6 Subjectification, Advice Giving and Resistance in Mental Health Home Visit Interactions

Kirsi Juhila and Cecilia Hansen Löfstrand

Introduction

The deinstitutionalisation of mental health care became a pervasive policy trend in the global North during the 20th century (Fakhoury & Priebe 2002; Mansell 2005). Welfare systems have thus seen changes in professional care delivery systems from care in large treatment institutions to community care and, more recently, to care in *home spaces* (Keet et al. 2019; Juhila et al. 2021). According to new inclusive ideals, care provision should be carried out in the form of *home visits* and be centred on the wishes of individual clients, thus flexibly adapting to individual clients' needs and wants as formulated by the clients themselves.

In this chapter, we start from the notion of home visits in the context of mental health care and support work as a novel technology for governing clients' conduct. Key to home visits are worker–client interactions and dialogue. In the context of mental health care home visits, clients who have experienced periods of living in large treatment institutions, homelessness and being spoken to and guided by professionals, are now faced with demands on them to live in their own apartment and to speak about and articulate their own needs and plans for the future. Different efforts during the last decades to make clients articulate their needs and wants as identified by themselves are an outcome of a general critique in Western welfare states against paternalism and hierarchies between welfare professionals and clients deemed to be old-fashioned and oppressive (Leifer 2001; Karlsen & Villadsen 2008; Hansen Löfstrand 2010; Padgett et al. 2016). Hence, in the context of mental health care and support work, home visits should *not* function by subjecting (dominating) clients but by working *through* clients as subjects by targeting their subjectivity and by *subjectification*, that is, through the clients' own processes of self-formation and self-constitution (e.g. Foucault 1982, 1996).

We explore how achieving subjectification is attempted in and by way of worker–client dialogues during home visits. In doing so, we draw on the notion of home visits or, more specifically, worker–client dialogues during home visits as a new governmental technology (Karlsen & Villadsen 2008: 348f.), whereby workers are to entice a 'new' kind of client subjectivity. The

DOI: 10.4324/9781003146681-6

worker–client dialogue during home visits is, thus, more than a technique; rather, it is a tool applied with the intention of enticing a change in subjectivity, imbuing it with a certain rationality. Ideally, by listening to and reflecting on the clients' articulation of problems and needs, the workers shall entice the client to 'assume certain self-truths' and identify 'appropriate action and conduct' (Karlsen & Villadsen 2008: 351), that is, realise the preferred course of action. The governance of clients is thus to be achieved through their self-governance. To produce changes in or achieve improvements of client subjectivities, workers depend on the client adapting and adjusting to this relatively new approach to professional care and support work, and their genuine participation in the process of self-formation. For these reasons, the worker–client dialogue during a home visit can be viewed as a 'key technology of government' (cf. Karlsen & Villadsen 2008: 359). Ideally, workers should no longer act '*for* or *upon*' clients (Karlsen & Villadsen 2008: 253; Lydahl & Löfstrand 2020); instead, clients are to reach their own conclusions about problems and needs and to act upon them themselves.

In this chapter, we analyse how achieving these ideals is attempted in home visits by analysing worker–client dialogues, with a particular focus on advice giving and client responses, including resistance. We ask what subject positions are encouraged by the advice giving and whether those subject positions are accepted or resisted. Ultimately, we ask to what degree clients are malleable with regard to workers' advice concerning changes in their everyday lives and future plans and what our findings imply as regards the concept of subjectification.

In the following, we start by discussing the concept of subjectification as entailing both advice-giving and responses, including resistance. We then account for our methods and materials before presenting our findings in terms of empirical types of advice-giving sequences and responses to advice giving, ranging from marked acceptance to overt resistance. In the concluding section, we discuss our findings in relation to the concept of subjectification and the issue of the extent to which clients as subjects are malleable.

Subjectification through advice giving and responses

Home visits as a technology for governing the conduct of others aim to shape (change) clients' subjectivities. As we shall see, the individual subject's speaking ability and subjectivity are constrained by the culturally available discourses and by the subject's location (Heller 1996: 91). The interactions between workers and clients analysed in this chapter take place at the margins of welfare services, that is, a last-resort support and care service, which is a kind of welfare service that is not universal or used by all citizens during their life course but is targeted at marginalised individuals. Clients as subjects are not totally free to speak. They are unfree in that 'their choice of tactics is inevitably mediated by an institutionally-determined linguistic tradition over which

they have little, if any, control' (Heller 1996: 91). However, as established by Foucault, 'discourses involved in subjectification are inevitably multiple and contradictory' (Heller 1996: 93). The multiplicity of discourses means that subjectification produces several possible subject positions.

The home visit is an arena for both workers and clients to act upon the self and subjectivity of clients. Arguably, in line with Foucault (1982: 781), home visits entail a form of power that 'applies itself to immediate everyday life' and 'which makes individuals subjects'. Certainly, clients are 'subject to someone else by control and dependence', but at the same time, they have an identity of their own, and are 'tied to' this identity by 'self-knowledge' (Foucault 1982: 781). Both these meanings of the term 'subject' are involved in the making—or moulding—of subjects. The concept of subjectification refers to the latter meaning of the term subject and can be defined as 'the constitution of the subject as an object for himself or herself' (Stewart & Roy 2014). Subjectification thus refers to 'the procedures by which the subject is led to observe herself, analyze herself, interpret herself, and recognize herself as a domain of possible knowledge' (Stewart & Roy 2014). In our study, subjectification procedures refer to the dialogues between workers and clients, specifically, advice-giving sequences that take place during home visits in the context of mental health care and support work. The concept enables analyses of processes of formation of the subject through the practices conducted by workers (advice giving) and clients (responses, including resistance).

