dyck et al., 2005) such as spas, hospitals, day centres and holy places to reveal the everyday health-related practices and experiences of people in these settings. Geographers have shown that social, symbolic and physical environments are combined in the construction of therapeutic spaces (Baer & Gesler, 2004). The home is a particularly significant place for medication storage and use (Sorensen, Stokes, Purdie, Woodward & Roberts, 2006). However, little is known about the emplacement and use of medications in domestic spaces (Conradson, 2003). We do know that the interpersonal interactions, routines and placement of bodies and objects in domestic spaces can serve to reconstruct the home as a health-enhancing setting for care-giving (Dyck et al., 2005; Gesler, 1992; Gesler & Kearns, 2002; Gleeson & Kearns, 2001; Williams, 2002). A focus on domestic spaces is warranted to extend understanding of links between people, place and

medications, as socio-pharmacological objects, in the construction of spaces for care (Dyck et al., 2005; Wakefield & McMullan, 2005; Watson et al., 2007). This article explores how medications are implicated in the care practices that occur, and the identities that are forged, within the home. In doing so, we provide insights into the placement and use of medications in the construction of identities and spaces of care.

The present study

Fieldwork was conducted over a two to three week period with each of 20 households in 2009. We used a snowball technique to obtain a diverse convenience sample of households, recruited from four cities in New Zealand (Hamilton, Wellington, Dunedin and Auckland)¹. Households were selected so that each contained a person with a diagnosed chronic illness and/or a child under 12 years of age. These households were chosen as they provide sites where medication use is likely to be frequent, important, and involve other household members. Participants within these households comprised of 23 European, 15 Tongan, 12 Maori, 10 Chinese, 2 Cook Island and 2 Samoan people, aged between 8 and 77 years of age. There were 40 women and 24 men with a diverse range of occupations. We identify specific household compositions when we discuss examples in the findings sections.

A particular challenge for research into domestic settings is that participant understandings and uses of medications can become highly routinised and taken-for-granted. In response, we developed a multi-method approach aimed at revealing these domestic routines, which could be adapted to the composition of each household. Data collection was organized into three phases that included digital-recorded group discussions and interviews, and observational, mapping, photographic and diary methods. In *phase 1* an initial meeting was held with members of each household to introduce the research, gain informed consent, and identify key participants for the various forms of data collection. This was followed by a general discussion about medication sources, uses and meanings. As part of these discussions, householders drew a map of the house, indicating where all medications were located. These locations were digitally photographed and referenced to the plan (see Figure 1). The medications within each location were itemised and discussed. *Phase 2* involved the use of diary and photo-elicitation methods. Typically, one member of the household produced a diary

¹ Approval for the study was gained from the Massey University Human Ethics committee. All participants are identified using pseudonyms.

record relating to the everyday use of medications. Where appropriate, another family member produced another diary recording instances in which medications came to their attention from advertisements, billboards, internet content, and interactions with others. In practice, these two forms of diary were often merged and completed by one person. One participant was also involved in a photo-production exercise where they were given a disposable camera and asked to “photograph the world of medications”. Diaries and photographs provided the focus for subsequent interviews, where the meaning of entries, noted practices and images were discussed. *Phase 3* involved an exit discussion with the household that reviewed what has happened, been shown, and enabled us to gather reactions and further comments. For two households these discussions encompassed the diary and photo-elicitation interviews.

[Insert Figure 1. Composite map depicting emplacement of medications in households]

Engagements with the 20 households² left us with a large and complex data set comprised of some 38 household discussions (introductory and exit), 20 maps, 34 interviews, 29 diaries and over 200 photographs. This corpus offered multiple forms of overlapping data regarding the placement, meaning and everyday practices surrounding the use of medications in domestic settings. Our multifaceted approach allowed us to look *within the homes* at what medications were there, *around the homes* for where medications were located, and *over the homes* in terms of participants’ reflections on the meaning and use of medications. The use of exercises requiring participants to draw floor plans and photograph objects added depth to our information within each household and provided a particularly useful way of rupturing the taken-for-granted, opening up experiences of medications and producing representations that can be discussed. These exercises comprise a kind of breaching experiment in the ethnomethodological sense (Garfinkel, 1967), which renders the unnoticed noticeable and considerations of medication placement and use intelligible.

