



Too Much, Too Little, the Wrong or the Right Kind? Negotiating Homes' Material Stuff in the Context of Substance Abuse and Mental Health Home Visiting

Kirsi Juhila & Kirsi Günther

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KIRSI JUHILA AND KIRSI GÜNTHER
**TOO MUCH, TOO
LITTLE, THE WRONG
OR THE RIGHT KIND?
NEGOTIATING HOMES'
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THE CONTEXT OF
SUBSTANCE ABUSE
AND MENTAL HEALTH
HOME VISITING**

KIRSI JUHILA IS PROFESSOR IN SOCIAL WORK AT THE FACULTY OF SOCIAL SCIENCES AT TAMPERE UNIVERSITY, FINLAND. HER RESEARCH INTERESTS INCLUDE INSTITUTIONAL INTERACTION IN SOCIAL WELFARE SETTINGS AND THE ISSUES OF SOCIAL EXCLUSION, MARGINALISATION AND HOMELESSNESS. HER PREVIOUS ARTICLES HAVE APPEARED IN SUCH JOURNALS AS *TEXT & TALK*, *QUALITATIVE SOCIAL WORK*, *SOCIAL & CULTURAL GEOGRAPHY* AND *SOCIAL POLICY & ADMINISTRATION*. SHE IS CO-EDITOR OF *ANALYSING SOCIAL WORK COMMUNICATION* (ROUTLEDGE 2014) AND *RESPONSIBILISATION AT THE MARGINS OF WELFARE* (ROUTLEDGE 2017).
KIRSI.JUHILA@TUNI.FI

KIRSI GÜNTHER IS SENIOR LECTURER AT THE FACULTY OF SOCIAL SCIENCES AT THE UNIVERSITY OF TURKU, FINLAND. HER RESEARCH INTERESTS INCLUDE SOCIAL WORK AND MENTAL HEALTH PRACTICES IN WELFARE INSTITUTIONS, CLIENT DOCUMENTATION AND TEXT ANALYSIS. HER PREVIOUS ARTICLES HAVE BEEN PUBLISHED IN SUCH JOURNALS AS *COMMUNICATION & MEDICINE*, *DISCOURSE & COMMUNICATION* AND *TEXT & TALK*.
KIRSI.GUNTHER@UTU.FI

ABSTRACT This study asks what is regarded as (in) appropriate material stuff in home spaces, and how it is negotiated between professionals and clients in home visit interactions in three substance abuse and mental health services in Finland. In analysing negotiations between professionals and clients, three interpretational frames theorising its meanings and proper place in home spaces are applied, of which two are located in social anthropology and

one in psychomedical ideas. The study demonstrates that negotiations on (in)appropriate material stuff deal with the cleanliness of the clients' flats and the personal meanings of material objects in their homes. Both negotiations are connected to the institutional task of the services, which is aimed at supporting clients' everyday lives in their communities and reducing their risk of losing their homes. When professionals enter clients' homes with this institutional task, homes partially become institutional spaces and the privacy of the home is broken.

KEYWORDS: home, home visit, material stuff, interaction

INTRODUCTION



The cultural meanings of the home are manifold. However, unlike public spaces, the home is understood as a private place where we are supposed to have the right to control who enters it (Twigg 1999; Angus *et al.* 2005). Accordingly, what a home looks like, its furnishing and other decorations as well as its level of tidiness and the order of the goods in it are regarded as personal and private matters. We are entitled to construct our homes according to our own tastes, preferences and wishes. Homes and the material objects therein can thus be regarded as personal identity performances (Miller 2006; Connellan 2018; Richardson 2019). Nevertheless, cultural norms about what a “decent” home looks like exist. Contradictorily, these norms are partly connected to the same ideas of privacy and individuality that safeguard the home’s personal integrity. A home is not regarded as a real home if it does not look “homey” and reflect its inhabitants’ personalities, or if it seems “chaotic” and disordered according to “symbolic systems of purity” (Douglas 1966/1984). Thus, the home is not only a personal matter, but also “a domain of cultural anxiety,” including external influences and potential surveillance and judgments of others (Hurdley 2006: 718).

Obviously, making judgments on other people’s homes, especially their “decency” or “indecency,” is a delicate matter. However, this study deals with professional practices where such judgments are sometimes made and negotiated with the inhabitants of homes, namely home visiting in the context of substance abuse and mental health work. The study continues and adds to the literature that focuses on home visiting work, i.e. professional support, and care and control provided in clients’ homes, from the points of view of blurring boundaries between personal and cultural and between private and

institutional spaces, and how homes as geographical spaces entangle encounters between professionals and clients (e.g. Holbrook 1983; Twigg 1999; Milligan 2000; Angus *et al.* 2005; Zadoroznyj 2009; Juhila *et al.* 2016; Winter and Cree 2016; Ferguson 2018; Karlsson and Gunnarsson 2018; Muzicant and Peled 2018). Studying home-based services is crucial, since after deinstitutionalisation processes and turn to community care, people with complex service needs are increasingly supported and cared for in their own homes in many contemporary Western welfare societies.