As described, dialogue in interactions between workers and clients is a governmental technology producing subjectification. It encourages clients to talk, analyse and interpret themselves, and produce self-knowledge (Karlsen & Villadsen 2008; Stewart & Roy 2014). Taking advice giving and the responses to it as a special focus in analysing dialogues may seem contradictory, since in the scholarly literature, advice giving is often defined as a form of social control (Hall & Slembrouck 2014: 99) and, thus, closer to subjection than subjectification. However, we understand advice not as a 'command' that clients are forced to follow but as 'a non-coercive recommendation for some decision or course of action' (Kadushin & Kadushin 1997: 208), which leaves the recipients of the advice the choice to accept or reject the recommendation. In other words, advice giving invites clients to conduct their own conduct, to strengthen their self-governmentality.

Advice giving accomplished in institutional interactions in various health and social care settings has been widely analysed in conversation analytic (CA) and discourse analytic (DA) studies (e.g. Heritage & Sefi 1992; Silverman 1997; Vehviläinen 2001; Hepburn & Potter 2011; Limberg & Locher 2012; Hall & Slembrouck 2014). Although these studies do not connect advice giving to a Foucauldian approach to subjectification, we regard the findings of these studies as useful tools to analyse how subjectification is present and produced in dialogues between workers and clients in home visit interactions.

Previous CA and DA studies, using naturally occurring, real conversations as data, have demonstrated that advice giving is an ordinary feature in worker–client interactions in health and social care. In the seminal study focusing on interactions between health visitors and first-time mothers, Heritage and Sefi (1992: 368) define advice giving as sequences in which the worker 'describes, recommends or otherwise forwards a preferred course of future action'. Approaching advice giving as a sequence, involving topic initiation and closing, stepwise entry to advice and turns of talks from both workers and clients, underlines its dialogical nature. The dialogical nature of advice-giving sequences does not, however, mean equality between the parties. Sequences are always normative, since within them workers recommend certain decisions or courses of action for clients in the future, and asymmetrical, since recommendations are based on professional knowledge and institutional aims (Butler et al. 2010, ref. by Hall & Slembrouck 2014: 102). Silverman (1997: 41–45; see also Hall & Slembrouck 2014: 104) located two different communication formats in advice-giving sequences. In an information delivery format, advice is not personalised but is given in the form of general instructions concerning everyone. In an interview format, advice giving is personalised and based on identified or assumed problems or inadequacies in clients' lives.

In pointing out preferred future decisions and courses of action and, thus, bringing forward some deficiencies in the current situation, advice giving is a delicate matter and may be face-threatening for clients, especially in a personalised format. For this reason, advice is often given to clients in soft and indirect ways, and after joint and persuasive discussion and problem identification (cf. Suoninen & Jokinen 2005). Heritage and Sefi (1992: 391–341; see also Hall & Slembrouck 2014: 103–104) divided clients' responses to advice giving into marked acknowledgement, unmarked acknowledgement and assertions of knowledge and competence. The first response displays clear acceptance of advice (for example, 'yes, that is true'), whereas the last two implicate passive (for example, 'mm', 'yeah') or more active resistance (for example, 'I know', indicating that the advice is not news, or 'that is not relevant', indicating rejection of the advice) (on passive and active resistance in worker–client interactions, see also Juhila et al. 2014: 118–121).

To sum up, the sequences of advice giving, including both the ways in which workers display advice and how clients respond to them, can be regarded as procedures of subjectification and, thereby, also a technology of government. The sequences are examples of attempts at forming the subject conducted by both workers (others) and clients (selves) (cf. Stewart & Roy 2104).

Research setting, data and analysis

The context of this study is a local, non-governmental mental health organisation (NGO) founded in the 1990s to offer a community-based service as an alternative to hospital treatment. Their mission is that everyone has

the right to their own home, despite mental health difficulties. Nowadays, important values are good quality, professional, recovery-oriented mental health work practices. The organisation produces and provides supported housing, work activity and vocational rehabilitation, family work, self-help, leisure time and educational groups, voluntary work and recreational activities.

This study is located at the supported housing provided by the NGO and which is organised and financed according to contracts made with the local municipalities. The NGO's four supported housing units are intended for clients with various mental health difficulties, who may also have other challenges in life, such as substance abuse and health problems, loneliness and social isolation. The organisation's objective is for supported housing to strengthen clients' abilities to function, thus preventing the need for hospital stays, emergency services, substance abuse treatment or more intensive housing support services. The ultimate goal is to promote and support clients' recovery processes towards living as independently as possible. We understand supported housing as a project aimed at initiating clients' subjectification and strengthening their self-governance through practices conducted both by workers and clients.

The data drawn in this article were produced in two of the NGOs' supported housing units.[1] The first unit has 31 flats and 5 workers, and the second unit has 21 flats in the unit (and an additional 5 scattered flats) and 6 workers. The workers' educational backgrounds are in either nursing or social care. Clients have private flats, but units also have shared facilities for group activities and shared meals. Workers are present from 8 am to 6 pm. Home visits to clients' flats form a considerable part of their work, visiting each client's flat 1–3 times a week. The visits include various activities, such as motivational conversations, basic medical measures and guidance in cooking, cleaning, running errands and planning daily and weekly schedules (Juhila et al. 2020a).