Our analysis process was guided by the overall aim of a larger research project to explore the social life of medications and processes surrounding the procurement, use, placement and meaning of medications in domestic settings. As we explored materials

² Data collection for this project is ongoing and involves the recruitment of additional households.

collected with the householders more specific themes began to emerge around identity, memory, caregiving, and daily routines. These complex issues required us to act as bricoleurs (Kincheloe, 2005) in the analytic process by working inter-disciplinarily to generate insights into the materials collected with the households. The first author initiated the analysis for this article by systematically reading the phase 1 data. Phase 1 data provided a way into the corpus and for confirming the relevance of themes central to the intent of the larger project as well as for inductively identifying additional themes to be developed into a coherent analysis. The centrality of medications as social objects associated with processes of emplacement, identity, home-making, re-membering and caring was confirmed as a striking feature of the data. The first author then asked the co-authors, who had been involved in the data collection, to consider these themes in relation to the phase 2 and 3 data from households they had engaged with, and from their analyses to provide specific examples of these themes. Extracts were then collated and used to orientate our analytic work on the entire corpus (phases 1 to 3). Further extracts were then coded under the important themes of the sourcing and emplacement of medications, daily routine, meaning, memory, identity, care, and the social life of medications. A draft analysis was produced and circulated among the authors for further deliberation. This resulted in several further discussions and iterations of the analysis, leading to the production of this article.

The analysis is presented in three sections focused on the ways in which medications are integrated into relationships and daily practices within the home and become integral to the construction of identities and spaces for care. The first section contextualizes the integration of medications from the outside into the inside of the home to the extent that these objects become taken-for-granted and implicated in personal histories of illness. This leads to an exploration of daily routines around medication emplacement, use and personal identities. The analysis culminates in a focus on the embedding of medications within caregiving relationships, which reinforce affiliations that characterize home life of spaces for care.

Contextualizing the taken-for-granted status of medications inside the home

For some time, scholars have noted that people's adjustments to illness and management of ailments occurs within broader socio-political contexts (Radley, 1989; Robinson, 1971). The patterning of homes with medications reflects, in part, the epidemiological shift in developed countries from acute to chronic conditions and the ageing of the population, where people are

increasingly required to manage their own health in domestic settings. This is frequently accomplished through the purchase of products from the pharmaceutical industry, or beyond, reflecting the pharmaceuticalisation of everyday life (*cf.*, Busfield, 2001; Conrad, 2007; Fox, Ward & O'Rourke, 2006). Correspondingly, the social life of medications begins before these material objects enter the house; substances carry meanings from the socio-cultural and economic contexts in which they are produced. As a result, they illustrate the open and communicative nature of homes (Massey, 1992) in which economic, societal and personal care practices are layered onto everyday domestic settings.

Figure 2, from the Helu household (comprising two policewomen in their early 30s) illustrates how advertising for medications enters the home through media and adds to existing meanings in the domestic space. In the process, the threshold between public and private domains is breached through the overlapping of representational (media) and domestic spaces (Hodgetts et al., 2010). This process is relatively common in New Zealand where, unlike most OECD countries, direct-to-consumer advertising of prescription medicines is permitted, and medication advertising for all types of medication is widely dispersed across different forms of media.

[Insert Figure 2. Advertisement for medications enters the home via television]

Our participants took such representations promoting medication use for granted, along with their procurement of medicines from supermarkets, chemists and friends. The extent to which medications become ingrained and embedded in the home became apparent when participants rediscovered expired and often long-forgotten medicines stockpiled in their homes. The following exemplifies how talking about a photograph of a storage bin in a bathroom (see Figure 3) demonstrates how substances can go unnoticed until needed, or when participants in research are asked to handle, itemize, map and discuss these objects. Participants from the Williams household (comprising a 45 year-old mother, a 47 year-old father, both self-employed, two daughters aged 8 and 10, and a son aged 14) reflected on their storage of medications:

[Insert Figure 3. Medications container in bathroom]

Bev: It's [the container] got basically things we don't generally look at. It tends to have a lot of the pain killers so it's got– my physio used that for my knee. It's got Panadol, Codeine [pain relief]. It's got – what is that? Oh, that was when the doctor gave us that for Phoebe's tummy, but we never, ever took it. Remember when she was getting that – did she have this thing with her tummy or did she not?

