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Observing and Commenting on Clients' Home Environments in Mobile Support Home Visit Interactions: Institutional Gaze, Normalization and Face-work

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ABSTRACT

The study contributes to discursive and interactional housing and home studies by analysing home visit conversations with clients who need support with their housing and living in the community. It focuses on the ways in which professionals comment on clients' home environments. The data, which consist of 20 audio-recorded home visits in Mobile Support directed at mental health and substance abuse rehabilitees, are analysed by applying the Foucauldian concepts of practices, normalization and inspecting gaze, Goffman's idea on face-work and the ethnomethodologically oriented research on the meanings of spaces in interactions. Five ways of using inspecting gaze are identified: pointing out, criticizing, giving advice, displaying concern and complimenting. The study provides a critical reflective basis for assessing the "soft" use of interactional power in clients' homes at a time when the provision of services in private home spaces is on the increase.

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Discursive interaction study; home visit; inspecting gaze; normalization; face-work; space

Introduction

The setting of this study is Mobile Support (MS) in Finland directed at mental health and substance abuse rehabilitees who are assessed as needing help with their housing and managing everyday life in general. MS provides services in people's own homes to support their living in the community, prevent evictions and, thus, reduce the risk of homelessness. The study thus contributes to homelessness research, particularly to research on frontline work with homeless people and those at risk of homelessness (e.g. Hansen Löffstrand 2010; Raitakari 2019). It also discusses the research on home and place (e.g. Easthope 2004; Reinders and Van Der Land 2008). The current homelessness policy in Finland emphasizes the principle of "housing first", meaning that people have a fundamental right to live in their own homes (instead of shelters, institutions and rough sleeping) and to receive necessary services on a voluntary basis to support their living, for example, by professional home visiting teams (Pleace et al. 2015; Tsemberis 2010). This study adds to the growing "housing first" literature from a specific angle – what it means when services are provided in home spaces.

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Methodologically, the study locates itself in discursive housing studies. Twenty years ago, Hastings (2000) asked what discourse analysis offers housing studies. By referring to van Dijk's (1997) work, she argued that it offers tools to analyse "how the use of language interacts with social settings and contexts" (Hastings 2000, 132). She proposed the analysis of spoken discourse as a way to examine "what participants in the discourse are doing or attempting to achieve through their language use", and presented talk accomplished within institutions as a promising landscape to study housing issues (Hastings 2000, 134). Correspondingly, Clapham (2003) called for a stronger "emphasis on the discourses which shape the nature of services for homeless people and the actions of both staff and homeless people themselves", and on the interaction between these two parties. In recent years, we have witnessed a growing interest in discursive interaction studies between staff and homeless people and people at risk of homelessness in various settings (e.g. Matarese and Caswell 2018; Raitakari 2019; Ranta and Juhila 2020). This study develops this line of research by examining professionals and clients' language use and interactions in a specific context, where services are provided in home spaces during home visits.

Visiting clients' homes has a long tradition in social and welfare work, deriving from Richmond's (1899) ideas on "friendly visiting among the poor". Home visits are conducted for diverse reasons, such as providing care to old people, safeguarding children's welfare and – as is the case in this study – ensuring the liveable everyday lives of adults suffering from mental health issues or substance abuse problems. Differences can be noted according to the phase of clienthood, which may take the form of assessing clients' needs or providing services as part of a care plan. In both phases, professionals make observations on clients' home environments. At the assessment phase, observations are made to gather evidence that identifies the need for services and professional interventions. Such observations are not usually revealed to clients during home visits. However, we argue that observations of clients' homes at the service-provision phase are often done visibly and openly by commenting aloud during the course of home visits, of which the pedagogical purpose is to change some things in the clients' homes and support their living in the community. This article deals with such commenting by professionals.