Professionals' judgments based on their observations of homes' conditions and artefacts have a long history starting, for example, with Mary Richmond's idea of friendly visiting among the poor (Richmond 1899; Holbrook 1983; Margolin 1997). Margolin (1997: 7) comments that observation has often meant gathering evidence during home visits without sharing this with the clients, thereby leading to an illusion of non-observation. In our research context—substance abuse and mental health home visiting—professionals' judgments on home spaces are connected to their institutional task, which is aimed at supporting clients' everyday lives in their communities and reducing their risk of losing their homes in the future. Unlike Margolin's suggestion, professionals often say aloud their observations and judgments on material stuff and invite clients to discuss this topic. Accordingly, our special interest in this study is on such instances of home visit interactions between professionals and clients, where the conversations concern the material stuff in clients' homes. By material stuff, we mean all physical goods and artefacts in homes that professionals and clients refer to in the conversations, such as furniture, decorative items, food, dishes, cleaning equipment and empty bottles and boxes. In analysing the conversations, we focus especially on professionals' judgments on whether the material stuff is either too big or too small, or the wrong or the right kind. By judgments, we thus mean both positive and negative assessments. Furthermore, we demonstrate how these judgments are connected on three interpretational frames. The first frame is based on a cultural distinction between dirt and purity (Douglas 1966/1984); the second takes a psychomedical view, emphasising people's psychological and physical (in)capacities; and the third frame focuses on how the people perform themselves via material stuff (Miller 2008).

In the following, we start by presenting three theoretical approaches that create different but interconnected interpretational frames for reasoning the appropriateness of material stuff in clients' homes during home visit interactions. Second, we introduce our research settings, data and method. Next and before the discussion and conclusion, we examine four instances of home visit interactions that contain conversations on material stuff in home spaces.

FROM CULTURAL AND PSYCHOMEDICAL DISORDERS TO PERSONAL MEANINGS

The first theoretical approach connected to the interpretational frames of material stuff in homes is based on Douglas's (1966/1984) ideas about dirt in relation to ordered symbolic systems of purity. According to Douglas, dirt "is never a unique, isolated event"; it is always a rejected part of some cultural system of purity (Douglas 1966/1984: 36). Therefore, dirt is a relative idea. As Douglas (1966/1984: 37) writes "Shoes are not dirty in themselves, but it is dirty to place them on the dining-table; food is not dirty in itself, but it is dirty to leave cooking utensils in the bedroom, or food bespattered on clothing; similarly, bathroom equipment in the drawing room; clothing lying on chairs; out-door things in-doors; upstairs things downstairs; under-clothing appearing where over-clothing should be, and so on." In the above quotation, Douglas uses specific examples that are directly linked to material stuff in home spaces to clarify her theory, i.e. shoes, food, clothing and bathroom equipment. All these goods have either right or wrong and pure or dirty places in homes. For example, shoes on a dining table can be defined as dirty. However, if they are placed on a shoe rack, they do not break the order of the system and are thus pure. This theory creates an interesting frame for our home visit interactions, where the professionals and clients discuss material stuff in clients' home spaces, and the professionals make judgements about it. We anticipate that in making assessments about the stuff, the professionals use their cultural knowledge on the pure order of home spaces, which is based on Western and middle-class understandings on what pure-enough homes should look like. On that basis, they may suggest to their clients that everything is not as it should be in their homes; homes are then somehow in a state of disorder. Alternatively, they may make positive comments on the order and purity of homes.

The second approach, opposite to Douglas's ideas, is psychomedical. Instead of cultural interpretations of dirt and purity embedded in symbolic systems, the focus is on individuals and their psychological and physical capacities that can be used to interpret the (dis)order of material stuff in homes. For example, severe mental illnesses or substance abuse addictions can be understood as influencing people's abilities to take care of their homes; thus, according to this interpretation, they need special individual support or therapy to put their homes in order again. One special psychomedical phenomenon, namely collecting and having too much material stuff in home spaces, even has its own diagnosis among mental disorders called "hoarding" (Diagnostic and statistical manual of mental disorders 2013). Hoarding is defined as "a need of storing up goods to an extent that significantly hampers everyday life" (Huttunen 2015: 1344). Psychomedical literature has also attempted to define it in terms of when collecting stuff can be regarded as normal, or if excessive, hoarding (e.g. Snowdon 2015). Although hoarding is understood as a mental disorder in the