Facilitator: So how long ago would that have been?

Bev: This one? This was only April.

Facilitator: Oh, ok, so it's recent.

Bev: Last month, yeah. Paramax [pain relief/anti-nausea]. This has actually got a whole batch of stuff even from when – Steve, we have to sort this out, it's embarrassing.

Facilitator: This is the whole ...

Bev: Look at it. Who was erythromycin [antibiotic] – oh, that was when Phoebe had, when she had her asthma...

Breaking through the taken-for-granted, reflected in this extract, occurs because we ask participants to locate, fetch and talk about these objects. Householders think out loud whilst handling medications and remembering the purpose of objects, their origins, and how and why these substances came to be in the house and placed in certain locations. Likewise, in the Franks household (comprising a 54 year-old female consultant), Zoe reminisced about past ailments as she went through a box of expired medications. What emerges are fragments of a biography (Olesen et al., 1990) that includes ailments experienced, where medications were sourced, and the context for their use:

Zoe: This one is Medipulv antiseptic powder so probably use that for chaffing... This one is peroxide – good old peroxide 1993.

Facilitator: Goodness me!

Zoe: So, it was something to do with my throat because I was gargling it... This is pre-use by dates. So, Panadol, Panadol, Panadol, night caplets [pain relief]. And that one is a, that one's actually quite good for helping you sleep, I think.

Facilitator: So, different ones.

Zoe: ...The thermometer which I bought fairly recently. Why did I buy that? Oh, that's right, it was, yeah, this year was the hot flush year. And I have my diclofenac, so that's the painkiller generic brand – that's the Voltaren.

Facilitator: ...So, that's the prescribed one you get from your GP?

Zoe: Yeah, so, I originally had Voltaren when I had knee surgery. And I had a lot left over. Then I had painful gall stones and I would've used it then. That wasn't the reason. I must've, I went through a period where I was getting migraines and – this was a long time ago – and I think then I got some of these from the doctor.

One significant aspect to emerge in instances when people handle these biomedical objects is that medications are translated into social objects that carry biographies, personal and shared meanings. The objects act as memories - perhaps metonyms - transporting people, for an instance at least, back into past events and experiences (*cf.*, Morgan & Pritchard, 2005). These instances also invoke links to health professionals beyond the walls of the house and networks of relationships surrounding the procurement, use, storage, and construction of medications in the therapeutic spaces of the home.

Emplacement and the weaving of medications into daily routine and identities

When participants took photographs of medications they often represented these as mundane objects simply located in the house and woven into daily routines. Keith (Williams) reflects on taking such photographs: “It was just apparent to me at the time that these things [medications] are so much a part of, you know, everyday stuff that’s just lying around that we don’t even notice... They’re just used...”. The notion of daily household routine and how medications are subsumed to it is central to understanding the use of these substances in domestic settings.

The emplacement of medications has practical functions and is crucial for reminding people to take their medications on a daily basis. For example, Figure 4 captures a morning routine for a man as narrated by his wife when she reflects on the medication use diary that she compiled for this study. “Oh, yeah. The first day I just wrote down ‘had tablets for his high blood pressure each morning’ [...] Yeah, this is his medicine for high blood pressure. [...] Yeah, two kinds he takes each morning...” (Brenda, Paul household, comprising a 41 year-old female laboratory technician, a 43 year-old bus driver, and an 11 year-old son). This man takes his heart medication every morning in the same spot at breakfast time. Such people’s ailments are reconstituted daily through such acts of placement and routinisation of use (*cf.*, Conrad, 1985, 1987). Further, in recounting this act and discussing the use of these medications, Brenda also expresses concern about her husband. The photograph is a representation of both the management of high blood pressure and their relationship.

[Insert Figure 4. Householder taking medications at breakfast time]

The placement of medications in strategic places, such as the kitchen bench, was common to several households and invoked processes of remembering and adherence. Participants talked of medications in terms of where they were placed, why they were there, and how they were used, and in the process rendered these objects intelligible.