The data consist of ten tape-recorded home visits and research field notes on the visits, and include two visits with four clients and one visit with two clients. Three of the clients are women and three are men. Their ages vary between 40 and 70 years old. The length of the visits varies between 15 and 77 minutes, and the average length is 40 minutes.

In the first phase of the analysis, we located such sequences in the data in which the worker 'describes, recommends or otherwise forwards a preferred course of future action' (Heritage & Sefi 1992: 368). In total, we found 44 advice-giving sequences during the 10 home visits. In the second phase, we coded thematically the kinds of actions the workers present as preferred in clients' lives, and found five groups of actions that concerned advice:

- participation in various activities;
- taking care of one's health (eating, weight, exercise, sleeping, smoking);
- taking care of one's personal hygiene;

- settling down and taking care of one's own flat, especially regarding its cleanliness; and
- taking care of/treating one's substance abuse problems.

In the third phase of the analysis, we examined more closely *how* interactions unfold in advice-giving sequences. We then paid special attention to the: (1) type of communication formats in use (see Silverman 1997: 41–45); (2) how clients are persuaded to follow preferred courses of action; and (3) how clients respond to advice giving, given the continuum from clear, marked acceptance to overt resistance (see Heritage & Sefi 1992: 391–341; Juhila et al. 2014b: 119–121). With these analytical tools, we aim to make visible how subjectification is initiated and attempts made at strengthening the self-governance of clients in the institutionally preferred manner achieved in home visit dialogues between workers and clients, and discuss how resonant and mouldable the clients are 'to governing practices and the aspirations of others' (Hansen Löfstrand & Jacobsson in this book).

In the following, we demonstrate our findings with extracts from dialogues that illustrate the variety of advice-giving sequences, especially from the point of view of clients' responses to the advice. We thus illustrate the procedures of subjectification as evident in our data. Arrows are used in the extracts to point out the indirect and direct advice given by the workers. The pauses in talk are marked in seconds and indicated by numbers in parentheses.

From marked acceptance to overt resistance of advice

Extract 1: Marked acceptance of advice giving

Our first extract illustrates the marked acceptance of advice giving (see Heritage & Sefi 1992: 391–395). The client in question is Nina, who is in her fifties and has a life history of having been a patient in a psychiatric hospital for many years. Since her time in hospital, she has been living in the supported housing unit for six years. Throughout this time, she has been staying in her mother's apartment from Wednesday to Sunday. So, she has two places to live.

In the following piece of conversation, the worker begins a new topic with a question concerning Nina's visit to a nutritionist:

1. W: ->Have you now received some good tips from that nutritionist?
2. NINA: Well, she urged, wrote me a note of what I should eat and drink and …
3. W: Yeah.
4. NINA: … buns should not be eaten well, mmm (4), did she say one per week or one per day. I do not remember what she [said], but …
5. W: Yeah, you have.
6. NINA: … vegetables should be eaten and skimmed milk and dark bread and (1) only a little butter.

7. W: -> Has it been easy for you to follow those instructions?
8. NINA: It's really easy to follow.
9. W: Well, good, yeah.
10. NINA: It was good that [my] sister called there when it [unclear, but Nina refers to that going to the nutritionist was her sister's initiative].
11. W: Yeah
12. NINA: It affects some people so much. And, well, taking medicines does affect so much [refers to the fact that taking medicines affects eating and weight].
13. W: -> Mmm. Do you feel like you've become sprier and more active?
14. NINA: Yes, I have. And I have a much lighter and slimmer feeling.
15. W: Yeah.
16. NINA: It helps, it helps right away.
17. W: Good, really good. Yeah. And if you yourself feel that this food is good for you.
18. NINA: [unclear] well, she wrote a note about what to avoid and what to eat.
19. W: Yeah, yes.
20. NINA: I can pretty well. It's just a normal meal per day, but she forbade eating potatoes that much, only a small amount of potatoes [is allowed].
21. W: Yeah.
22. NINA: As it [potato] has carbs. And then all those, well, I don't remember what else she forbade.
23. W: ->Probably sugar needs to be [reduced].
24. NINA: Yeah.
25. W: Yeah.
26. NINA: Yeah, those sweet juices can quickly become harmful.
27. W: -> Yeah, that is why it would be good to drink clean water so that you wouldn't get unnecessary calories.
28. NINA: Yes, it's not worth it. You quickly become sick if you drink sweet things and eat sugar. It weakens your condition if you drink such things all the time.

The worker's first three pieces of advice are formulated as questions: 'Have you now received some good tips from that nutritionist?' (turn 1), 'Has it been easy for you to follow those instructions?' (turn 7), and 'Do you feel like you've become sprier and more active?' (turn 13). They include normative messages that it would be good if Nina had got good tips, had followed them and is now sprier and more active. The worker's questions indicate that following the nutritionist's instructions in the future as well is a recommended course of action. Advice giving is done in a personalised interview format (Silverman 1997), implying that Nina has had problems with her eating habits. In spite of normativity, advice is given indirectly and delicately, as questions give room for Nina to formulate her answers quite freely.

