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INTERACTION DURING MENTAL HEALTH FLOATING SUPPORT HOME VISITS: MANAGING HOST-GUEST AND PROFESSIONAL-CLIENT IDENTITIES IN HOME-SPACES

Abstract

Mental health work has been transformed by 'shifting geographies of care' from institutions to care in communities, in particular by the emergence of support located within home-spaces. This article studies a floating support service targeted at people with mental health problems and contributes to research on post-institution and home care geographies. The data contain 17 audio-recorded home visits conducted by professional care workers. An ethnomethodological analysis informed by geographies of care in home-spaces shows how the home as a material space has consequences for conversations and the relations between the service users and workers. The parties orient to two relational and shifting identity pairs in their 'home-space talk': a host–guest pair (social call talk) and a professional–client pair (targeted intervention talk). Professional–client pair dominates, and in this sense floating support produces

institutionalisation of home-spaces. However, social call talk that enables service users to act as hosts governing their home-spaces has important functions. Orientations to hosts and guests create symmetry and trust among the parties, that encourages recovery promoting interaction. The article also demonstrates the applicability of the methods developed in the geographies of mental health and home in the ethnomethodological interaction analysis, and the other way round.

Keywords: geographies of mental health and care, home visit, home-space, ethnomethodology, interaction, identity

INTRODUCTION

Places and contexts of mental health services have been strongly affected by changes in public service delivery over recent decades in many European countries. This has been noticeable especially in dehospitalisation (Partanen et al., 2010, pp. 42–43; Priebe et al., 2005). As Priebe et al. (2005) note, decreasing the number of psychiatric hospital beds has not necessarily meant deinstitutionalisation since hospital beds were partly compensated for by other forms of institutional care, such as 24/7 hours residential care homes or various kinds of supported housing units. However, during the last decade mental health services have witnessed another 'spatial' turn, which is at the core of this article; namely the emergence of floating support services, where care and support are provided in service users' own homes, in spaces which are culturally understood as spheres of privacy.

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The setting of this study is a Floating Support Service project in a large Finnish city. As with most European countries, Finland has gone through a process of dehospitalisation (Törmä et al., 2013). The latest trends in governmental mental health policy encourage services that are provided by qualified professionals in service users' homes (Ministry of Social Affairs and Health, 2009). As a result, the number of floating support services is increasing rapidly and homes have become common spaces of mental health care.

Floating support involves regular home visits conducted by workers who help and advise on housework, financial matters, medication, creating and maintaining social relations and other everyday problems that service users encounter in their daily lives. The main aim is to enable service users to maintain their independence and to continue living at their own homes (e.g. Crutchfield & Burnie, 2001). Giving and receiving floating support is based on close relationships between workers and service users. Furthermore, meeting at the service users' homes, home visiting, creates a particular spatial context for the encounters between the parties. In this article our interest is on the parties' relationships in this particular home visit context.

The article contributes to research on 'post-asylum geographies' which examines the diverse spaces and places emerging after dehospitalisation to offer shelter, housing and care for people with mental health problems (Wolch & Philo, 2000; Philo, 2000; Curtis, 2010, pp. 185–214). Floating support is one of the latest developments in 'post-asylum' mental health care. Since floating support is provided by conducting home visits, the article also draws on to human geographic research on homes as spaces of care (e.g. Angus et al., 2005; Dyck et al., 2005; Milligan, 2009), especially to studies on the

negotiation and blurring of boundaries between private home-spaces and institutional spaces (Milligan, 2000, p. 50). In addition the article makes use of professional literature on home visits, and mental health literature on recovery in communities and homes, both of which include consideration of spaces and places of care although often without links to the social and human geography literature.

The article applies such 'micro-geographies' of post-asylum landscapes that emphasize how layers of social relations are embedded to these landscapes including home-spaces (e.g. Parr, 2000; Dyck et al., 2005). To put it more precisely, we examine the negotiation of the relationships between service users and workers during the course of floating support home visits by combining the ideas of geographies of care in home-spaces to an ethnomethodological research approach. The core question is what kinds of identities workers and service users orient to in home visit interaction. To be able to grasp this social-spatial phenomenon we analyse in detail those points in the interaction where home as a spatial and physical space is clearly present in the interaction and becomes the topic of conversation between the two parties. This interactive home-space talk is so closely embedded in the materiality of homes that it could not been accomplished for instance in office-spaces.

In the following section we discuss the home as a special space of professional (mental health) care. After that we briefly review the professional literature on home visits in social and health care, and discuss the mental health 'recovery in' concept in relation to floating support and home visiting. Before presenting the results of this interactional study we describe our research setting and data more precisely, and explicate how the

data analysis combines ideas from geographies of care in home-spaces and ethnomethodology.