The following extracts further exemplify the essential function of the emplacement of medications in the flow of domestic life. The first is from the Colborne household (comprising a retired couple, both aged 77 years):

Ted: Sometimes they're specific when you should have it and... generally every box has got something on it that says, "Swallow whole, do not crunch or chew, one tablet daily." So, you have your one tablet daily and you get into a routine of going, "Right, I've got to take my daily pills in the morning," which I do. The ones where I've got to take three times a day they're in compartments and I can see immediately if I've taken them. At the end of the day if there's still some there, well, that means I've slipped up. So, that's my check...

Facilitator: Ok, that's good.

Ted: So, we've both got a system. You have yours in the morning and I have mine once a day ones in the morning.

Dianne: ...So, anything like that I currently just take for a couple of days I leave on the end of the bench [...] As you get older it's very easy to forget, "Now, have I taken them this morning?"... Because I can look and think, "Today's Tuesday, have I taken the pills? I don't remember taking them." And if I'm out of my routine and I don't go into the kitchen straight away sort of after breakfast or some reason I get side tracked – get a long phone call or something and then Ted often does the dishes or cleans up – I would forget and then I'd see later I haven't taken them...

As this reveals, the placement of medications reflects the construction of the home as a space for the consumption of medications, where people develop and enact embodied knowledge that is informed, but not dictated, by broader socio-cultural scripts regarding compliance (*cf.*, Dyck et

al., 2005). Householders explore their use of medications beyond biomedical functions and in terms of the enactment of their daily routines and relationships.

As is evident in the following extract from the Pere household (comprising two female academics, aged 45 and 60 years, and the retired mother of one, aged 74 years), the importance of daily routine extends to the framing of medications as central to their way of life and sense of place. Daily routine is often focused around the consumption of medications:

Miriama: When we get out of routine, then the likelihood of not taking medications becomes higher.

Facilitator: And because we'd moved around the packs..., you couldn't see them so it's important to be able to visually have them in place as your reminder.

Miriama: To visually see them as well as to have a routine. So, for example, in the morning it's cornflakes first, medication next, and tea after that... It's important for her [elderly parent] and it's important for me because if she's in a routine then she has a better capacity to recall and to remember. So she knows that cornflakes come first, medications come next and then she'll get her cup of tea. And... she really enjoys having a cup of tea so she does not want to be taking other fluids and pills and things like that after she's had her cup of tea...

Medications are associated with householder relationships and are integral to how people adjust to and manage illness through their relationships and norms of social routine (Radley, 1989). As therapeutic objects, medications come to be implicated in the texturing of the home as a space for care. Placement, as part of domestic patterning gives a sense of control and routine that is associated with the increased ability of people to cope with illness. Taking medication punctuates the day for many of our participants.

The emplacement and use of medications also emerged as being implicated in processes of identity. It is through daily practices, involving the use of material objects, that people can come to know and understand themselves. Supporting this assertion, Olsen (2003, p. 96) notes that "We are not detached observers of objects, but concerned users of things." Householders develop a sense of place, connection, history and shared purpose in relation to the use, display and exchange of medications in the home (*cf.*, Morgan & Pritchard, 2005). They are able to gain some sense of certainty that if they take their medications as instructed they might just be okay, at least for a while. Terms like "my pills" comprise statements of ownership that reflect the degree to which socio-pharmacological objects can become part of peoples' very

sense of self. Identity is central to medication use because questions of identity often emerge out of uncertainties, such as those associated with illness. Familiar home-based practices surrounding the use of medications constitute expressions of self and connections with others with whom one is making a home.

For several participants with chronic illness, medications became woven into the self, almost to the point of being life-defining. The following extract from the Edwards household (comprising a 22 year-old female bank teller, a 37 year-old female student, a 24 year-old returns coordinator, and a 26 year-old male student) illustrates the point:

Jenny: ...obviously medication means, is my life, really. It's a part of my life. ... I've been on dialysis for 19 years so that's 19 years worth of prescription drugs. That's a long time. But, yeah, I think at times I've had a love/hate relationship with the medications. I know I have to take them, but I get sick of taking them or I feel tired or I feel like they're causing other problems so it's a necessary evil in my life. Sometimes that's the way I see it and then other times it's routine. It's like getting up and brushing your teeth. For me get up and take my tablets. And even so, I still forget my routine, sometimes, and I've got all my drug times alarmed into my cell phone to remind me as well... But it's part and parcel of my illness. It's half the same thing and I've had it for so long that I actually don't know what I'd do with myself if I didn't have to take anything.