The data analysed in this study consist of professional–client conversations during home visits in MS. In the data, the professionals often comment aloud on their observations of clients' homes, for instance, by saying, "Well, here is this chicken fillet [in the fridge], which expires today" or "Anyway, it's pretty shipshape in here, tidy, but I'm just seeing that there are some crumbs on the kitchen floor". We approach this kind of open observing and commenting as professional interventions accomplished through professional–client interactions in frontline work. In analysing it, we make use and develop certain discourse analysis tools. Our starting point is Foucault's notions on practices. According to Epstein (1999, 13), "Foucault is of importance to the practice professions because he studied only ideas as they exist in actual practice, and he studied practices as they have been played out and as they created the ideas associated with the practices". We analyse home visit practices especially from the point of view of normalization and institutional gaze (Foucault 1975a, 1975b, 1980). Furthermore, we draw on Goffman's (1967) concept of facework, since observing and commenting aloud in private home spaces can threaten both professionals' and clients' faces. Lastly, we apply the ideas of ethnomethodologically

oriented research that understands geographical spaces (in this case, home spaces) as essential parts of face-to-face interactions (e.g. Crabtree 2000; Frers 2009).

In the following, we begin by providing a description of MS. After accounting for our theoretical point of departure and our methods, we then identify and discuss five different ways of using inspecting gaze and doing normalization and facework during home visits in MS, and how these ways are displayed in actual practices.

MS as a Research Setting

The setting of this study – MS – is a municipal service directed at mental health and substance abuse rehabilitees, which is located in a mid-sized town in Finland. Services are provided to approximately 60 clients at a time. The professional staff consists of a lead nurse, two psychiatric nurses and two social care workers, all of whom have extensive experience in mental health and substance abuse work.

MS is a model of community-based work that relies on the idea of housing first (Tsemberis 2010). Its aim is to guide and support clients to cope in their everyday life environments as independently as possible. The mission of MS is to prevent societal exclusion, reduce the risks of evictions, homelessness and the need for institutional care, and, eventually, eliminate the need for MS. It is targeted at mental health and substance abuse rehabilitees as well as clients with neuropsychiatric problems and other persons who are defined as having difficulties in everyday life management, including shortcomings in taking care of their homes. The professionals' interventions are often pedagogical by nature, including the idea of achieving lives and homes as "normal" as possible.

The clients, aged between 18 and 65 years, typically live alone in their own rental or owner-occupied apartments. However, couples can also receive the service, if needed. The clients' main income usually consists of different social security benefits such as unemployment benefits, student allowances, disability pensions or sickness and rehabilitation allowances. Clients may have participated in working life, but changes in their wellbeing or societal economy have led to absences from work. Additionally, mental health, substance abuse, and neuropsychiatric or somatic problems may have negatively affected clients' educational and occupational opportunities. Furthermore, some of the clients have had previous experiences of institutional or non-institutional treatment and rehabilitation periods.

Professionals working in MS can be described as "everyday life helpers" (Petersen Reed, Josephsson, and Alsaker 2018, 814). They have close "frontline" contact with clients and their everyday lives, in contrast to, for example, psychiatrists, who work "at a distance" and meet clients in their offices (Brodwin 2013). This kind of community and home-based work has become more common due to a deinstitutionalization process (Partanen et al. 2010). Services are increasingly provided in clients' homes rather than hospitals and nursing homes. Therefore, their homes have become partly public and open for professional normalization practices and inspecting gaze.

Normalization, Inspecting Gaze and Face-work

Foucault concentrated on the effects of (professional) practices, introducing, among others, an influential concept of *normalization* (Chambon 1999, 65). Normalization is a process that is grounded in the distinction between practices in terms of abnormal

(“deviant”) and desirably normal and “operates throughout various social institutions” (Schirato, Danaher, and Webb 2012, 59–60). It is based on the idea that instead of law-based punishment, deviants need to be cured (O’Farrell 2005, 104). Normalization intertwines both disciplinary power and power that produces subjects (Foucault 1982, 208). Disciplinary power objectifies its targets as deviants, whereas power that produces subjects transforms them towards normalcy based on better self-regulation. Both forms of power have a pedagogical function: the first aims to correct deviancy from outside, whereas the second means self-confirmation to norms (Thomas 2008, 162). Foucault’s understanding of power is productive, meaning that it is not possessed by particular individuals; it is present and accomplished in practices producing certain definitions and assessments of human conduct (Foucault 1980, 59–60, 1981, 143–147).