psychomedical frame, its diagnosis is still inevitably linked to a cultural understanding of it when “storing up goods” seems to “significantly hamper everyday life.” Sociocultural and ethnographic literature has shown that a psychomedical, diagnostic approach to understand hoarding and the meanings of material stuff is narrow and pathologises everyday practices. It bypasses social and personal meanings connected to possessions and belongings, and makes disadvantaged and marginalised people more vulnerable to diagnostic labelling (e.g. Newell 2014). Our presumption is that the professionals in our research settings occasionally use the psychomedical frame, but they are also aware of its narrowness in negotiating the material stuff with clients in their home spaces.

The third approach offers a view on personal goods and belongings in home spaces, which takes social and personal meanings of material stuff seriously. It is based on Miller’s social anthropological studies on the interiors of houses, especially in the book *The Comfort of Things* (2008), where he describes it as “a book about how people express themselves through their possessions, and what these tell us about their lives,” and as a book that “explores the role of objects in our relationships, both to each other and to ourselves” (Miller 2008: 1). Each of the book’s 30 chapters creates a portrait of one person living in South London. The collected data do not only pose questions “directly to the people who opened their doors,” but also to the homes’ overall environments and their interiors (Miller 2008: 2). From the point of view of this study, the first two portraits, called empty and full, are most important. An empty house “contained nothing at all, beyond the most basic carpet and furniture,” whereas the interior of a full house contained meaningful and memorable goods and possessions on which Miller writes “there is nothing here that could be dismissed as mere mess” (Miller 2008: 8, 30). Miller’s approach emphasises personal and life historical meanings of material stuff in home spaces. Our hypothesis is that when professionals visit clients’ homes, they partly use similar lenses as Miller did in his study. In negotiations with their clients, they assess whether the interiors of homes are meaningful to the clients and create “a sense of home,” or whether they are “empty” without personal and life historical meanings, signalling problems in attaching to a living place (Richardson 2019: 2; Ranta and Juhila 2020).

RESEARCH SETTINGS, DATA AND ANALYSIS

SETTINGS



Our home visit data come from three different service settings, which are the Centre of Housing Services (CHS), Mobile Support (MS) and Adult Social Work (ASW), located in middle-sized towns in Finland. The number of staff in these settings varies from 5 to 14, consisting of nurses, social counsellors and social

workers. Clients are adults with complex service needs and challenges in living independently, related typically to mental health or substance abuse problems. Home visiting is a common working method in each setting. The overall aims of home visit work are to sustain and support clients' everyday lives and housing and reduce the risks of evictions and homelessness or hospitalisation. These general aims are tailored and recorded in individual care plans, according to the needs of each client. Thus, the professionals do not have detailed guidelines on how to conduct home visit work. Since a main aim is to safeguard the continuity of housing, it is expected that the professionals will occasionally pay attention to the materiality of homes and the meanings connected to it. For example, if a landlord assesses a home as too dirty, the threat of eviction exists; or if clients do not feel that their flats are "homey," their everyday life management in the community may be compromised.

DATA AND ETHICS

Altogether, the data consist of 42 audio-recorded professional–client home visit interactions and the researcher's field notes on them conducted in 2017 and 2018 (19 in MS, 13 in CHS and 10 in ASW). The visits lasted between 5 and 100 minutes (about 35 hours in total). The data were gathered using mobile ethnography, which Novoa (2015: 99) describes as the "translation of traditional participant observation onto contexts of mobility" by "following people around and engaging with their worldviews." In other words, the researcher followed the professionals and clients, audio-recorded their conversations and made field notes of her observations (Lydahl et al. 2020). The field notes include information concerning home visit interactions, practices and homes' material environments. In this article, we utilise them as background information for home visit interactions.

When doing research on marginalised groups in society, ethical issues must be carefully considered. Before commencing the data gathering, the Ethics Committee of the Region reviewed the study. All participants were informed about the voluntariness of the study and that they could suspend their participation at any time. Furthermore, participants were informed that their personal identifiers, including their names, would be changed or removed to ensure their anonymity. All participants signed written consent forms, which included this information.

RESEARCH QUESTION AND ANALYSIS OF THE DATA

Our interest in this study is to answer the following research question: *What is regarded as (in)appropriate material stuff in home spaces in the context of substance abuse and mental health home visiting, and how*

is it negotiated between professionals and clients in home visit interactions? We regard this question as both empirically and theoretically relevant. It reveals cultural and personal meanings of homes that are related to strengthening clients' everyday life management in the community. Furthermore, the study contributes to the theoretical and empirical research on the dirtiness, purity and personality of material stuff in home spaces.