In addition to the supported housing worker, the sequence includes another, although absent, professional—the nutritionist, whose speech Nina is reporting (on reported speech, see Holt & Clift 2010; Juhila et al. 2014a). The nutritionist has probably given the advice in an information delivery format (Silverman 1997), as Nina describes the notes she has got from the nutritionist and tries to remember all the received instructions on healthy eating (turns 2, 4, 6, 18, 20 and 22). By doing that, Nina displays marked acceptance of the nutritionist's advice; she does not criticise any of them as unnecessary or already known by her. The worker aligns with the received advice by encouraging and persuading Nina to repeat the instructions and to reflect on their positive effects on her well-being. The worker also displays her expertise with the advice, which helps Nina to remember the nutritionist's instructions: 'Probably sugar needs to be [reduced]' (line 23), and with the advice that adds knowledge to the instructions (turn 27). Overall, Nina's answers to the worker's indirect advice (aligning with the nutritionist's advice) signals marked acceptance as well as a shared view with both the nutritionist and the worker on what is understood as healthy eating, which is then (ideally) to be pursued in the future.

This advice-giving sequence between the worker and Nina illustrates how worker–client dialogues function as a governmental technology (Karlsen & Villadsen 2008), and how advice giving is the key subjectification procedure by which clients are led to observe and analyse themselves and their own conduct (cf. Stewart & Roy 2014). Nina's subjectivity as a person moving towards better eating habits is conducted by both experts and professionals (the nutritionist and the supported housing worker) with their advice and by Nina herself, who accepts the advice and the future course of action. Marked acceptance signals that Nina constructs herself as a person who needs advice and thus lacks knowledge in nutrition and eating habits. This subject position—a person needing advice—thus dominates the dialogue, and other possible positions, such as a person capable of individual choice making, are not talked into being.

Extract 2: Assertion of knowledge as response to advice giving

The second extract is an example of a sequence where the client responds to advice mainly by asserting their own knowledge (see Heritage & Sefi 1992: 402–404) as regards the culturally embedded norm of changing and washing the bedding regularly. Like the first extract, this piece of conversation is also from the home visit interaction between Nina and the supported housing worker.

1. W: -> When was the last time you have changed your sheets and your bedding? When have you washed [sheets and bedding]?
2. NINA: Yes, I have now washed sheets.
3. W: Yeah.

4. NINA: When you told me to do it, I surely washed them. Not for a very long time ago.
5. W: Well, I noticed that the pillowcase looks a bit sweaty, dirty.
6. NINA: Yeah [unclear].
7. W: -> You could put them into the wash. The pillowcase and the pillow itself could sometimes be washed.
8. NINA: Yeah.

As in the first extract, the worker begins the topic with a question and, thus, with the interview format (Silverman 1997: 41–45). 'When was the last time you have changed your sheets and your bedding? When have you washed [sheets and bedding]?'. Although put in the form of a question, the opening turn includes a suspicion that Nina may not have been changing and washing the bedding often enough. It also includes an embedded norm of a proper frequency of changing and washing. Nina does not seem to treat the question as a threat to her face and as a problematic intrusion to her privacy, as she simply answers that she has been washing the sheets (turn 2).

The word 'now' in Nina's answer (turn 2) indicates that this is not the first time the worker and Nina have talked about this issue. This interpretation becomes even more likely as Nina assures the worker in her next turn: 'When you told me to do it, I surely washed them' (turn 4). This turn also includes the assertion of knowledge. Nina makes it clear that based on the earlier advice by the worker, she already knows that her sheets should be washed at certain intervals, so there is no need to repeat the advice. This response has a flavour of rejecting the advice.

However, the worker continues suspecting that there is still something to be done about the bedding, and she grounds this suspicion with her observation of a 'sweaty and dirty pillowcase' (see Juhila et al. 2022). Nina gives a minimal response ('yeah') to this comment, which is followed by the worker's direct advice, which again includes a normative recommendation: 'You could put them into the wash. The pillowcase and the pillow itself could sometimes be washed' (turn 7). Nina's response is again minimal ('yeah'), which can be interpreted as an unmarked acknowledgement and, hence, passive resistance towards the advice (see Heritage & Sefi 1992: 395–402; Silverman 1997: 140–145; Juhila et al. 2014b: 120–121).

In terms of subjectification and similar to the first extract, this extract includes both the conduct of the worker on Nina's conduct and Nina's conduct on her own conduct. In principle, Nina seems to accept the normative, preferred course of action promoted by the worker, that the sheets and bedding should be changed and washed regularly. However, she implies that she is already knowledgeable about this cleanliness norm and needs no further instructions. The worker doubts this and bases this doubt on her observation. Nina's passive resistance in the sequence can be interpreted as a sign that she is not very malleable when it comes to this hygiene matter. Regarding the subject positions, the worker produces Nina as a person needing

continuous guidance. However, Nina rejects this position and presents herself as a person who has already learnt the lesson.

Extract 3: Assertion of competence in response to advice giving

Our third extract, illustrating assertion of competence (Heritage & Sefi 1992: 402–409) in response to advice giving, is from the home visit interaction between the supported housing worker and Julia. Julia is in her sixties and has suffered from depression and substance abuse problems. She has been living in the supported housing unit for approximately five years. Before this extract, the worker and Julia had been discussing Julia's night sleeps generally, her use of sleeping pills, and how she fell asleep last night after watching TV.