HOMES AS SPACES OF PROFESSIONAL CARE

The shift from psychiatric hospitals to residential and supported housing units, and more recently to floating support provided in mental health service users' homes follows a more general trend in service provision towards care in the community across health and social care, especially in elderly care. The transfer has meant 'changing geographies of care' or 'the changing spatial context of care' in the sense that the home-space is increasingly the location of professional caring work (Milligan, 2000; Williams, 2002; Hall, 2011). Accordingly, there are spatial dimensions of caring in the home environment that should be studied more closely in order to understand the meanings of private spaces in care provision (Milligan, 2003, p. 455; Williams, 2002, p. 141).

Geographies of home, the home's social and spatial territory have been intensively explored by human geographers since the 1990s, including research focusing on home-based care (Blunt 2005). In this research tradition, home is approached as a complex construction embodying both cultural-ideological and material aspects (Twigg. 1999, pp. 383–384; Dyck et al., 2005, p. 174). As Dyck et al. (2005, p. 182) write 'the home's geography is not a blank, static space within care takes place: it is constructed through material and social practices, which rework its meanings and lived materiality'. For instance, home is the place where people express their personal identities with

household goods and personal possessions (photographs, decorative items, books, music records etc.) (Twigg, 1999, p. 384).

An important aspect connected both to the material and social practices of homes is, that according to our cultural understanding, people control the accesses to their home-spaces, with a right to exclude and include other people (Angus et al., 2005, p. 163); 'those who visit the home do so on a privileged basis that is bound by the norms of being a guest' (Milligan, 2003, p. 461). Twigg (1999, pp. 383–384) concludes that privacy is a central theme in the cultural construction of home. This culturally strong value of home privacy is also present when the professionals undertake care activities in other peoples' homes. This might reinforce service users' capacity to resist the dominance of professionals, to say 'no' to their interventions and even to deny their entry into homes (Twigg, 1999, p. 386; Milligan, 2003, p. 461). The private space of home can also make it possible to express oneself in a more personal manner, to access a respected social role of 'a host of the house', and thus to create more equal relationship with professional visitors. For professionals, homes might appear as 'strange' places, as encounters occur outside their own territories (offices and institutions) (Ferguson, 2010, p. 1104).

Although the norms related to home privacy are culturally strong, the shifting geographies of care from institutions to homes might gradually erode these norms. This eroding is connected to the phenomenon described as the blurring and transgressing of cultural and spatial boundaries of public and private when professional care services enter home-spaces (Milligan, 2000, p. 50; Dyck et al., 2005, pp. 173–174; Zadoroznyj,

2009, p. 397). In the processes of transforming homes to the spaces of professional care-giving and care-receiving, home-spaces can be institutionalized and even turn into 'sickrooms', especially in situations where the need for care or control is assessed to be the greatest (Gubrium & Sankas, 1990; Milligan, 2003, p. 462). As such the home becomes a 'new institutional form' (Hall, 2011, p. 592). In mental health where care has been transferred from hospitals to community-based care, the institutionalization of homes is one possible tendency. However, in this study our starting point is that in home visit interaction both the norms of private and public spaces are present. Our interest is thus on the negotiations between home as private and institutionalized space.

HOME VISITS IN PROFESSIONAL LITERATURE

Although relatively recent in mental health, professional home visiting to people 'in need' and 'at risk' has a long history in social and health care. In 1899 Mary Richmond, a pioneer of social work profession, published a handbook for charity workers titled 'Friendly visiting among the poor'. She wrote (Richmond, 1899, pp. 186–189) that 'the visitor has the definite object of trying to improve the condition of the family'. This object demands 'a fairly accurate knowledge of the main facts of the family history', which should form the basis of a well-considered plan for improvement. For Richmond, the main aim of visiting is gathering facts about the poor by making detailed observations and notes on homes and relations between family members. In fulfilling this aim home-space and its materiality serves as a valuable resource. Richmond constructs authoritative professional identities for the visitors as they observe and gather facts about homes to be used in making assessments.

Richmond's friendly visiting method and its heritage to current professional practices have been criticized for its invisible control mechanism and normativity. As Margolin (1997, p. 29) puts it: in Richmond's friendly method 'the poor must always be kept from noting that facts are being gathered and judgments made'. It creates an illusion of non-observation that 'makes it possible to exercise direct supervision without anyone being aware that supervision is being exercised' (Margolin, 1997, p. 25). Although visitors' friendliness seems to respect the cultural norms of home privacy and behaving like a guest, the home visit is a professional tool to enter private home-spaces, observe and collect the data required for professional assessment.