The initial idea to study conversations on material stuff and its appropriateness in home spaces was data-driven (Elo and Kyngäs 2008), as we noticed that occasionally professionals raised this as a topic to be negotiated during the course of home visits (*first phase of the analysis*). After this initial observation, using the ATLAS.ti 8.0 program, we systematically coded all instances where (in)appropriate material stuff was somehow negotiated between the professionals and clients, resulting in 33 instances—23 in MS, 7 in CHS and 3 in ASW (*second phase of the analysis*).

The coding phase was followed by a review of the literature that would shed light on the negotiations of material stuff in home spaces. The review produced two slightly different social anthropological approaches (Douglas 1966/1984; Miller 2008) and the psychomedical approach. Leaning on these approaches, we conducted a theory-guided deductive analysis (Elo and Kyngäs 2008) in the sense that we paid special attention to whether the professionals and clients use, according to our pre-assumptions (see the previous section), stocks of these approaches as interpretational frames in assessing the presence of material stuff in homes (*third phase of the analysis*). This meant that we concentrated on conversations between professionals and clients in the data that included, for example, professionals' comments on the order and disorder of homes, the clients' psychological conditions and the interiors of their homes, and the clients' responses to these comments. Whether material stuff in home spaces is defined as appropriate or inappropriate, pure or dirt, is embedded in these conversations. Thus, deductive analysis directed our answer to the first part of the research question: what is regarded as (in)appropriate material stuff in home spaces in the context of substance abuse and mental health home visiting?

Lastly, by applying discursive interaction analysis (e.g. Hall *et al.* 2014), we conducted a detailed analysis of conversations between the professionals and clients in order to answer the last part of the research question: how is (in)appropriate material stuff negotiated between professionals and clients in home visit interactions (*fourth phase of the analysis*)? In the next section, we show four illustrative examples from our data and demonstrate how the professionals and clients orient to three different interpretational frames in their conversations of material stuff in home spaces. The extracts represent the variety of material stuff negotiations in the data corpus.

A HOME WITH TOO MUCH MATERIAL STUFF

Our first example is located in Mobile Support (MS), which aims to guide and support clients suffering from mental health problems to cope in their everyday life environment. The professional has come to see a female client, who is approximately 30 years old, does not work and lives on social security benefits. Her flat has two rooms and a kitchenette. On the floor are piles of clothing, boxes, plastic bags, cat litter and hair. In the following example, the professional and client discuss the presence of the material stuff in her home and negotiate cleanliness of the flat.

1. P: In what kind of order is your kitchenette now? Have you done the dishes?
2. C: There is a little mess [in the kitchenette], but I can clean it myself. Because, you know, I clean it [the kitchen] at certain intervals. Then, it gets messy again, and I clean it again. But with the living room, it is like I simply cannot keep it tidy. [with a laughing voice]
3. P: But, well, one reason, of course, is that there is now too much stuff in here because you have got these ...
4. C: Yes, that's true.
5. P: ... from grandmother [refers to her grandmother's moving boxes]. Do you call her grandmother or?
6. C: Grandma.
7. P: From grandma you have this stuff, and your thinking is that you won't unpack them because you are going to move out in spring.
8. C: Yeah.
9. P: And also the fact that you have been living in this room [living room] for quite a long time now that you don't live there in the bedroom.
10. C: Yes, I have not been here a lot.
11. P: You also sleep here [in the living room].
12. C: Yes, I am sleeping here [refers to a sofa].
13. P: So, before this table was like, it was empty.
14. C: Yes, but there was mess in the bedroom.
15. P: So, you had [refers to material stuff] around the bed what you need to have?
16. C: Yeah.
17. P: And then, perhaps, it's an issue that Anna [name of the client] has an Asperger diagnosis [informs the researcher]. In the beginning, we thought that we'd clean the whole flat during one visit, but surely it is not possible. So, doing one bit at a time works better.
18. C: Yeah.

The professional's first turn reveals that the order of the kitchenette has been discussed before. It also implies that there have been some problems in its order earlier. Too many unwashed dishes can be regarded as inappropriate material stuff in the wrong place (cf. Douglas 1966/1984). The client recognises and accepts this assessment by admitting that the kitchenette is still a little messy. However, she also constructs herself as a person who is capable of keeping the kitchenette in good enough order by cleaning it *at certain intervals* (turn 2). Instead, she confesses that keeping her living room tidy is difficult for her (turn 2). The professional responds to the confession by excusing the untidiness of the living room; the client has received many things from her grandmother, and this stuff has no room or proper place. Additionally, situating it more appropriately (unpacking) in the flat is useless because of an upcoming move (turns 3 and 7). However, both agree that the amount of stuff is a problem and creates disorder in the flat: *too much stuff in here* (turn 3), *yes, that's true* (turn 4). As the client confirms the professional's assessment of "too much stuff," it can be interpreted that neither unwashed dishes nor unpacked things are personally meaningful to her. Instead, they create disorder in the flat and are unhelpful in creating a sense of home (cf. Miller 2001).