In this study, the concept of *inspecting gaze* refers to such practices where various human service professionals see, notice and define certain actions or states of affairs as deviant, thus needing pedagogical interventions to transform them towards normalcy. Not only professionals but also clients as self-regulating participants can join these defining and transforming practices, turning the inspecting gazes towards themselves. As Foucault (1980, 155) says: “There is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, which each individual under its weight will end by interiorizing it to the point that he is his own overseer, each individual thus exercising this surveillance over, against himself” (for more on Foucault’s concept of gaze, see, e.g., O’Farrell 2005, 38–39; Schirato, Danaher, and Webb 2012, 88).

Observing, commenting and discussing clients’ home environments can be examined as representing normalizing pedagogically oriented practices, as described by Foucault. Observations and comments are often targeted at issues that imply shortcomings in the home; thus, they are interpreted as deviating from the normal order of a home. The discussions following observations and overt commenting deal with how to eliminate these shortcomings now and in the future, how to transform towards normalcy and self-regulation, and internalizing the inspecting gaze.

Foucault’s conceptualizations have been applied in the analysis of various human service institutions and their practices, including literature on professional work in private homes (e.g. Margolin 1997; Winter and Cree 2016). Home is, however, a controversial place for conducting normalization. On the one hand, culturally shared ideas exist regarding what a “normal” home should look and be like. As Gieryn (2000, 479) writes: “Place is imbricated in moral judgments and deviant practices as well”. On the other hand, home is culturally understood as a private and intimate place that people construct and where they live according to their own personal wishes. Furthermore, people are seen as having a right to decide who can enter their homes and when (Twigg 1999, 383–384; Milligan 2003, 461; Juhila, Hall and Raitakari 2020). Entering homes as professionals and observing and commenting aloud on shortcomings in homes violate such privacy, whereas compliments on home environments are culturally preferred. Negative commenting is more typical of professionals’ backstage talk than on the front stage and directed at people in their homes (Goffman 1959). Direct commenting on shortcomings is, thus, in itself a kind of deviant practice, even though it has a professional and pedagogical function.

The culturally understood impoliteness and deviance connected to entering private homes and commenting on shortcomings threatens both professionals’ and clients’ faces.

Although professionals' work includes assessing and making interventions in clients' lives, performing these activities in clients' homes is more delicate than in institutional spaces, as they need to take into account the cultural norm of privacy in entering clients' homes, especially in cases where their assessments and interventions are targeted at the homes themselves. If they fail to respect this cultural norm, their faces are threatened. In turn, clients' faces are threatened because their competence to construct and take care of their own homes is possibly questioned. Thus, Goffman's (1967) ideas on *face-work* are useful for understanding both participants' orientations in these contradictory practices. According to Goffman (1967, 13), "maintenance of face is a condition of interaction, not its objective". Everyone "may be expected to have some knowledge on facework and some experience in its use". In interactions, participants tend to both maintain and defend their own faces and to take care of and protect the faces of others or attend to their own face-work (Goffman 1967, 11, 14, 29). Face-work can be employed in situations where some participants are in danger of losing face, as in home visit interactions where professionals observe and comment on the shortcomings of clients' home environments.

Materials and Method

Data and Ethics

Home visiting is the main working method in MS. This means that professionals meet clients weekly or less frequently in their homes, depending on the clients' individual needs. Home visits usually last 45–60 minutes, based on the aims set by the clients and professionals in care plans. Still, there is no prescribed format for how the home visits should be conducted, and professionals and clients can, for example, just sit down and discuss issues that both participants find relevant, or they can talk and simultaneously clean or prepare food together. Although the atmosphere of the visits is casual and relaxed, discussions about gradual movements towards more independent living or set-backs in everyday life are present in most visits.

Our data consist of 20 audio-recorded home visits conducted in MS in 2018 and the researcher's field notes on those visits. All home visits were done with clients who lived alone, with the exception of one case where the support was targeted at a couple and another where the client lived with her daughter. The aims of the home visits varied from supportive discussions to learning everyday life skills, such as cleaning or preparing food. Six of the clients were men and 10 were women. The visits lasted between 32 and 100 minutes (in total 19 hours 25 minutes).

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, tape-recorded their conversations and took field notes of her observations (Lydahl et al. 2020). The field notes consist of information concerning home visit interactions and the homes' material environments. In this article, we have utilized the field notes only as background information.