Current professional literature in social and health care typically approaches home visits as working methods whose legitimacy in regard to home privacy is rarely questioned. Instead the focus is on developing better practices of home visits and assessing their effectiveness as professional interventions. This literature is extensive especially in medical and nursing studies and deals usually with home visits to families during pregnancy and/or with children and to elderly people (e.g. McNaughton, 2000, 2004; Elkan et al., 2001; Stuck et al., 2002). Home visits are characterized primarily as preventive in regard to children's maltreatment and abuse, various diseases, and an alternative to more restrictive interventions, such as institutional care services.

Since home visiting is regarded as a legitimate professional method with specified aims, the literature contains advice for competent home visit practices including step-by-step recipes: assessing the situation, making a plan, implementation and evaluation (e.g. Eisenberg Carrilio, 2007). Handbooks are also written about the art of visiting:

preparing, getting in the door, stepping over the threshold and being in home (what to observe, how to speak, avoiding risks etc.) (e.g. Nicolas, 2012). Most literature stresses the importance of creating and preserving good, trusting relationships with service users as a foundation for problem identification and for getting permission to access to service users' homes and lives (cf. Richmond's earlier described 'friendly visiting among the poor') (McNaughton, 2000, pp. 405, 408).

Even though the professional literature on home visits does not directly address the strong cultural value of home privacy and its possible intrusion, notions on the art of visiting and creating trusting relationships seem to recognize these sensitivities. Even so, the literature creates powerful professional identities for home visiting workers including rights and responsibilities to make necessary interventions into people's lives in private spheres.

MENTAL HEALTH RECOVERY IN COMMUNITIES AND HOMES

Home visits conducted by mental health floating support services have much in common with the general professional discourse on home visiting. However there are also aspects which are particular to the mental health context, especially ideas about mental health recovery associated with community-based services. The distinction made by Davidson and Roe (2007) between 'recovery from' and 'recovery in' mental illness is helpful here. 'Recovery from serious illness involves the amelioration of symptoms and the person's returning to a healthy state following onset of illness' (Davidson & Roe, 2007, p. 463). 'Recovery in' approaches emphasize a person's agency, control

over one's own life and inclusion in communities, but also takes into account the need for support and care (Davidson & Roe, 2007).

Pilgrim (2008, p. 297) has extended the 'recovery in' definition, describing it as a community-orientated social psychiatry approach that 'emphasizes supportive and personally tailored skills training to enable the patient to stay out of hospital and to maximize their ability to socially integrate by complying with service expectations of improvement'. Instead of highly specialist services in institutional contexts or focusing on 'treating' ill people, the aim is to enable people to live in ordinary communities (Welch & Fernandes, 2010). The 'recovery in' approach constructs mental health service users both as capable of controlling their own lives and as needing long-term support in their everyday lives. Correspondingly, mental health workers are expected to be supporters (not mere controllers or observation makers) who respect and strengthen service users' self-determination and (home) privacy.

As floating support takes place in service users' homes and in the communities they live in (instead of offices, residential care homes, supported housing units or hospitals) there are good preconditions for displaying a 'recovery in' kind of orientation in service user-worker interaction. However, as was discussed in the previous sections, the fact that floating support is conducted in homes does not inevitably lead to this orientation. Homes can be institutionalized, if workers take a leading, authoritative, controlling and interventionist role in home encounters.

Only by examining the conduct of real-life home visits is it possible to discover the extent to which workers balance opposing expectations about the home visit in their professional practice. Furthermore by analysing real-life home visits, it is possible to perceive how workers orient to professional identities, and construct service users and their lives as targets of professional interventions. Alternatively do they perhaps sometimes act more like guests in the private spaces of 'home owners? It is also important to focus on, whether and how service users' agency and self-determination are present in the home visits; what kinds of identities do they orient to in regard to the professional visitors? In order to be able to answer to these questions the research must take seriously the notion developed by human geographers that home-spaces are not static backgrounds for care-giving and care-receiving, but they shape, enable and influence the interaction between the parties involved (Wiles, 2005, p. 102).

FLOATING SUPPORT HOME VISITS AS DATA

The study draws on a larger research project which examines everyday mental health practices, conducted in three supported housing and floating support services in a large Finnish city and including the special setting of this study, a Floating Support Service (from here on FSS). The fieldwork was carried out in all services during 2011 and 2012 and collected large research material including audio-recordings of home visits in FSS that are analysed in this article. The fieldwork started in each service with visits, where the research was presented and discussed with users and professionals. The information sheets of the research (including contact information) were available in all settings during the fieldwork. Participation in the research was voluntary and those who agreed

to participate signed consent forms. The research ethics committee of the university, where the research is based on, gave an approving statement in 2011.