1. JULIA: I was still awake at 2 [am]; I remember that. I went to the bathroom and looked at the clock; it was around two.
2. W: Yeah. So, it then took an hour to fall asleep.
3. JULIA: Mm.
4. W: Yeah.
5. JULIA: It's a short time as, for example, one night last week, I only fell asleep at five in the morning.
6. W: -> Yeah. It tightens nerves, spinning in bed. I told you about reading books, too. It could be one (1) alternative to (1) calming down to sleep. Have you thought about it? (2) That might. You have been active in reading books.
7. JULIA: Mm, well, I can't concentrate on books anymore, that (1). Sleep must come without anything, and it has come after all.
8. W: Well, okay. An hour is however…
9. JULIA: Mm.
10. W: … quite a long time to fall asleep, but the situation is after all really good [now] compared to several hours…
11. JULIA: Yes
12. W: … rotating in bed.
13. JULIA: Yes.
14. W: Well, then you had that second activity, crossword puzzles. Have you [done them]?
15. JULIA: No, I haven't bought a lattice magazine yet. I didn't even remember [it] when I went to the store [laughing].
16. W: -> Well, I thought that it wouldn't be a big investment if you try, as you are kind of verbally talented. That you would try. Would it be like, if it takes that hour in trying to solve [crossword puzzles]?
17. JULIA: Mm (3) mm, I should perhaps consider that.
18. W: Yeah, you won't lose anything in it if you try it.

In the first five turns, Julia and the worker talk about Julia's last night. Julia describes how she was still awake at 2 am. The worker calculates that it

then took Julia 'an hour to fall asleep' (turn 2). When Julia adds that it took even longer to fall asleep the previous week (turn 5), the worker assesses this state of affairs as a problem that 'tightens nerves' and, thus, needs solving (turn 6). She advises, referring to an earlier discussion with Julia, that reading books 'could be one (1) alternative to (1) calming down to sleep'. However, Julia does not answer the worker's question directly as to whether she thought that might be a possible solution. So, the worker adds another argument; she now refers to her knowledge about Julia's past reading hobby. By these arguments, the worker persuades Julia to respond positively to her advice.

Julia starts her response to the advice with minimal and hesitant tokens ('mm, well'), indicating passive resistance, and continues with a disagreeing statement: 'I can't concentrate on books anymore, that (1). Sleep must come without anything, and it has come after all' (turn 7). This response displays an assertion of competence: Julia knows better and is more competent than the worker to draw the conclusion that books do not help her (anymore) to fall asleep. The worker treats this response as unpreferred and once more makes the point that even an hour is 'quite a long time to fall asleep', although not as bad as several hours (turns 8 and 10). Julia does not actively resist this interpretation but reacts twice to it with minimal 'yes' responses (turns 11 and 13).

The worker does not give up on her idea that some activity may help with falling asleep. She gives another indirect advice by suggesting that crossword puzzles may also help and asks whether Julia has done them (turn 14). Julia's answer is negative, as she explains with a laughing voice that she did not remember to buy them from the store (turn 15). This response implies that the worker has made this suggestion earlier as well. As in the previous advice giving concerning the book reading, the worker still tries to persuade Julia to pursue this activity by referring to its easiness (not 'a big investment') and to Julia's verbal talent. This time, after persuasion, Julia is a bit more positive about the advice: 'I should perhaps consider that' (turn 17). The worker confirms Julia's slightly positive reaction towards this activity (turn 18).

In this extract, subjectification is partly present in a similar way as in the two previous examples. The worker reaches out to conduct Julia's sleeping habits and recommends different activities that may help her to fall asleep. Julia shares with the worker the aim of the future course of action, that is, better night sleeps. However, she does not accept the worker's advice on how to reach that aim. She knows better than the worker how to conduct her own conduct. The activities suggested by the worker do not necessarily help her to fall asleep quicker. The subject positions constructed for Julia are thus twofold: on the one hand, she is jointly (by both the worker and the client herself) produced as a person needing help, and on the other hand, Julia presents herself as a self-knowledgeable, competent person who knows what helps and what does not help her. The latter position implies that the worker's preferred course of action for Julia does not seem to be realised.

Extracts 4 and 5: Overt resistance as response to advice giving

Our last two extracts are examples of the clients' overt resistance towards the workers' advice. They are taken from both Julia's and Nina's home visits. The first comes from a discussion between Julia and the supported housing worker concerning the upcoming weekend, which will be warm and sunny:

1. W: -> Have you any plans for this coming weekend?
2. JULIA: What will I have, a similar staying and wondering [laughs] alone at home as any other day of the week.
3. W: -> (2) Well, it will be pretty nice weather. So, it could be imagined that you would go out walking a little. Walk around the lake (3). It could also make you a little [unfinished sentence] (1). You would start it again. You have anyway been quite active in exercise.
4. JULIA: Well, I've not been that active. I've always been a pretty passive mover.
5. W: I just remember that you had that.
6. JULIA: Even then, when I was healthy, I didn't move much.
7. W: But you were in the women's sports group.
8. JULIA: I was, but it was a forced bun [unpleasant activity] for me, so luckily I managed to quit it.

The worker uses the interview format (Silverman 1997: 41–45) when she asks Julia about her plans for the coming weekend (turn 1). The question includes an indirect recommendation that having some plans would be good. Julia's answer does not fulfil the expectation of having special plans: 'What will I have, a similar staying and wondering [laughs] alone at home as any other day of the week' (turn 2). The worker treats this response as unpreferred, since after a pause she starts with 'well' (signalling passive resistance) and continues with a persuasive argument, underlining first the forthcoming 'pretty nice weather', and then advising Julia that she could 'walk around the lake' on the weekend (turn 3). After that she strengthens the persuasion by appealing to Julia's personal exercising history, which she could now reactivate (turn 3).