When doing research on marginalized groups in society, ethical issues must be carefully considered. Before commencing the data gathering, the Ethics Committee of the region where the study was conducted reviewed the study and did not recognize any

ethical problems in it. All participants were informed about the voluntariness of the study and that they could suspend their participation at any time. Furthermore, participants were told 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.

Analysis of the Data and Research Questions

Since our focus is on the professionals' observations and comments on the clients' home environments, we draw on such ethnomethodologically oriented research that understands geographical places as integral parts of face-to-face interactions between people. Places have certain characteristics which are observed and produced by people (Lefebvre 1991, 26–27). They are available as resources which participants actively and continually orient to and construct in their interactions (Benwell and Stokoe 2006, 211). As Frers (2009) states, this means interpreting "the setting in which the interaction takes place not as something static, a fixed background, but as a constellation of dynamic forces that changes in the course of the interaction, some forces being stronger and/or more stable than others". Furthermore, Benwell and Stokoe (2006, 221) notice that "certain spaces and places are normatively associated with the accomplishment of particular activities" and thus have a culturally recognized moral-spatial order.

In our data, the professionals and clients meet in the clients' home spaces, which both parties actively orient to and construct during the visits. This means, among others, that the professionals make referential formulations (Schegloff 1972) on some aspects of the homes' material environments based on their observations. However, as described earlier in this article, home is culturally understood as a private and intimate place. Hence, the professionals' commenting, including referential formulations on clients' homes, can occasionally violate the moral-spatial order of the home space and function as a normalizing and disciplining practice, creating a need for face-work.

In analysing the data, we paid special attention to referential formulations on home spaces. In the first phase, we identified from the audio-recorded data all episodes that contain the professionals' referential formulations on the clients' homes for a total of 85 episodes. By episodes, we mean parts of conversations that may deal with various topics, such as cleaning, eating or social relations, but which include one or more of the professionals' referential formulations on home environments. In the second phase, we focused on these 85 episodes from the point of view of inspecting gaze, normalization and face-work. Following the definition of these concepts presented in the previous section, we first analysed how the professionals use inspecting gaze when making referential, aloud formulations on home spaces. Second, we examined whether and how the professionals produce the normal order of home, either by implying some shortcomings in the home environment or by giving positive feedback on it (normalization). Third, we scrutinized whether this "normalization talk" contains face saving formulations by both professionals and clients in regard to a violation of the cultural norm of respecting homes as private places, which people have a right to organize in any way they wish.

This data analysis process led us to specify our research questions in the following manner: 1) How do the professionals observe and comment aloud on clients' home environments – use inspecting gaze – during the course of home visits in MS? 2) How are normalization and face-work embedded in the practices of observing and commenting? In the results sections of the article, we first present five ways of using inspecting gaze and doing normalization and face-work in home visits identified in the data. After that, we demonstrate how they are displayed “in situ” in home visit interactions.

Five Ways of Using Inspecting Gaze

We identified five ways of using inspecting gaze in the episodes: pointing out, criticizing, giving advice, displaying concern and complimenting. All are based on referential formulations that produce normalization and usually include face-work but with different emphases:

- *Pointing out* is formulated in a direct or indirect question format or as a simple perception, such as “how long have you had that mattress?” or “you have been eating, as you have those empty boxes of ready-made meals”. It does not include open judgements, such as “your mattress is too old”, but it may contain hints of what is regarded as normal, such as “that mattress should be changed every now and then” or “eating regularly is recommended”. As normalization embedded in pointing out is not overtly judgemental, this way of using inspecting gaze is less face threatening.
- *Criticizing* includes open judgements on various issues based on professionals' observations of home environments, such as “there is a lot of unnecessary stuff in here”. Abnormal states of affairs are clearly embedded in criticizing comments and, accordingly, evaluations on what can be defined as normal. Defining somebody's private home or behaviour as “abnormal” by criticizing is likely to be face threatening for both professionals and clients.
- *Giving advice* includes indirect judgemental observations on clients' homes embedded in recommendations of how to correct the state of affairs towards more being “normal”; “you could vacuum this trash” or “it would be easier to use your big walk-in closet, if you had a light in there”. As with criticizing, giving advice can be a face-threatening activity.
- *Displaying concern* means that professionals' referential formulations are strongly connected to concerns about the problems that an “abnormal” state of affairs or behaviour in homes can cause for clients' wellbeing. These formulations contain such statements as “I was just wondering whether that bed is safe for you” [in reference to falling out of bed] or “you must drink quite a lot of soft drinks as you have so many empty bottles, and it can increase your sugar levels”. Displaying concern is possibly face threatening in the sense that professionals intervene in clients' personal home matters.
- *Complimenting* includes positive assessments on home environments, such as “this smells really good” [in reference to food] or “it can be clearly noticed that you have gotten the things done” [in reference to cleaning]. Compliments can be either simply comments on nice issues in the home, or they can simultaneously contain an