FSS is managed by a large mental health organization, under a contract from the local municipality. The municipality directs the service users to FSS. The 10 workers employed in the FSS are qualified mental health or social care workers. They all have an established professional status when they enter the service users' homes. The team visits 60 service users, who live in ordinary apartments, scattered around the city. The housing is based on permanent rental agreements with the municipality or in rare cases on owner-occupation. This means that the FSS services are organizationally separate from housing, in contrast with various supported housing units or nursing homes where accommodation and support services comprise an all-inclusive care package. The services provided in homes are based on the individual needs assessment of each service user (personal care plans). The overall aim, which is consistent with the 'recovery in' orientation, is to support users in their everyday lives and to increase their capacities to live in ordinary communities, and thus to avoid hospitalization. The workers make home visits and are available daily from Mondays to Fridays from 8 am to 8 pm, and on Saturdays from 9 am to 3 pm. The visits take place at agreed times and their frequency is based on individual care plans. Usually the users are visited from one to three times a week.

Our data contain 17 audio-recorded home visits with 10 different service users (4 women and 6 men). The lengths of the recordings vary between 22 and 47 minutes. Home visits usually involve one worker, but sometimes the researcher was also present,

enabling observations to be made of the visiting practices and the ways the workers and the users moved around the home using it as a resource during the visits. When comparing the activities of the visits without or with the researcher, there are no differences.

COMBINING ETHNOMETHODOLOGY AND GEOGRAPHIES OF CARE IN HOME-SPACES

We examine the FSS home visits by combining ethnomethodology and geographies of care in home-spaces. This means that our focus is on the landscapes and social relations of the home visits as they are produced and oriented to by the parties in action, in 'here and now' interaction. From this point of view places are understood as processes, as 'articulated moments in networks of social relations and understandings' (Massey, 1993, p. 66, cited by Angus et al., 2005, p. 164). In studying these 'articulated moments' ethnomethodology serves as a valuable approach since it concentrates on the members' (parties') day-to-day methods, accounts and descriptions in certain local settings, places and occasions (Garfinkel, 1967; Jayyusi, 1991, p. 234).

During the last three decades ethnomethodological studies have increasingly concentrated on analysing naturally occurring interaction between parties in various work contexts (e.g. Drew & Heritage, 1992), that is data that have not been produced for research purposes (unlike interviews, surveys, field notes). By following this line of research we contribute on the geographies in home-spaces which has thus far mostly been based on interviews, ethnographic field work and field notes. Laurier (2009) who

has done some pioneering work on combining human geography and ethnomethodology (e.g. Laurier, 2001: Laurier et al., 2002) states that ethnomethodology is not yet an established research tradition in geography. However, we suggest that combining these research approaches provides valuable opportunities to understand how spaces and talk intertwine and how the parties orient their interaction to and use material spaces to manage professional encounters and construct local, 'here and now' identities.

Our initial observation on the home visit interactions was that they differ significantly from worker-service user conversations conducted in professionals' own territories (in offices or in institutions) in the sense that the spatial and physical dimensions of homes are strongly present, and topicalized during these interactions, thereby facilitating the communication. As the FSS workers move from their offices 'to the doorstep, across the threshold and into the home' to people's private spaces, it creates the need to scrutinize the work in terms of moving to and around homes (Ferguson, 2010, pp. 1100, 1103). In private homes professional mental health work is conducted in the midst of personal possessions, pets and living arrangements. The material aspects of the service users' everyday life are present and visible for the parties and are hence often discussed during the home visits. The movements and the topics related to spatial and physical homes can easily be heard from the recordings; for instance, invitations to the kitchen for coffee, talking about a new carpet or a pets, checking available medicines, noticing cleanliness and doing cleaning together.

The home specific activities and talk led us to focus on those parts of home visit interaction where homes as spatial and physical places themselves are touched on or are

even the main topics of the conversations between the workers and the service users. We call this kind of discussion where the materiality of homes clearly becomes part of conversations as *home-space talk*, which is common in all 17 home visit recordings. Without the specific home-space bond this kind of talk would not emerge nor make sense. For instance, in social service offices it could not be developed nor made available to be used as a resource in identity construction. Office environment creates instead other kinds of spaces and opportunities for discussions, such as talk related to office computers and to their role in service user-worker interaction (e.g. Räsänen, 2014).

Following the ideas of the geographies of home and home care we understand that the moments where home-space is talked into being in service user-worker interaction make visible the simultaneous 'material and social character of home' (Angus et al., 2005, p. 162) and serve as relevant data in studying how relationships and identities are constantly negotiated and reworked in the lived materiality of home-spaces. As Wiles (2005, p. 103) puts it: ' …places are subject to ongoing negotiation, as homecare means that these different groups have to continually negotiate the physical as well as the symbolic nature and meaning of the home as a place for the provision of care and other activities'.