There is tension in such accounts around not being engulfed by illness and the realisation that consuming medications is a defining feature of one's daily life. We also see how illness and medication are conflated and taken-for-granted at some times and brought to the fore and lead to concerns at other times. Disruptions to routines of consumption and medications not working as expected are challenges for people who are seeking to regain control over their bodies, their daily lives and their homes. There is a strong suggestion here that medications have come to be a part of Jenny's sense of self. Practices associated with long-term medication use provide a role for people such as Jenny and her home life is patterned accordingly. This extract also foregrounds social dimensions of medication use, in that to cease taking medicines might impact on giving and sharing relationships that have become central to home life.

Simply having substances such as paracetamol or acetaminophen at hand can give a sense of continuity in dealing with illness (Conrad, 1985; 1987); one can exert some control over illness and engage in care with minimal disruption to the flow of daily life. Possessing medications can also provide a sense of continuity to one's social identity and affiliation with

other places outside the present home. This was evident in the following extract from the Li household (comprising, a 48 year-old female accountant, a 52 year-old self-employed male, a 80 year-old female and an 82 year-old male) during a discussion of the stockpiling of familiar medications from China:

Ying-Yue: We just buy it for protection purposes, when you feel probably not alright we just take them. They are all made of traditional medicine... One reason is because we're familiar with the medicine we use because we use it in China all the time. Here, a lot of the medicine we are not quite familiar with it. So each time, actually, until quite recently I knew there are some medicines – I used to go to the doctor to get them – I can buy them from the pharmacies. So, we still get some from China and have it in the house whenever we need it.

Medications are presented here as a kind of security blanket, which crystallizes both a sense of security and an identity as a Chinese New Zealander. Stockpiling Chinese medications in New Zealand also provides continuity of self across countries and home spaces out here and in there (*cf.*, Li, Hodgetts & Ho, 2010). Practices surrounding stockpiling and use of medications provide continuity with therapeutic regimes with which a person is raised and their current situations. It reflects connections between persons, objects and places that are implicated in experiences of certainty in the face of illness.

We are not proposing that absolute certainty is achieved by having medications in the home. Our participants engaged in ongoing conversations about side effects, long-term prognoses and the uncertainties of illness and their bodies. What we are proposing is that having medications materializes preparedness, allows for something to be done, demonstrates a need for assistance, and reinforces a sense of self and place.

Using medications to care and support a family member

Medications become part of the networks and practices of everyday life, through which people go about managing illness and their relationships with others. By taking medicine, or giving medications to another, people legitimate themselves as both a person with a legitimate ailment and/or a person who cares for someone else in need (Whyte et al., 2002). These acts reaffirm bonds between social actors within the home and beyond. Through such acts of caring and associated practices, medications come to life socially. Personal exchanges surrounding the

use of medications occur as part of caring and home-making. Such exchanges involve procedures for checking, reminding, and badgering, and are communal activities often expressed through affection, affiliation and humour. Simple situated practices, such as reminding elderly parents to take their medication by placing pills in a prominent shared space like the kitchen bench, constitute material statements about familial relations, routine, concern and care. These practices associated with the placement and use of medications are crucial aspects of health care in the home. Householders perform caring tasks through material objects such as medications.

The following extract (Griffin household), exemplifies how caring occurs relationally, beyond the use of particular substances, to involve expressions of affiliation and support:

Billie: Sometimes Mum might say, "Remind me to take my pill."... We're fairly independent of each other but, you know, unless, like if Mum happened to see a pill sitting on the bench she'd say, "Oh, you know, did you forget to take that?" or, "Is that meant to be there?"

Mel: You know how you might put it down by your breakfast and forget to pick it up.

Billie: Or she might tease me, "Are you sure you took your pill today?!"