assessment on progress towards a more “normal” state of affairs in the home. Generally, this way of commenting is less threatening to professionals’ and clients’ faces than the other four ways, since it includes a message that the client is on the “right track” towards a “normal and safe enough” home, and has thus become a more self-regulating person.

From Pointing Out to Complimenting

In the majority of cases, the five ways of using inspecting gaze are used in combination with another. In the following, we analyse three representative episodes. In analysing them, we demonstrate how the ways of using inspecting gaze are intertwined and are accomplished via referential formulations in home visit interactions. In addition, we pay attention to face-work in the interactions.

The examples are transcribed word-by-word, and they have been translated from Finnish to English in ways that aim to capture the original meaning of the talk. Pauses longer than one second in interactions are marked in parentheses. The professionals’ referential formulations on home environments are indicated with arrows. Before each example, we briefly explain the reason for the home visit in question and describe the situation in the home. These short introductions are based on the researcher’s field notes.

Example 1: Trash

In the first example, an MS professional is visiting a woman in her late twenties, who lives with a cat in an apartment consisting of two rooms and a kitchen. One purpose of this specific home visit is to support and help the client with cleaning, partly because she is planning to move soon.

- (1) -> P: Is here, here is (1) trash and there are bottles. At least you have been starting. Good.
- (2) C: Yes, I started. I had a plan to clean here and surprise you, but then I saw those music videos, and I was like I can’t.
- (3) P: They won.
- (4) C: They won. (2) Elmo [cat] had his first knot.
- (5) P: (1) The first knot? Aha!
- (6) C: He hasn’t had any before during the time he has been here with me. He had a small one. Where is it? Did I throw it away already? Yes, I did. He had a very small one in the neck. I cut it away with nail scissors [with a laughing voice].
- (7) P: Well, it’s good that you managed to cut it away.
- (8) C: Yes, he took it pretty well.
- (9) -> P: (3) Have you started now? I noticed that you have unpacked shopping bags here. You didn’t have plastic bags in here earlier on the floor [sound of people moving in the flat].
- (10) C: Yes, I have.
- (11) P: Since they were in the kitchen earlier.
- (12) C: Yes. Have to move them again to the kitchen and not unpack them in here.
- (13) ->P: (2) What do you think? Well, these [bottles] you can take to the corner shop.
- (14) C: Yes.

- (15) -> P: Well, this trash, do we take it now?
 (16) C: Yes, let's take it.
 (17) -> P: When we leave, we can take it with us [refers to herself and the researcher]
 (18) C: Or, when you leave, you can take it with you, yes.
 (19) -> P: So that it doesn't get stuck in here with you.
 (20) C: Yes.
 (21) P: (1) Are there any more cans?
 (22) C: There shouldn't be because I collect them there. (2) At least I can't see.

In this episode, the professional uses referential formulations, including observations and comments on the client's home environment six times: "here is trash and there are bottles", "I noticed that you have unpacked shopping bags here", "these [bottles] you can take", "this trash", "we can take it", and "it doesn't get stuck in here with you" (turns 1, 9, 13, 15, 17 and 19). All formulations deal with trash and other trash-like objects (bottles, unpacked shopping bags). The professional uses inspecting gaze by *pointing out* trash and bottles in the home (turn 1), thus indicating that these observed items should deserve attention. Later, she also implicitly *criticizes* the location of unpacked shopping bags (turn 9). The client accepts this criticism as she confirms that bags should not be "in here" but in the kitchen, where shopping should also be unpacked (turn 12). Pointing out the trash and criticizing that some items are not in the right place have a normative tone; home should not look like this, and something should be done about this shortcoming. In line with this, some of the professional's formulations have a strong *advice-giving* function. In addition to advice on shopping and their unpacking, she gives pedagogical and practical advice on how to proceed with cleaning ("these [bottles] you can take to the corner shop", turn 13). Getting rid of the trash is a recommended next step. In addition to advising on what should be done, the professional actually volunteers to collect some of the trash and take it out (turns 15, 17, 19 and 23). This can be interpreted as giving a concrete model on how to follow the advice.