After identifying home-space talk, we examined how the service users and the workers orient to each other and how they construct particular roles for themselves and for each other. Identity as an analytical concept proved to be useful in examining these orientations and roles. From an ethnomethodological perspective, identities are not

understood as static, inner entities, but as fluid, local and situational accomplishments negotiated in interaction by drawing on culturally shared beliefs, categories and ways of understanding social realities (Antaki & Widdicombe, 1998; Benwell & Stokoe, 2006, p. 6; Juhila & Abrams, 2011; Hall et al., 2014; Mäkitalo, 2014). This way of approaching identities underlines the necessity to take into account material and social spaces (in this case home-space) and cultural meanings related to them (in this case cultural meanings of home and professional caring work). Analysing identity constructions in action in certain local settings resonates with such human geographic approaches that study places and social relations as processes and subjects of ongoing negotiations in situ (e.g. Parr, 2000; Angus et al., 2005; Wiles, 2005).

HOST-GUEST AND PROFESSIONAL-CLIENT PAIRS

We discovered that when examining identities in home-space talk, two relational identity pairs were displayed (Sacks, 1972a, p. 37; Silverman, 1998, p. 82), which we name a *host–guest pair and a professional–client pair*. This complements findings from previous research on geographies of care in home environments (see the Section 'Homes as spaces of professional care'). Guest and host identities echo the culturally strong concern for home privacy, and the orientation to professional and client identities signals the blurring of boundaries between institutional and home spaces. Previous interview studies have demonstrated that workers feel that they walk a tightrope between the roles of a guest and a professional when doing care work at service users' homes (Twigg, 1999; Öresland et al., 2008). Our study examines in detail how workers and service users balance between different identities in the home visit settings.

In our common sense cultural understanding the host–guest pair and the professional–client pair are hierarchically positioned. The host (in a private territory) and the professional (in an institutional territory) are understood as more powerful in the sense that the activities bound to these categories include, for instance, rule and decision making rights (Sacks, 1972b, p. 223). Hosts as residents make the rules and decisions in their private territories and guests are expected to respect them, whilst the professionals in their 'own' institutional settings are more likely to manage the agenda and structure of the discussion. This is not to suggest that guests at private homes or service users in offices and institutions are powerless, but that hosts and professionals can create both room and limits for other parties' actions and participation.

Professional literature on home visits (see the Section 'Home visits in professional literature') recognizes these two identity pairs, which home as a spatial, physical and cultural context produces. What is often emphasized is that although home visits enable being and acting in a guest-host pair, they should not be understood and conducted primarily by these identities. On the contrary, home visits are usually defined strictly as professional working method and practice. For instance, Tsemberis (2010, pp. 83–84) writes that the home visit 'is not simply a social call, it is a targeted professional intervention'. However, 'recovery in' orientation in mental health care (see the Section Mental health recovery in communities and homes) seems to challenge this strict professional-led interpretation by emphasizing service users' self-determination and rights to privacy. In terms of identities, the social call refers to the host-guest pair and the targeted professional intervention to the professional-client pair. In the following we

examine this duality and related identities in action by concentrating on real-life floating support home visits, especially home-space talk sequences.

HOME-SPACE TALK AND IDENTITY PAIRS IN ACTION

In this section six extracts where the spatiality and physicality of home spaces are made relevant in interaction are analysed in detail. We demonstrate how the materiality of homes is present, talked into being and utilized in several ways in interaction, and how the parties use flexibly the guest-host or the professional-client identity pairs in the home-space talk. In the extracts we name the parties with first name pseudonyms since we aim to study and make visible how identities are produced in interaction without relying on already established identifiers like workers and service users. We start with the extract that has strong elements of social call (host-guest) talk and end with one that can be characterized as professional targeted intervention talk (professional-client pair). The extracts between these extremes have features of both kinds of talk. The orientations to the spatiality and physicality of homes are underlined in the extracts in order to pinpoint home-space talk in the flow of interaction.

The starting-point of each visit is that the visiting time has been agreed by the parties beforehand. Hence, the workers do not usually turn up at the services users' homes unexpectedly. In this sense the service users are able to control as hosts their home privacy. The service users can also cancel agreed visits beforehand or simply not be at home at agreed visiting times. So they can refuse to welcome visitors. However, if they

cancel and are absent continually – do not let the workers enter to their private territories – their status as floating support service users is in danger.

Extract 1. Personal mugs and photos

((before this extract, the parties have been discussing new movies and one good restaurant, which they both know))

Jani: look have you seen this ((goes to collect mugs with printed photos, sound of chinking))

Erin: from mum and dad ((reads possibly from a greeting card or from a mug)) oh how fun, well done

Jani: ((unclear)) dog

Erin: oh what is this is this a fox terrier?