The worker's persuasion is not successful, since Julia disagrees with the interpretation of having been earlier actively engaged in exercise by presenting a totally opposite self-construction: 'I've always been a pretty passive mover' (turn 4). However, the worker continues with her persuasion by bringing forward that she remembers this differently (turns 5 and 7). However, although Julia admits that she had been 'in the women's sports group', she describes it as an unpleasant activity that she 'luckily' quit (turn 8).

The following advice-giving sequence with Nina's overt resistance also proceeds in the interview format and begins with the worker's question on Nina's rather recent two-place living arrangement:

1. W: Has this been suitable for you that you spend part of the week there with mom and part here?

2. NINA: Yeah, it's a real gift of life, so it can't be changed anymore for anything else that …
3. W: Yeah
4. NINA: [unclear]
5. W: Yeah.
6. NINA: [unclear] terrible
7. W: Yes, does it scare you that …
8. NINA: [unclear] a mere thought, the thought of it.
9. W: Yes. You are scared by the idea of having to be here every day, right?
10. NINA: Scared, scared terribly, even by the mere thought.
11. W: Yeah.
12. NINA: Yes, I like living here, but there is anyway something to learn [unclear].
13. W: Yeah, well it's a little different.
14. NINA: [unclear]
15. W: -> Well, yes, it is. I'm sure you would get used to being here all the time, but well.
16. NINA: No, no. You see my health wouldn't tolerate that.
17. W: Well, then, that's how you feel.
18. NINA: My thoughts will go crazy, I tell people all kinds of things, shameful things, that … No, no, no. So, it will never be [full time], it will never succeed.
19. W -> Yeah, of course you don't need to think that yet.
20. NINA: No, no, no, no, no.

The worker's question is neutral in the sense that it just invites Nina to reflect on whether it is suitable for her to spend part of the week at her mother's home and the other part at the supported housing unit. Nina's response is very clear; she regards the arrangement as 'a real gift' that should not be changed (turn 2). The worker's minimal responses ('yeah'; turns 3, 5 and 11) imply passive resistance, thus treating Nina's answer as possibly unpreferred. Although there are some unclear turns, Nina's voice sounds nervous with one audible word, namely 'terrible' (turn 6). The worker's next turn confirms the emotional load of the topic when she asks whether a possible change in the arrangement would scare Nina (turn 7). Nina accepts this interpretation with strong tones and words; 'even the mere thought' of change scares her (turns 8 and 10).

Despite strongly resisting the idea of changing the current living arrangement, Nina then displays that she likes living in the supported housing unit, but staying there all the time requires learning (turn 12). The worker immediately catches the possibility of learning and gives indirect and delicate advice: 'I'm sure you would get used to being here all the time' (turn 15). Nina's response is overtly resistant ('no, no') with the argument that her 'health wouldn't tolerate that' (turn 16). She continues her strong resistance

by describing her 'crazy' behaviour in an imagined situation after a change in her living arrangements. She ends the turn with an extreme case formulation (Pomerantz 1986), 'it will never succeed' (turn 18), thus also rejecting the possibility of learning. The worker accepts this interpretation at this moment but leaves the future open with the statement that Nina does not have to think about a change in her living arrangements 'yet' (turn 19), implying that at some point in time Nina will have to think about changing her living arrangements. This could be interpreted as an example of a subtle, yet strong intervention, attempting to destabilise 'the self-identity and subjectivity' of Nina to prepare her mentally for changes to come in the future (Sunnerfjell & Jacobsson 2018: 306). However, Nina ends the sequence with a determined rejection of any such change (turn 20).

In terms of subjectification, these last two sequences with overt resistance towards the workers' advice differ from the previous three in the sense that the clients do not share the workers' preferred courses of action. Julia resists the ideas of going for a walk over the upcoming weekend and the image of herself as an active and sporty subject. Nina, for her part, does not accept the delicate advice on living only in the supported housing unit in the future. Instead, she defines herself as a subject, who enjoys the current arrangement and whose health would not tolerate such a change in the future either. The workers use persuasion to conduct the conduct of Julia and Nina. For Julia, this is persuading her towards living more physically and actively, and for Nina, towards a more independent housing arrangement, meaning ending or at least reducing living at her mother's home. Julia and Nina are, however, not malleable to this kind of conduct to change their conduct. Instead, they conduct their own conduct in their own preferred ways. The subject positions produced in these dialogues are not unanimous at all. The workers produce Nina and Julia as persons needing advice and changes in their everyday lives. Nina and Julia, however, do not agree with these interpretations; instead, they present themselves as persons satisfied with their current living arrangements.

Conclusion and discussion

In this study, we have combined Foucauldian theory on subjectification procedures and processes and the interactional analysis of advice giving developed in discursive and CA studies. As far as we know, such a combination has not been used in existing research. We argue that our study, focusing on mental health home visit dialogues between workers and clients, demonstrates how subjectification processes can be made visible by concentrating on naturally occurring talk in interactions, which in this case is on advice-giving sequences.