After jointly agreeing that the amount of stuff in the living room is excessive and explaining it with the grandmother's things, the professional introduces another explanation for "too much stuff." She says to the client *that you have been living in this room [living room] for quite a long time now that you don't live there in the bedroom* (turn 9). The client again accepts the professional's interpretation as well as her notion that she sleeps in the living room (turns 10–12). Following Douglas's (1966/1984) idea, it can be interpreted that although there is a bedroom with a proper bed, sleeping on a sofa creates disorder. The next turns of the example are a bit harder to interpret. However, it can be argued that the professional moves on to the psychomedical frame by saying to the client *that you had around the bed what you need to have* (turn 15). She seems to hint that the reason why the mess is now in the living room instead of the bedroom is that the client cannot sleep if she does not have enough material stuff around her. Once again, the client agrees (turn 16). Another psychomedical explanation follows after that, as the professional starts explaining to the researcher that the client's Asperger diagnosis, which is connected in some research to hoarding (e.g. Skirrow et al. 2015), produces certain obstacles for cleaning the flat: it cannot be done all at once but *one bit at a time* (turn 17). The client does not resist this explanation either (turn 18).

Overall, the professional and client seem to orient in this piece of conversation to similar norms on what an "appropriate" and "pure" home should look like. They make these norms visible in the conversation when discussing unwashed dishes and unpacked boxes as problems that should be gotten rid of. They also seem to agree that the client's home

does not yet fulfil these norms in all respects, but it is moving in the right direction. However, this agreement is achieved in a professional-led conversation, disclosing asymmetry between the participants.

A HOME WITH A PROPER AMOUNT OF MATERIAL STUFF

In our second example, two Adult Social Work (ASW) professionals make a home visit to a male client who is approximately 60 years old and lives on a disability pension. The client's flat has three rooms and a kitchen, but he has looked for a smaller flat. The reason for the visit is that the client's landlord has called the ASW and requested the professionals to check the client's flat. The landlord had informed the professionals that the client had earlier been collecting a lot of things and his home was then full of stuff. Since we as researchers do not have access to the client's past behaviour, we do not know whether this information is valid. What is important in analysing this example is that the professionals have this a priori information in mind when they meet the client.

1. P1: Well, you do not have that much [stuff].
2. C: Well, I have the furniture.
3. P1: There is some of it, but—
4. P2: But not much extra.
5. C: No, I do not have any extra, not any.
6. P1: It is good.
7. P2: That [stuff] women typically collect in their homes, such as cups, bowls and vases.
8. C: Yeah, so they do.
9. P2: You have everything arranged so nicely in such a tidy order, and you have kept this home well.
10. C: Yes. I have not put anything on the walls because I have to move away from here anyway. It is unnecessary to make holes in the walls.
11. P2: This is really homey. Surely, you can make the next one [flat] just as fine.

Without knowing the background information about the landlord's request to check the client's home, the first turn of the professional would be difficult to understand. The turn signals a positive surprise: *Well, you do not have that much [stuff]* (turn 1). The professionals have probably expected at least minor chaos in the client's flat. The client responds at first modestly by saying that he has some stuff (furniture) in the flat (turn 2). However, both professionals rush to assess that the amount of stuff is just fine: *There is some of it, but* (turn 3) and *but not much extra* (turn 4). These turns can be understood as positive feedback, and given that the professionals have information about the client's earlier behaviour, the turns can also be interpreted as including a message that the client is in the process of "recovering" from the

“bad” habit of collecting stuff (psychomedical frame). Accordingly, the client displays himself as knowing exactly what a proper amount of stuff in the home is: *I do not have any extra, not any* (turn 6). The professional again gives a positive assessment of this “knowing” (turn 6).

Professional 2 continues assessing and complimenting the client’s home. It does not contain such unnecessary *goods that women typically collect in their homes, such as cups, bowls and vases* (turn 7). This is an extremely gendered comment that the client confirms. Everything is in a *tidy order* and can be interpreted as based on the “system of purity” (Douglas 1966/1984). Furthermore, the flat is said to be *really homey* (turns 9 and 11), which refers to its personal meaning to the client (cf. Miller 2008). Interestingly, the professional also draws the conclusion that the client is *surely* able to make and keep his next flat *fine* as well (turn 11).