Jani: no but a jack russell terrier

Erin: ((looking at the photos)) okay

Jani: it is a puppy

Erin: yeah and oh then there is your dad and mum, when did you have a birthday?

Jani: it was on the twentieth of last month ((unclear))

Erin: well congratulations afterwards yeah or dear, these are really nice when these can nowadays be done like quite

Jani: yes can have them from photos

Erin: yeah you can make these personal then

Jani: yes in that I too have a suit on ((showing one photo))

Erin: yes when has that picture been taken of you?

Jani: it was just in our Christmas party in the school

Erin: well it is really fresh then

Jani: yeah

Erin: yeah

If we did not know the floating support context, we would probably not recognize that this piece of conversation is part of mental health work, or recognize speakers as the

worker and the service user. When reading the turns of talk we could easily imagine that they display the social call interaction, where the host Jani wishes to present his new mugs to the guest Erin. Erin could be a friend, since she recognizes Jani's parents from the printed photos in the mug (although not necessarily a very close friend, as she does not know Jani's birthday). Jani initiates the topic and presents some of his personal possessions in his home to Erin to look at. By doing this he takes a lead in the conversation. He also decides what to choose from his private home environment to be shown and discussed. After this turn Erin does what guests in our cultural understanding might be expected to do: admires the mugs and asks polite questions about the photos printed on them. Jani continues orientating to the host identity by answering polite questions. Without the material presence of the home (the mug with photos and choosing to look at the mug together) this kind of social call conversation would not have been possible. The home-space and its personal possessions enable Jani to be active in interaction and to have an interested audience with whom to share personal artefacts and family talk.

Extract 2. No more garbage on the floor

((This is the beginning of the home visit and recording))
Sofia: <u>what have you been doing here lately, you have clearly done some improvements here at home?</u>
Matti: <u>well this has not progressed very much</u>
Sofia: <u>mm well but a little bit, at least there is not now anymore garbage on the floor</u> but they are put nicely into that litterbag
Matti: yeah

This is the opening sequence of the home visit, immediately after Sofia has stepped over the threshold, greeted Matti and switched on the recorder. The materiality of the home and what Matti has done in his home-space are embedded to this interaction from the beginning. In addition, home is talked into being as an object of Sofia's observations and assessments. Sofia takes the first turn, which can be heard as a usual compliment presented by a guest, who visits this home after some period of time: 'what have you been doing here lately, you have clearly done some improvements here at home?' Matti responds to the compliment in a culturally typical way as a host, downgrading the improvements done in the home-space. However, the next turn deviates from the guest-host identity pair. The orientation shifts more into the professional-client identity pair, when Sofia congratulates Matti for having progressed 'a little bit', and verifies this assessment with a comparison to her observations during the previous visit (having then seen garbage on the floor). This kind of assessment of the home-space (its cleanliness or otherwise) presented by 'an ordinary guest' could easily be understood as intrusive and insulting, as it violates the rules of fluent and polite social calls. Instead, observing and explicitly assessing the home-space belong to professional home visiting practices. In this case Sofia does not make observations secretly but voices her observations to Matti. Sofia's way of talking home into being can be heard as a positive feedback that aims to strengthen Matti's view of himself as 'a good client', who has progressed in taking care of his home. It is notable that during the course of the same home visit, the parties can shift between social call and targeted intervention talk, and sometimes orientations to guest/professional and host/client identities are almost overlapping, as our next extracts demonstrate.

Extract 3. Taking care of a cat

((Before this episode Anna and Ida have discussed sleeping problems, Ida's cat interrupts that talk))

Anna: hello again you really seek to come here all the time to push ((talks to the cat))

Ida: yeah it is so nice ((unclear))

Anna: yes yeah really yes

Ida: the sofa is one of her ((the cat's)) favorite places

((joint laughing and watching the cat))

Anna: well you have food just in the evening ((refers to feeding the cat))?

Ida: yes for her, it has just got a new food cup so she has messed up somehow there and has overturned the half of the food to the floor or to that tray ((laughing)) what else has she done there, I look quickly ((goes to look)) aha you have overturned your cup ((laughing))

Anna: have you been able to clean Iina's ((name of the cat)) litter box and keep things like that tidy?