Mel: Yeah (laughter). You could take the pill (laughter)

Billie: We're pretty good, we muddle through.

Mel: We just go off in a snot with each other! (laughter)

Billie: No, we don't! (laughter)

Mel: You do! (laughter)

Billie: I do. (laughter)

Mel: Yes. "Don't talk to me."...

Caring through placement and reminding reflects how simple acts have a broader significance in social relations surrounding medication use. Participants discuss and assign significance to medications in the context of relationships, with an emphasis on spatial dimensions or how specific interactions are woven into specific settings and in turn texture or give further significance to those locations (Hodgetts et al., 2007). In the above extract, expressions of concern that a family member takes her pills takes place around the kitchen bench as a prominent site for 're-remembering' medications and associated concerns. The concept of re-remembering (Olsen, 2003) is applicable here as memories are not just cognitive experiences; they are also materialized in objects and places (Radley, 1990). Re-remembering refers to material enactments of one's membership to a social group.

The Moana household (comprising a 40 year-old manager, her 40 year-old computer technician husband, his 75 year-old retired father, and their daughter aged 15 years), further exemplifies how medications and their use are subsumed into familial relations and efforts to care:

Tane: ...It's only when I'm away he doesn't take them. The biggest problem is that normally I make him breakfast and breakfast can be any time between half past seven and ten, aye? It depends what time you wake up. And they'll take it out of the blister pack, in the egg cup and put in front of him when he sits down to have his breakfast. But often he just won't take it, just forgets it. If I remember he hasn't taken it then I'll chase him down the corridor but sometimes I don't come back to clear the table till lunch time and that's when I see it. We're a whole half a day late and then you don't know what to do with it. Do you give it to him or not give it to him? [...]

Tui: But it's only lately that I guess I'd better keep up with the pills. Mainly because I feel a heart attack. Having had a heart attack twice that's enough for me.

Tane: He was actually living in Rotorua by himself for about two years and he only moved here in December last year. And he wasn't really keeping up with his meds by himself. We'd go home and find whole boxes of blister packs that he hadn't touched. But since he's been here we've been a lot more frequent with the medication [...]

Tane: One of the reasons we moved over was that we were really worried about his health and so that's why we moved from Rotorua to here. But also because it was time to have you with the family, aye?... So, yeah. That's the half of it living here – make sure he gets meds and all that sort of stuff, gets some care going.

Householders often engaged in discussions about the difficulties of adherence with medication regimes when discussing care-giving practices in the home. For example, Tane continues the discussion above by reflecting on finding medications that had been missed. This led to an account of the ongoing nature of medication-based healthcare in the home, with non-adherence invoked as rupturing daily routine:

Tane: ...We were looking at his [father's] blister pack and seeing that there were two days that he had missed his meds... So it was out of synch to try and get him back up to what he's meant to be doing and you're sort of popping the blister pack on a day that says Thursday and you're popping it on Friday... But for Dad, given all the time that he's lived by himself... previously to coming here and that box of meds you can see in the photo... There's like about twenty blister packs and not one of them had been touched.

And not taking the meds causes other complications where, for instance, he got a wound on his leg... It ended up turning kind of gangrenous... So I don't ever want that to happen again because it was such an inconvenience for us, our lifestyle... and routine and choices of what you can do during the day, yeah....

In these extracts, the discussion invokes issues of care for a family member and the problems that can arise when routines of medication consumption are disrupted. We can see how family life and medication use are interwoven into the fabric of the household. There is more here than the function of health care; the household management of illness is constituted as an arena of gift exchange (Robinson, 1971), where specific household practices around the use of medications bind generations as loved ones. Medications become key objects in the enactment of care (Conradson, 2003).

Discussion

The use of medications of all types has increased substantially over the past few decades and medications are commonly understood as a meaningful way of achieving personal treatment objectives in daily living (Leontowitsch, Higgs, Stevenson, & Jones, 2010; Foote-Ardah, 2003). Medications provide a focal point for, and help in, efforts to take action in response to physical complaints and illnesses. As van der Geest and colleagues (1996, p.154) note, "Medications are tangible, usable in a concrete way: They can be swallowed, smeared on the skin, or inserted into orifices – activities that hold the promise of a physical effect". Nonetheless, Householders do more than reflect on past and present ailments; they talk about medications in ways that exceed their materiality and physical effects. Householders talk about medications as if they represent their personal character and the relationships they hold dear (Hurdley, 2006). We have illustrated how medications can become central to the recollection of histories of illness, the enactment of relationships, and the texturing of spaces for care. In process, medications take on a social life.