As in our first example, the professionals and client seem to agree in this conversation on what a home should look like. In the past, the client has perhaps not shared the norms of an appropriate home or has broken them because of his “hoarding” propensity. Currently, however, everything is on the right track.

A HOME WITH NO MEANINGFUL PERSONAL MATERIAL STUFF

The female client in our third example is approximately 50 years old and currently unemployed. She lives in a flat of the Centre of Housing Services (CHS), which has two rooms and a kitchenette. Almost all the material stuff, including the furniture, curtains, microwave oven and coffee maker, has been received from the CHS. According to the field notes, the home feels empty in the sense that there seems to be no personal things other than the client’s post on the table in the kitchenette. In the example, the professional starts commenting on one detail in the flat:

1. P: You have put Santa Clauses [on the wall].
2. C: Yes. You know, I became inspired to cut those [Santa Clauses] from the town news [a free local newspaper]. And damn it, I decided not to remain worse than others. I cut them and I put them on with tape [unclear].
3. P: Aha.
4. C: So that I got them to stick [to the wall].
5. P: Well, but that is creative thinking.
6. C: Isn’t it?
7. P: Yes, yes it is. Do you have any Christmas decorations?
8. C: No, I do not have any with me. I have not.
9. P: Does Jouni [ex-husband] have them all?
10. C: They are all there [in Jouni’s flat].

11. P: Could they, is there any possibility to share them, or should some of your own be bought for you? Are you certain you do not need them? I mean if there are some [Christmas decorations in Jouni's flat] you can take from there.
12. C: So if [unclear].
13. P: What Jouni wants to take [from the Christmas decorations]. You both own them anyway.
14. C: Yes.

In the first turn, the professional notices that the client has put pictures of Santa Claus on the wall. Although the turn is not done in a question format, the client responds to it by recounting why she has done so. She had seen the pictures in a free local newspaper and made an ad hoc decision to cut them out and tape them on the wall (turn 2). Furthermore, she explains that the reason for doing this was that she *decided not to remain worse than others* (turn 2). What she means exactly by not remaining worse than others is quite difficult to interpret. One interpretation could be that the client means that she now has some Christmas decorations, which people are expected to have during Christmas time. The professional also seems to have difficulty understanding this expression as she just says *Aha* (turn 3). The client might recognise this confusion, since she repeats once again what she has done with the pictures (turn 4). After that, the professional gives positive feedback by saying that this act is a sign of *creative thinking* (turn 5). The client accepts this assessment (*Isn't it*, turn 6), and after that, the professional still rushes to confirm it (*Yes, yes it is*, turn 7).

The professional continues by putting a question to the client: *Do you have any Christmas decorations?* (turn 7). Our reading of this question is that the professional does not regard the pictures cut from the newspaper as “proper” Christmas decorations. Even though their cutting and taping to the wall is a creative act, they are not personal stuff and do not include meaningful memories (cf. Miller 2008). The client answers that she does not have *any with me* (turn 8). This indicates that she once had them, but they are not now here in her flat. The professional's next question—*Does Jouni have them all?* (turn 9)—hints that it is perhaps unfair for the client's ex-husband to keep all decorations that were shared earlier. The client confirms that all decorations are now in her ex-husband's flat (turn 10). The following turns of the professional make it clear that according to her, it would be right for the ex-partners to share the decorations (turns 11 and 13).

The underlying message in the professional's talk in this example seems to be that the client needs to have “proper” Christmas decorations, either the old ones with memories or some new ones that the client could regard as her *own* (turn 11). The cutouts from

the newspaper cannot fulfil the symbolic meanings related to memories and personality that “proper” decorations carry. Without them (and without other personally meaningful material stuff), the client’s home is interpreted too empty (Miller 2008); it is not a “proper” home.

A HOME WITH MEANINGFUL PERSONAL MATERIAL STUFF

The female client in our last example is approximately 60 years old and has an old age pension. She lives in a CHS flat with two rooms and a kitchenette. As in the previous example, her home has been furnished with furniture and curtains received from the CHS. However, according to the field notes, the client has made her flat a cosy home. She has decorated the flat with things and goods that she has made herself from various free materials collected outdoors. In the first turn, the professional compliments the flat:

1. P: You have made this such a beautiful home, mainly by yourself. You have painted and ...
2. C: I have done a little something. Not all the things that I have painted are here ...
3. P: ... put, and during your walks, collected all kinds of things.
4. C: Junk.
5. P: Especially those [looking at something].
6. C: Yes, I collected those. I put hairspray on them.
7. P: Oh, yes, here are bulrushes [a kind of a water plant].
8. C: Yeah.
9. P: Yeah.
10. C: That stick I got from somebody. From whom did I get it? Did I get it from Anu or who was it? I dried it or it was already dry. It was a branch and it had dried already. I just put hairspray on it.
11. P: And on your terrace there is this homemade rhubarb thing made of concrete.
12. C: Yes, there is. Now, I am just waiting for dry weather, and I will get the leaves off the terrace ... it is just raining all the time.
13. P: You have succeeded perfectly with it [refers to the rhubarb thing]. I also made them ...
14. C: Well, another one succeeded, yes.
15. P: ... two. And when we then moved them, the other suffered a little and got a real touch of handwork.
16. C: But it doesn’t matter. I was just thinking whether it should be painted at some point. I have not decided yet. I have to look. Namely, the other one broke down when I went to test whether it can stand being walked on, but it doesn’t matter if you put it on the ground.

17. P: Next summer, we can put a little chicken wire in them if we do more of them, but I don't know where you are next summer, whether you are here or in another place, but—
18. C: Yeah. We'll see if I, for example, have bought a flat.
19. P: Yes. Isn't it so that they put iron into concrete when they build?
20. C: Yes. The other one indeed split when I stepped on it. And that one you see [points out something], as I collect all waste.
21. P: Aha, I see.
22. C: I thought of making something by using it.
23. P: It is [unclear].
24. P: Some portrait [laughs].
25. P: It is already a bit like an owl. I would see an owl in it.
26. C: Yes, something like that. There have been owls in the countryside, but you cannot see them here. I like owls.
27. P: But here you can see that you have artistic talents. Who was this guy? This was somebody.
28. C: Well, it is [unclear].
29. P: So they say, yes.
30. C: In the forest, I found that kind of ...
31. P: Skateboard.
32. C: ... a child's skateboard and a piece of old door.
33. P: That is when you have everything, so...
34. C: Then I put them together.
35. P: Really nicely, yes.

The professional describes the flat as a *beautiful home* (turn 1). She particularly admires the client's own activities in making the flat beautiful: *you have made this, you have painted, and during your walks, collected all kinds of things* (turns 1 and 3). The client displays modesty in response to positive assessments about herself (*I have done a little something*, turn 2), but she also points out that she has been even more active (*not all the things that I have painted are here*, turn 2). In the next turns, the professional continues noticing the homemade items, using bulrushes and concrete as materials (turns 7 and 10). The client explains enthusiastically where she collected the materials and how she constructed all the items (10 and 12). The professional again compliments the client's ability to create beautiful items (turn 14). The professional strengthens her positive assessments by comparing the client's work to her own. She has also made similar things from concrete without being as successful as the client (*the other suffered a little*, turn 15). The client comforts the professional by telling her how one of hers broke, but it is still useful (*but it doesn't matter if you put it on the ground*, turn 16). The professional then offers a solution that they can together repair the broken items *with a little chicken wire* next summer (turn 17). This first part of the conversation could be an ordinary conversation between friends who share some interests.

However, the professional partly steps back into her institutional role, as she remembers that this flat is not necessarily a long-term living place for the client (turn 17). She may very well move away before next summer. The client confirms that this may be the case (turn 18).

The rest of the conversation again resembles friend–friend talk or host–guest talk on the lovely, homemade items in the flat (Juhila *et al.* 2016). The professional asks questions about them and comments on them, whereas the client responds by answering and explaining the ideas behind her homemade products (turns 19–29). The professional now compliments the client by saying that she has *artistic talents* (turn 27). At the end of the example, the client continues to describe her recent findings from the forest (turn 32), which can be used as materials in new artistic works. The professional once again demonstrates her admiration (turn 35).

Everything that is said in this conversation creates a picture of a nicely decorated home. The flat contains a lot of material stuff, but the amount of stuff does not produce dirtiness. All things and items are defined as beautiful and as having nicely planned places in the flat (Douglas 1966/1984). Although the client collects new materials from outdoors and brings them into the flat all the time, this is not understood as a “pathological” hoarding propensity. Quite the opposite; the client makes art from them and recycles materials, which are valuable activities in our society. Turning collected materials into art and attractive decorative items makes them meaningful and personal to the client (cf. Miller 2008), and the professional values and supports this meaningfulness in the client’s home.