Ida: well Aki ((name of the boyfriend)) just changed the litter in it and we have so many food cups that the dirty ones can be put into the dishwasher when we use it next time

Anna: yeah

((discussion about the cat continues))

As in the previous extract, in the first turns of this piece of interaction the parties – Anna and Ida – orient to the guest and the host identities. The materiality of the home (Ida's cat and its movement in the flat) causes the shift to casual social call talk. The cat approaches Anna, who starts talking to the cat, resulting in a change of conversation topic to the cat and her habits. Talking about pets is typical home-space talk in social calls: pets are physically present, they move around the apartment and offer neutral, often positive and easy subjects of conversation. What is less usual for talk in the guest-host identity pair is Anna's question related to the feeding the cat, and especially the

way she puts her last question: 'have you been able to clean Iina's litter box and keep things like that tidy?' This is where Anna's identity of a guest might be heard as changing to the identity of a professional. The question is formulated in a way that treats the target of the question, Ida, as a client who might have difficulties in taking care of the cat. Anna uses cat and related home-space talk as a means of assessing the strengths and abilities of Ida. Ida accepts such assessments, and orients to the client identity, as she gives an account of how, with the help of her boyfriend, she manages the tasks to care for the cat and keeping the home clean. Talk about the cat enables Ida to express her agency in this interaction (as a cat owner) as well as managing home-space related duties (taking care of the cat).

Extract 4. Cancelling the order of Christmas crib collection

((before this episode the parties talk about different collections (posters, food recipes, dolls etc) which Eeva has ordered from mail-order companies and about possibilities to cancel some orders, the topic continues:))

Olga: and you still sort out that Christmas crib collection? ((which the service user has also ordered))?

Eeva: yes I'll find out how many figures are still on their way

Olga: yeah

Eeva: the collection is something like this size, I don't know whether almost everything is here already

Olga: yes, are there

Eeva: Jesus and Mary are not, what?

Olga: the main figures?

Eeva: no Mary and Jesus are not yet, no but Jesus is but Mary and Je- no

Olga: Joseph

Eeva: yes Joseph

((while talking and thinking who the figures present the parties simultaneously look at

the figures))

Olga: aren't they these who are here on their knees?

Eeva: no oh my god is that Mary is that Mary? no it isn't but these are but no is this Mary? of my god that might be Mary yes

Olga: they are not labeled then according to who they present?

Eeva: ((unclear talk)) I can't solve this, if Jesus is that one and Mary that then more would not be needed

((discussion about other orders and possibilities to cancel them))

Olga: if you think about the amount of money that will be saved that you can take care of your rent arrears

Eeva: yes yeah

Olga: and you can use money on something else

Eeva: mm I cancel these and then that crib thing

Home-space talk in this extract concerns Eeva's Christmas crib collection, which Eeva and Olga look at and touch as well as talk about. So, the materiality of the home becomes present in the interaction. Eeva has ordered the crib collection from a mail order company, which sends one figure at a time until the collection is completed. There is however always a possibility to cancel the order. Commenting on decorative and other items that are displayed at home for guests to see are typical discussion topics in social calls. Discussing the figures and which ones are present (in the middle of the extract) could be part of this kind of guest-host talk. What is less likely to belong to the expected activities of a guest is questioning the collecting hobby as Olga does in this conversation. By making an intervention to persuade Eeva to end her collecting hobby, Olga orients to a professional identity and accordingly invites Eeva to act as a client. Olga puts an indirect question to Eeva: 'and you still sort out that Christmas crib collection' and refers simultaneously to the other orders just discussed, which also need sorting out. Eeva accepts Olga's invitation and like a 'good' client admits the need to

sort out the order. After discussing the figures Olga gives reasonable grounds for interrupting the order: 'if you think about the amount of money that will be saved that you can take care of your rent arrears and you can use money on something else'. Eeva accepts these grounds and related advice immediately. Interestingly home-space, home-space talk and identity pairs trigger and make it possible for Eeva to both share the personal artefacts of the home with Ida and to direct Ida's everyday life to more sustainable grounds (not buying so much).

Extract 5. Bought washing powder

((Rosa seeks toilet paper from a bathroom needed in testing Paul's blood sugar, after finding the paper and while returning to Paul Rosa makes the following comment:))
Rosa: you seemed have bought washing powder so that you have been able to do laundry
Paul: ((yawning)) yeah yes
((the parties start testing and then mark the values into a notebook))

Rosa's activities related to testing Paul's blood sugar reveal immediately that this is not a social call, since guests do not usually conduct such activities. Rosa also orients clearly to a professional identity in her comment that refers to the previous home visit, during which Rose remarked about unwashed clothes around the flat and the lack of washing powder. She had advised Paul to buy powder and do the laundry. The materiality of home is thus strongly present in this interaction as Rosa's bodily movements in Paul's home. During both visits Rosa moves freely around the home; for instance going to bathroom, seeking toilet paper and making observations. She also reports these observations directly to Paul. This kind of action (moving freely in the private places in the flat) and home-space talk which clearly violate the privacy of

home, do not follow the norms of social calls and the category-bound activities of a guest. Instead they are professional activities including assessment based on observation, advising and giving positive feedback for the client when the advice has been followed (and noting that some progress has happened). Paul displays an identity of a client in the sense that he accepts (does not resist or question) the professional's way of acting in his home. In this conversation Rosa orients exclusively to material measures and activities of the home-space. Her activities and home-space related observations are directed at securing Paul's health and everyday life thus displaying a strong professional identity.