This article has extended present understandings of what people do with medications at home. We demonstrate that medications are more than curative potions. They have become implicated in experiences of illness, self, relationships, home, and care. Medicines have to be remembered or disruptions might ensue. The carefully considered and strategic placement of medications in households facilitates remembrance and the forging of routines of consumption

and care. The architecture and design of households are deployed to facilitate such routines. For example, placing medications on the kitchen bench means that a person is more likely to see these first thing in the morning and remember to add them to the breakfast menu. In other words, measures need to be taken to make the ingestion of medications routine. One way of doing this is to integrate the ingestion of medications with other emplaced routines, such as eating cornflakes and having a cup of tea.

Our analysis illustrates how the home provides a locale in which the symbolic meanings that shape the use of medications are crystallised in particular spaces, and through objects and the practices associated with them. Medications take on important meanings for users at home, enabling people to respond to illness and engage in the management of health. When talking about managing their ailments, householders invoke medications as mementos that give some certainty and a sense of preparedness and in doing so reveal the function of home as a resource for respite and wellbeing (Mallet, 2004). Routines around medication use are particularly important for understanding the ways in which medicines become bound up in relationships, especially relationships of care (*cf.*, Robinson, 1971). People can derive a sense of certainty (Sointu, 2006) and reciprocity (Robinson, 1971) through medications, and the mere presence of medicines in the home can be symbolically therapeutic (Fainzang, 2005). Through engagements with medications people transform these pharmacological objects into social objects, with histories and memories (Olesen et al., 1990; van der Geest, Whyte, & Hardon, 1996), which exceed medicinal functions and which shape relationships and home-making practices. In many respects medications function as social actors in peoples' lives, with their use implicated in the construction of identities (Conrad, 1985, 1987; Whyte et al., 2002). The emplacement and use of medications is also foundational to the reconstruction of the home as a space for care, trust and support (*cf.*, Gieryn, 2000; Sorensen, Stokes, Purdie, Woodward & Roberts, 2006).

This article contributes to current research on medications through the application of work on spaces for care, emplacement and material objects. In particular, work on material objects provides a basis for exploring the cultural, social and temporal elements of the emplacement of 'things' in society (Hodgetts et al., 2010; Miller, 1998). We have applied these ideas to our exploration of medications in the home in order to shed light on the social life of these 'things' (Appadurai, 1986; Tilley, 2006). This article documents how socio-pharmacological objects from 'outside' the home are woven into domestically-anchored relationships and daily health care and maintenance practices occurring inside the home. The

integration of medications into domestic settings reflects the multi-dimensional and multi-functional nature of the home (Cooper-Marcus, 1995; Mallett, 2004; Massey, 1992; Morgan & Pritchard, 2005). Home is a setting in which the placement of medications can reflect the dynamics of relationships, concern, and illness. Our research reflects an understanding of home as a physical, social and familial space, produced now and over time through human action and interaction, and through the accumulation of inanimate and animate 'things' within everyday life (Hurdley, 2006; Mallett, 2004; Morgan & Pritchard, 2005; Olsen, 2003). We have shown how homes can at times be constituted around a caring focus that requires the routinisation of medication regimes. The placement and use of medications in the home weaves together person, place and material objects in a manner that exemplifies some of the complexities associated with people constructing spaces for care beyond institutional settings.