However, the professional also *compliments* the client on having already started to do the right things: "At least you have been starting. Good" (turn 1). Complimenting can be understood as face-work in a delicate situation where the professional comments aloud on the deficiencies in cleanliness in the client's private territory. The client is not "totally careless" in this matter but knows what should be done. Furthermore, the compliment contains a comparison between before and now, signalling that the client is on the right track towards a "normal enough" home and a person who can take care of her home. The client, in turn, does face-work by performing as a person who knows the right track ("Yes, I started. I had a plan to clean here and surprise you", turn 2), and by presenting an excuse for not progressing in cleaning ("but then I saw those music videos", turn 2). Another excuse is perhaps the cat's first knot, which needed to be taken away. Caring for one's pet in this way creates positive feedback from the professional (turn 7).

Example 2: Old food

In the second example, an MS professional is visiting an older woman, whom she has been working with for a long time. The client has lived alone for almost three years in an apartment with two rooms and a kitchenette. However, there has been some concern recently as to whether she can manage alone. The aim of the home visit is to check on

how the client is doing, and before the end of the visit, the professional and client begin to discuss old food.

- (1) -> P: I have said to you before, when you have these, not to eat too old food. Do you?
- (2) C: I don't, well, I ate a little again.
- (3) -> P: When I, that here is, when I look at these cakes, they have the seventh day [refers to an expiration date].
- (4) C: (3) Oh, I see, but they don't spoil easily. I bought it for my birthday.
- (5) -> P: But I think that when these are out here in the warmth, don't eat those that are really [old]. Your stomach doesn't necessarily tolerate them.
- (6) C: Yeah. When I again ate those sandwiches with beef, then. (1) Was it the day before yesterday when I ate? No, it was yesterday [unclear].
- (7) P: Can I look inside your fridge?
- (8) C: Yes, but I don't know what to do with those bottles when they have all been there over 10 years.
- (9) P: You just throw them away if they are old.
- (10) C: Yes.
- (11) -> P: Well, you don't have anything here [refers to old food]
- (12) C: Kikkoman [soy sauce] doesn't spoil.
- (13) P: No, it doesn't spoil. It doesn't matter that much.

This episode contains four referential formulations presented by the professional on the home environment: "when you have these", "here is, when I look at these cakes, they have the seventh day", "these are here in the warmth", "don't eat those" and "well, you don't have anything here" (turns 1, 3, 5 and 11). In this case, the formulations based on the professional's observations refer to various food items on the client's table and in the fridge. These items are not described as being in the wrong place in the home, like the trash in the first example. Nevertheless, the professional defines them as a kind of trash in the sense that some of them are old, having passed their expiration dates some time ago. Therefore, inspecting gaze by using pointing out and criticizing are also present in this conversation. *Pointing out* is done in the turns, where the professional comments on the cakes and their expiration date and their being kept "in the warmth" (turns 3 and 5). *Criticizing* is quite directly displayed in the same turns: it is not "normal" to store old food and keep it in the wrong places in the home. Pointing out and criticizing are accompanied by direct pedagogical *advice giving*: "Don't eat those that are really [old]" (turn 5) and "you just throw them away if they are old" (turn 9). Commenting aloud about the presence of old food displays a shortcoming in the client's home. The professional also produces this as a continuing problem, since she had spoken to the client about it before (turn 1).