CONCLUSION AND DISCUSSION

In this study, we asked what is regarded as (in)appropriate material stuff in home spaces in the context of substance abuse and mental health home visiting, and how it is negotiated between professionals and clients in home visit interactions. We answered this question by analysing such instances in home visit interactions between professionals and clients, where material stuff somehow became the topic of conversation. In analysing the instances, we applied three interpretational frames theorising the meanings and proper place of material stuff in home spaces, two of which were located in social anthropology and one in psychomedical ideas. We studied whether and how the participants in home visit interactions seemed to orient to such interpretations of material stuff in homes that would somehow resonate with these frames. As the detailed analysis of the four extracts demonstrated, material stuff was negotiated and assessed in homes in various ways, and connectedness to the frames was clearly present in the interactions. This research result can be criticised as self-evident, simply locating the frames in the data. However, the frames represent manifold approaches to understand material stuff in home spaces,

which makes the result important. Different frames produce different conclusions on the appropriateness of certain material stuff in homes and, thus, also different conclusions and consequences on the clients' situations.

Although both the professionals and clients participated in negotiating the homes' material stuff, the professionals clearly led the conversations on this topic. By doing so, they accomplished their institutional tasks in home visits. In all three studied settings, home visits were used to support the clients to live in one's own flat in the community as independently as possible and reduce the risk of eviction. We argue that the ways in which material stuff in homes is negotiated during home visits echoes these institutional aims in two senses.

First, negotiating the proper amount of material stuff is connected to the assessed cleanliness of the clients' flats. Too much material stuff in a flat can threaten the permanency of housing; landlords may not accept it, and neighbours can sometimes complain about the harms related to it. However, a large amount of material stuff is not interpreted as a problem as such, but only such stuff that is somehow defined as dirty and/or located in the wrong place. Talk on too much and the wrong kind of material stuff is based on both a psychomedical frame (a client is defined as unable to control her/his desire to collect stuff) and a negotiated understanding of what is considered dirty in home spaces. In our first example, the client's home was interpreted as on the borderline of whether it was dirty or not, and in the second example, the client's flat was defined as clean, with the client receiving positive feedback on his "recovery" from collecting unnecessary things in his home. It is important to note that psychomedical explanations and definitions on homes' cleanliness, dirtiness and the proper amount of material stuff are negotiated constructions, not facts in our data. Based on our analysis, we cannot thus claim, for example, that some of the clients are pathological hoarders and some are dedicated collectors, or that some homes are dirty and some are clean. Nor can we claim that we have accessed what the participants really think about these matters. These kinds of interpretations would be ethically questionable, as our data consist of conversations between the professionals and the clients. Instead, we claim that constructions made in conversations matter, since they have consequences especially for the clients; via constructions, the clients and their homes can be labelled as either deviant or normal, although drawing lines between deviant and normal is always relational.

Second, negotiations concern the personal meanings of material stuff in homes. The idea embedded in these negotiations seems to be that if clients do not attach personal meanings to their flats based, for instance, on their hobbies and life histories, they may not settle down, which poses risks for housing stability. Therefore, providing support to create the sense of a real home can reduce the risks of losing it

(Richardson 2019: 2). In our third example, the professional encouraged the client to decorate her “too empty” flat with some personal items, and in the last example, the professional gave profuse positive feedback on the client’s rich homemade decorations in the flat and its surroundings. Of course, professionals’ own understandings and values are intertwined with what they regard as meaningful and personal in clients’ flats. Sometimes, this can conflict with the clients’ own assessments; what is deemed useless trash or dirt to professionals can be valuable, homey-creating items to clients. However, based on their expert knowledge and in a more powerful position, professionals can construct clients in these kinds of conflict situations as “pathological hoarders.”

In terms of power, the professionals in our research settings are not in a position to make decisions on evictions, if clients are deemed incapable of living independently in their homes. These decisions are made by landlords. Instead, the professionals’ work includes preventing evictions, which partly explains their comments on (in)appropriate material stuff in home visit interactions. It is also important to note that the professionals are not required to report their observations of home spaces to landlords.

As mentioned in the beginning of the paper, home is culturally understood as a profoundly private place. However, this privacy is broken in the context of substance and mental health home visits aimed at strengthening and supporting clients’ independent living in the community. When professionals enter clients’ homes with this institutional task, homes become partially institutional spaces (cf. Holbrook 1983; Jönsson 2005; Hall 2011). Whilst accomplishing this task, professionals advise clients and provide guidance if they assess problems with the material stuff in the homes, and they give positive feedback about the right kind of material stuff. In this paper, we have made visible how this is done in home visit interactions. We have also shown how clients participate in negotiations concerning material stuff in their homes. They do not actively resist the professionals’ guidance and advice on the “wrong kind” or “too little” material stuff, although they do explain and justify the state of affairs in their homes. They also receive with pleasure the professionals’ positive feedback and compliments. This can reflect the trust and respect between professionals and clients, but it also tells about a professional power that aims to produce self-regulating subjects (Foucault 1982).

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