Advice giving as suggestions about preferred courses of future action can be seen as subtle yet strong interventions in the subjectivity of clients. Given that advice always includes recommendations for future decisions

and actions, advice giving has a normative tone and, thus, sheds light on societal and cultural norms about how to live an everyday life. In our extracts, the workers advised the clients to eat healthier, wash the bedding more often, achieve better night sleeps, increase exercise and reduce living in the mother's home. These are just examples of the wide variety of recommendations present in home visit dialogues. However, what is common to all recommendations embedded in the workers' advice is that they aim to conduct the conduct of the clients towards better self-governance in the future. Our analysis demonstrated that the clients occasionally accepted the advice and displayed agreement with the suggested way to strengthen their self-governance. However, the analysis also demonstrated the clients' resistance to advice. The weakest way to resist advice was by asserting their own knowledge, something which implies signalling agreement with the content of a recommendation and a norm, but brings forward that the client is already aware of and acting according to the advice. Assertion of self-knowledge and competence was a resistant response that agreed with the future course of action recommended in the workers' advice, but which disagreed with how to reach the shared aim. In overt resistance, the clients questioned the relevance of the whole recommendation.

We argue that clients as subjects in home visits and by the procedures involved in worker–client dialogues (advice giving and responses, including resistance) are enticed to observe themselves and their own habits, and to analyse and interpret their own actions, that is, recognise themselves as objects of self-knowledge and amendments. The governance of clients is carried out through subjectification, that is, through clients' self-governance. By way of advice giving, the workers encourage clients or make recommendations on how to deal with their everyday lives and courses of future actions. Considering that subjectification refers to 'the procedures by which the subject is led to observe herself, analyze herself, interpret herself, and recognize herself as a domain of possible knowledge' (Stewart & Roy 2014), our conclusion is that workers' 'leading' does not always result in clients' 'recognising' advice or preferred future actions as valid or true. The clients are not totally malleable to subjectification, but they occasionally produce other subject positions and ways of self-governance than were suggested in the advice.

In this study, we have analysed situational, here and now occurring dialogues and advice-giving sequences. We thus cannot claim to know whether the clients' acceptance or resistance of the conduct or their conduct go beyond these home visit interactions or are permanent ways of responding to advice. Neither do we know whether the clients internalise the suggested advice or follow it in their future decisions or actions. However, our findings do make visible how cultural norms on what is regarded as appropriate self-governed and self-responsible adulthood are present in the dialogues. Furthermore, the aim of the supported housing, which is to provide a halfway place for mental health rehabilitees to achieve an independent and 'adult way' of life as much as possible, is also embedded in the dialogues. The

findings also show resistance towards tight cultural norms on the proper and healthy ways of living as adults, as the clients indirectly criticised, for example, the expectation of exercising regularly and of independence in relation to parents. In a way, clients thus question the norms of normality by allowing themselves to openly break some of the norms of adulthood.

Arguably, our chapter has illustrated that both advice giving and the responses to it, including resistance, are integral to the subjectification process when clients come to observe themselves as domains of knowledge and as objects of their own amendments. However, the institutionally preferred self-governance and the subjectification of the mental health care client may not be ideally achieved. As illustrated, however, self-knowledgeable subjects are certainly reached in the process. This, in turn, leads us to argue that subjectification as a concept should perhaps not be looked at as synonymous with a *change* in subjectivities or adjustments in line with preferred courses of action. Rather, we should understand subjectification as the process of creating various situational subject positions. Subjectification can, in fact, be achieved without it resulting in changes in identity and subjectivity. Our chapter further illustrates that subjectification cannot be just assumed theoretically; it needs to be studied empirically in detail and as a process developing over time and unfolding in a variety of ways.

Note

1 The data have been produced within the research project 'Geographies of Home-based Service Interactions at the Margins of Welfare in Finland and Sweden' (2017–2022, Academy of Finland). The whole data corpus of the project includes home visits conducted in seven supported housing services (five in Finland and two in Sweden). We have chosen this NGO and its home visit interactions for the purposes of this chapter analysis, since clients living in its two units are defined as being halfway towards independent living and, thus, need strengthening in self-governance.

References

Butler, C.W., Potter, J., Danby, S., Emmison, M. & Hepburn, A. (2010). Advice Implicative Interrogatives: Building 'Client-Centred Support' in a Children's Helpline. *Social Psychology Quarterly*, 73(3), pp. 265–287. https://doi.org/10.1177/0190272510379838.

Fakhoury, W. & Priebe, S. (2002). The Process of Deinstitutionalization: An International Overview. *Current Opinion in Psychiatry*, 15, pp. 187–192.

Foucault, M. (1982). The Subject and Power. *Critical Inquiry*, 8(4), pp. 777–795. https://doi.org/10.1086/448181.

Foucault, M. (1996). The Ethics of the Concern for the Self as a Practice of Freedom. In: Lotringer, S. (Ed.) *Foucault Live. Collected Interviews*, 1961–1984. New York: Semiotext, pp. 432–449.

Hall, C. & Slembrouck, S. (2014). Advice-Giving. In Hall, C., Juhila, K., Matarese, M. & van Nijnatten, C. (Eds.) *Analysing Social Work Communication: Discourse in Practice*. London: Routledge, pp. 98–116.

Hansen Löfstrand, C. (2010). Reforming the Work to Combat Long-Term Homelessness in Sweden. *Acta Sociologica*, 53(1), pp. 19–34. https://doi.org/10.1177/0001699309357834.