According to the professional, the client has not sufficiently progressed with the food issue. The client notices this criticism and tries to save face, firstly, by justifying having eaten some old food by referring to their shelf life, "but they don't spoil easily" (turn 4), and secondly, by excusing herself for not knowing "what to do with those bottles" (turn 8). The professional for her part saves the client's total loss of face in this matter by *pointing out* and simultaneously giving a *compliment* that there is no old food in the fridge (turn 11). By doing this, she also produces normality about food saving. Although the

professional's turns and inspecting gaze include judgements on the client's behaviour, she also *displays concern* for her wellbeing that justifies the intervention: "Your stomach doesn't necessarily tolerate it [old food]" (turn 5). At the end of the conversation, the professional and the client share a view on how long Kikkoman lasts, which makes them more equal in this food talk. Talk "between equals" saves the faces of both participants in a delicate situation, where the professional as a visitor starts assessing the visible food in the home space. The professional is sensitive to this, especially when aiming to look at something – the content of the fridge – that is usually unavailable to visitors, and according to "home visiting rules", not allowed to be opened without the permission of the homeowner. Instead of just opening the fridge, she asks, "Can I look inside your fridge?" (turn 7). By asking this question, she also saves her own face. She does not just rudely go and look inside the fridge without the client's permission; instead, she displays herself as knowledgeable on the cultural norms of the privacy of the home.

Example 3: Nice sofa

In our last example, an MS professional is visiting a man in his early thirties, who has just moved to his own one-room and kitchenette flat. The professional has met the client three times before, and the purpose of this particular meeting is to set goals for future home visits. Just after arriving, the professional notices that the client has a new sofa.

- (1) C: Yesterday, I went (3) yesterday, we put and picked up and brought the sofa.
- (2) P: Yes.
- (3) C: (5) At first, first the idea was to take that sofa to my little brother's flat, but it didn't fit [in the flat], so we brought it here.
- (4) P: Okay, you got it then. Well, are you satisfied with it?
- (5) C: Well, it takes up quite a lot of space, but (3) but otherwise, it's good to have a sofa.
- (6) -> P: Yes, yes. And it is fine for you that it is in here. I just remember when you talked about fitting it up, that you would like to organize these a bit differently, (2) but this is good this sofa, like a nice décor element.
- (7) C: Mmm. (1) I don't know whether it takes up too much room.
- (8) W. Yeah.

The professional uses a referential formulation when observing and commenting on the client's new sofa: "And it is fine for you that it is in here. I just remember when you talked about fitting it up, that you would like to organize these a bit differently", (2) "but this is good this sofa, like a nice décor element" (turn 6). Before this comment, the client explained the history of this new item in his home. It was first thought to be placed in his brother's home, but "it didn't fit" (turn 3). Perhaps because the original plan was not to place the sofa in this home, the professional asks whether the client is satisfied with it (turn 4). The client's response indicates both satisfaction and dissatisfaction: "Well, it takes up quite a lot of space, but (3) but otherwise, it's good to have a sofa" (turn 5). The professional responds to this assessment with the abovementioned referential formulation that has a *complimentary* tone (turn 6). The sofa is good and works well as a "décor element" in this home, although the client did not originally plan to organize the home quite like this. The client still displays uncertainty that can be interpreted as a typical,

modest way of responding to a compliment or as a statement that he will still consider whether to keep the sofa or not.

In this example, the professional does not use the inspecting gaze ways of pointing out, criticizing and displaying concern that would indicate some shortcomings in the home. Thus, it differs from the two previous examples. This short conversation actually resembles an ordinary host–guest discussion where the host presents his new purchase (in this case, the sofa) and the guest compliments it (Juhila, Hall and Raitakari 2016). The professional does not break the cultural norms related to visiting private homes; therefore, there is no need for face-work. However, since it is known that this is a client–professional conversation in the MS service, the professional’s turns can be understood as having the flavour of indirect *advice*. It is good to furnish one’s home and arrange it in a way that pleases oneself, to create the right kind of a sense of home (Ranta and Juhila 2020). Overall, it seems that the professional defines this client as not only on the “right track” towards a “normal and safe” home, but as having achieved almost already the aim of this track.

Discussion and Conclusion

This study has contributed to discursive housing studies that concentrate on professionals’ frontline work and the interactions between professionals and clients. Its originality resides in its detailed analysis of the situation; that is, how homes as service providing places play an important role in these interactions. As the current “housing first” policy emphasizes people’s right to live in their own homes with supported services, it is crucial to increase our empirical knowledge on service interactions accomplished in private home spaces.