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Fig 1

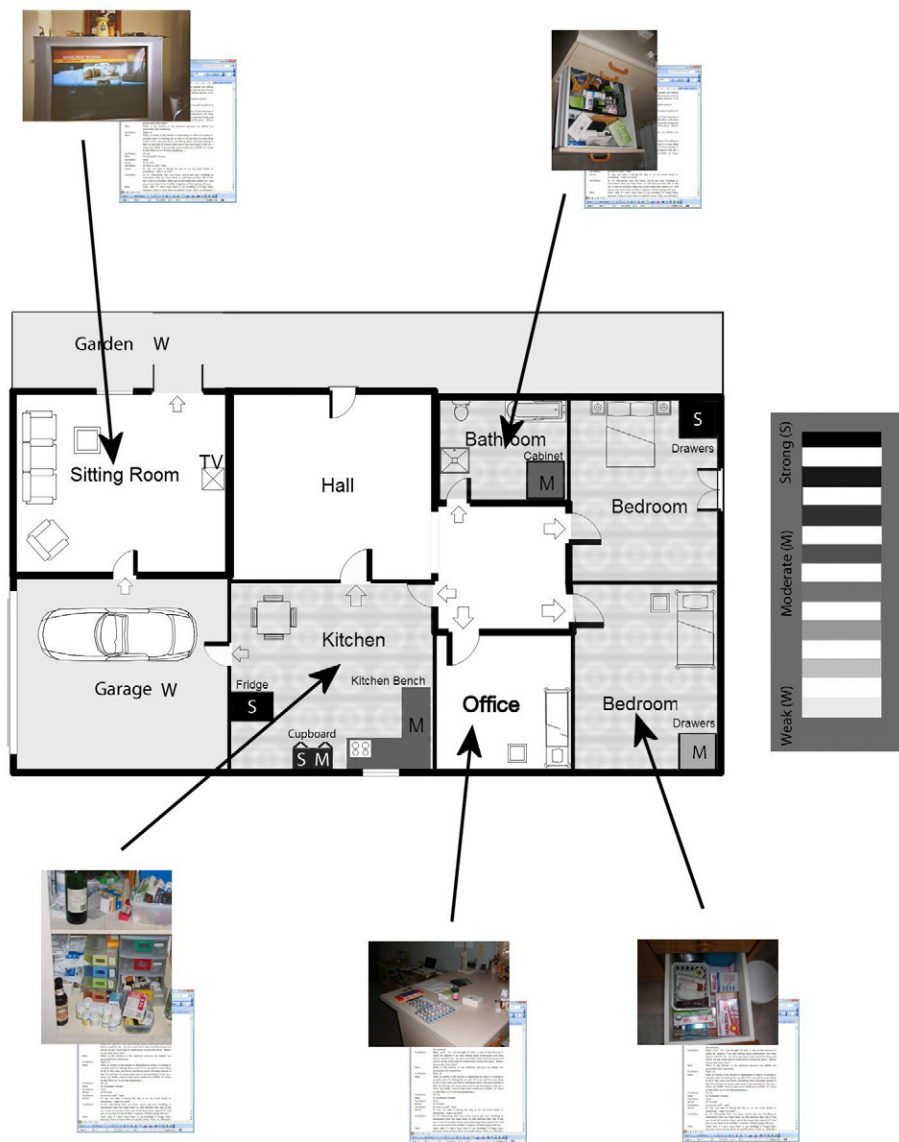




Figure 2. Advertisement for medications enters the home via television

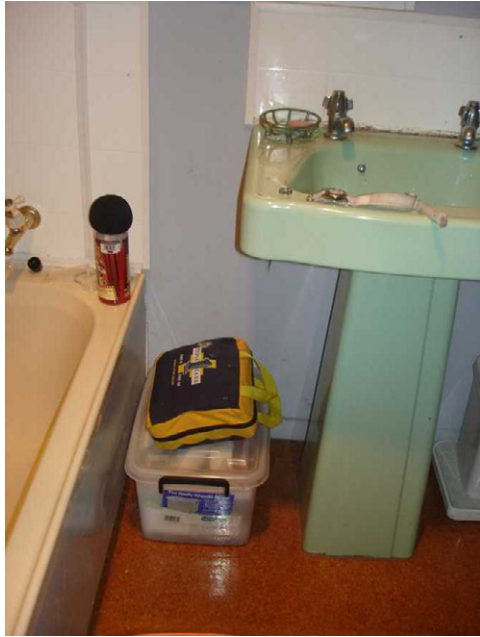


Figure 3. Medications container in bathroom



Figure 4. Householder taking medications at breakfast time

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