Heller, K.J. (1996). Power, Subjectification and Resistance in Foucault. *SubStance*, 25(1), pp. 78–110. https://doi.org/10.2307/3685230.

Hepburn, A. & Potter, J. (2011). Designing the Recipient: Managing Advice Resistance in Institutional Settings. *Social Psychology Quarterly*, 74(2), pp. 216–241. https://doi.org/10.1177/0190272511408055.

Heritage, J. & Sefi, S. (1992). Dilemmas of Advice: Aspects of the Delivery and Reception of Advice in Interactions between Health Visitors and First-Time Mothers. In: Drew, P. & Heritage, J. (Eds.) *Talk at Work*: *Interaction in Institutional Settings*. Cambridge: Cambridge University Press, pp. 359–417.

Holt, E. & Clift, R. (Eds.) (2010). *Reporting Talk: Reported Speech in Interaction*. Cambridge: Cambridge University Press.

Juhila, K., Jokinen, A. & Saario, S. (2014a). Reported Speech. In: Hall, C., Juhila, K., Matarese, M. & van Nijnatten, C. (Eds.) *Analysing Social Work Communication: Discourse in Practice*. London: Routledge, pp. 154–172. https://doi.org/10.1017/S0047404515000500.

Juhila, K., Caswell, D. & Raitakari, S. (2014b). Resistance. In: Hall, C., Juhila, K. Matarese, M. & van Nijnatten, C. (Eds.) *Analysing Social Work Communication: Discourse in Practice*. London: Routledge, pp. 117–135. https://doi.org/10.1017/S0047404515000500.

Juhila, K., Hansen Löfstrand, C. & Raitakari, S. (2021). Devoted Work Without Limits? Activities and Premises of Home Visit Work at the Margins of Community Care. International Journal of Care and Caring, 5(2), pp. 247–262. https://doi.org/10.1332/239788220X16032965398106.

Juhila, K., Holmberg, S., Lydahl, D. & Hall, C. (2022). Observing and Commenting on Clients' Home Environments in Mobile Support Home Visit Interactions: Institutional Gaze, Normalization and Face- Work. *Housing, Theory and Society*, 39(1), pp. 82–97. https:// doi.org/ 10.1080/ 14036096.2020.1838944.

Kadushin, A. & Kadushin, G. (1997). *The Social Work Interview: A Guide for Human Service Professionals*. New York: Columbia University Press.

Karlsen, M. & Villadsen, K. (2008). Who Should Do the Talking? The Proliferation of Dialogue as Governmental Technology. *Culture and Organization*, 14(4), pp. 345–363. https://doi.org/10.1080/14759550802489680.

Keet, R., De Vetten-Mc Mahon, M., Shields-Zeeman, L., Ruud, T., Weeghel, J., Bahler, M., Mulder, N., Van Zelst, C., Murphy, B., Westen, K., Nas, C., Petrea, I. & Pieters, G. (2019). Recovery for All in the Community. Position Paper on Principles and Key Elements of Community-Based Mental Health Care. *BMC Psychiatry*, 19(1), pp.174–174. https://doi.org/10.1186/s12888-019-2162-z.

Leifer, R. (2001). A Critique of Medical Coercive Psychiatry, and An Invitation to Dialogue. *Ethical Human Sciences and Services*, 3(3), pp. 161–73. PMID: 15278978.

Limberg, H. & Locher, M. (Eds.) (2012). *Advice in Discourse*. Amsterdam: John Benjamins Publishing Company.

Lydahl, D. & Löfstrand, C.H. (2020). Doing Good: Autonomy in the Margins of Welfare. *Sociology of Health and Illness*, 42(4), pp. 892–906. https://doi.org/10.1111/1467-9566.13069.

Mansell, J. (2005). Deinstitutionalisation and Community Living: An International Perspective. *Housing, Care and Support*, 8, pp. 26–33. https://doi.org/10.1108/14608790200500022.

Padgett, D.K., Henwood, B.F. & Tsemberis, S.J. (2016). *Housing First: Ending Homelessness, Transforming Systems and Changing Lives*. Oxford: Oxford University Press.

Pomerantz, A. (1986). Extreme Case Formulations: A Way of Legitimizing Claims. *Human Studies*, 9(2/3), pp. 219–229. https://doi.org/10.1007/BF00148128.

Silverman, D. (1997). *Discourses of Counselling. HIV Counselling as Social Interaction*. London: Sage.

Stewart, E. & Roy, A.D. (2014). Subjectification. In: Teo, T. (Ed.) *Encyclopedia of Critical Psychology*. New York: Springer. https://doi.org/10.1007/978-1-4614-5583-7_358.

Sunnerfjell, J. & Jacobsson, K. (2018). Governing the Unemployable in the Neurochemical Age? The Case of Disability Coding at the Public Employment Service. *Subjectivity*, 11, pp. 303–321. https://doi.org/10.1057/s41286-018-0058-x.

Suoninen E. & Jokinen, A. (2005). Persuasion in Social Work Interviewing. *Qualitative Social Work*, 4(4), pp. 469–487. https://doi.org/10.1177/1473325005058647.

Vehviläinen, S. (2001). Evaluative Advice in Educational Counselling: The Use of Disagreement in the "Stepwise Entry" to Advice. *Research on Language and Social Interaction*, 34(3), pp. 371–398. https://doi.org/10.1207/S15327973RLSI34-3_4.