In demonstrating how place matters, we have scrutinized MS professionals’ observations and their comments said aloud on the clients’ home environments during home visits. We approached them with the Foucauldian concepts of “normalization” and “inspecting gaze” (Foucault 1975b, 1980) Furthermore, we applied Goffman’s (1967) idea on face-work to demonstrate how delicate an issue commenting on private home spaces is. We suggest that combining these two concepts forms a solid theoretical and methodological frame for the study, and advances discursive and interactional housing studies.

In analysing the data, we understood that the places where people encounter each other – in this case, the clients’ homes – are essential to face-to-face interactions. In locating the professionals’ observations and comments said aloud on the clients’ home environments, we used the concept of referential formulation (Schegloff 1972). In the analysis of home visit interactions based on the professionals’ referential formulations, we identified five ways in which the inspecting gaze was applied, namely pointing out, criticizing, giving advice, displaying concern and complimenting. With three representative examples, we demonstrated how the professionals used these ways of institutional gaze in situ, how the clients responded to their usage and how face-work was present in the interactions.

Given the MS professionals’ institutional role as the clients’ everyday life helpers and supporters of their housing arrangements and living in the community, overtly observing and commenting on the clients’ home environments can be seen as reasonable practices. Pointing out, criticizing, giving advice, displaying concern and complimenting can be understood as professionals’ strategies that they consider help their clients to avoid and

eliminate shortcomings in their home environments and support them in their daily lives more generally. If successful, these strategies may reduce the risk of evictions and homelessness and the need for institutional care, thus enabling their clients to live in “normal” housing communities in the future as well.

In addition, we argue that observing and commenting on the clients’ home environments has deeper meanings in home visit interactions from three perspectives. First, MS work can be interpreted as a form of power with a pedagogical function, in which the clients’ assessed individual needs, wants and deficiencies in everyday housing management define the content of home visits. From this perspective, professionals’ overt observations and comments on their clients’ home environments are ways to support clients to reach the aims that have been set in their care plans. For example, observing a home’s material elements, e.g. trash, old food or furniture, gives the professional and client concrete tools to evaluate how daily life is going and to support agency. In other words, the MS professional can scrutinize material elements of the home, assess if they are “normal”, and then make pedagogical interventions that help the client move towards “normalcy”, improved housing management and a better life. Moreover, observations and comments can function as ways through which clients turn the inspecting gaze on themselves. This means that the clients gradually become more self-regulating persons by learning, for example, when food has expired or when trash should be emptied. In Foucauldian terms, the pedagogical function operates thus as the power that produces self-regulating subjects (Foucault 1982).

Second, the inspecting gaze and face-work often seem to exist in parallel during home visit interactions. Interactions concerning shortcomings in home environments can be simultaneously straightforward and respectful. Additionally, clients seem to be aware of the MS professionals’ inspecting gaze and its influence, but they appear to accept it as part of the home visit interactions. From this perspective, we argue that trust and care can also be displayed through observing and commenting in home visit interactions, making it an important professional skill.

Third, in addition to what has been said above on reasonable and trustful home visit practices, the inspecting gaze should also be contemplated in its societal context from a critical perspective. This means that observing and commenting on the clients’ home environments does not just reflect sensitive and skilful ways to interact and use “soft” power; it is also highly hierarchical and coercive, involving strong cultural norms and assessments of what is considered a normal enough home and living environment and what is condemned as too deviant to be acceptable (cf. Garrett 2020). The professionals are expected to act as “judges”, drawing this obscure line in individual cases. Although the line is negotiated in a rather judgemental way with the clients during home visit interactions, the clients do not actively resist. This can be explained by the presence of trust between the professionals and the clients. However, it also indicates the clients’ lack of power in discussions on societal and cultural norms and the ways in which people should manage their everyday lives and housing. Even though the interactions are accomplished in the clients’ own home spaces, the clients assume a submissive role in home visit interactions.

By applying the concepts of institutional gaze, normalization and face-work, the study presents unique illustrations of in situ professional–client interactions in private home spaces. It makes visible professional home visit practices whose institutional aim is to support clients in their everyday lives, housing and living in their communities. Thus, the

study provides a critical reflective basis for professionals working in similar settings to assess their use of power in clients' homes and develop their work at a time when service provision and housing are increasingly intertwined.

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