Extract 6. Laundry and cleaning to be done between visits

((before this conversation the parties have discussed the seminar organized by a mental health organisation, then Selma prepares closing the visit and asks:))
Selma: yes well what is then left for you to do before the next?
Henri: doing the laundry and cleaning the kitchen and
Selma: would you have wanted us now together look at ((unclear))
Henri: well no
Selma: that kitchen table
Henri: no
Selma: you will clear that out yourself
Henri: I try now to clear that out myself
Selma: yeah, let's then continue next time if it feels that something is still not done
Henri: yeah
Selma: mm you will manage to do it if you can just get yourself to start

This is a closing sequence of the visit at Henri's home. Like the previous one, this extract deals with the cleanliness of the home and utilizes only the professional-client

identity pair. The materiality of the home is talked into being by making references to doing laundry and to the kitchen table. Selma's opening turn seeks to build a bridge between this and the next home visit, when she asks Henri what he plans (or is expected) to do before the next visit. This kind of task planning does not suggest a social call which might include talk, for instance, about when and where the participants will meet again and what both plan to do in the near future. Henri acts like a 'good' client by listing the homework tasks: 'doing the laundry and cleaning the kitchen'. Selma accepts the listed tasks but offers a question or indirect suggestion that maybe she and Henri could look at these tasks now. The question hints that in order to manage the tasks Henri might need some explicit guidance and help. Henri rejects this suggestion and thus also the need of support. Selma accepts the rejection and reformulates it: 'you will clear that out yourself' to which Henri agrees, repeating Selma's words. Although Selma agrees with 'self-doing' and expresses belief in Henri's abilities, she still displays some suspicion: 'let's then continue next time if it feels that something is still not done'. While expressing this suspicion she directly refers to her next visit; she as a professional is expected to enter and comment on Henri's private terrain now and in the future. In this extract, home-space talk is two-folded: Selma expresses that she cares about Henri's 'doings' at home and is willing to help, whilst she also monitors the private space and private matters. In the interaction Henri is approached as a client needing care, supervision and control.

CONCLUSION AND DISCUSSION

In this article we have analysed how the home as a spatial and physical space (the materiality of homes) is talked into being and used as a resource in mental health floating support home visits. Home-space is not just a place where interaction occurs but the materiality of homes is caught up with and has consequences for floating support conversations, and the social relations between the parties. The blurring of boundaries between public and private in floating support is present in home-space talk. The analysis shows how home-space talk comprises guest-host and professional-client identity pairs. Homes as private spatial and physical spaces enable and require the service users to shift between identities of the host and the client as well as the workers between identities of the guest and the professional. The parties shift their orientations between these identities and identity pairs during the course of the home visits. None of the 17 visits displayed only one identity pair.

Homes as places of mental health work give opportunities to observe and discuss the service users' private life spheres and artefacts. Personal goods, pets, messiness or cleanliness of homes etc. become part of the home visit interaction and the workers' assessments, unlike in institutional office encounters. The materiality of homes provides plenty of discussion topics of personal and private life for both social call and professional assessment purposes. Thus home can be regarded as a particular space to do mental health work that comprises possibilities, restrictions and contradictions. Home visiting opens up new possibilities to enhance 'recovery in' processes in the community. For example, it gives the service users opportunities to conduct the

ordinary and socially respected roles of hosts, have people visiting as guests seeing and sharing significant items with them. But at the same time it requires demanding identity shifts from both service users and workers, because the institutional identities (client and professional) inevitably enter into home-spaces when the workers cross the thresholds.

Although the settings of floating support visits are the service users' private homes and the visits frequently display social call ways of talking, the professional-client identity pair dominates the encounters. By this we mean that the topics raised during visits mainly have an institutional agenda: they are goal oriented (targeted and based on care plans), and follow certain procedures and scripts, such as talking about the past week and making plans for the next week, discussing and checking the condition of the clients and their apartments (Heritage, 1997, p. 106). The workers perform their institutional professional identities at times powerfully and visibly, selecting what questions and topics to raise and deciding when to change topic, thereby not under the cover of kindness (cf. Margolin, 1997) or friendliness (cf. Richmond, 1899). They express openly to the service users their concerns and observations of the home-space, pose direct questions about personal matters and give explicit advice. The workers also often move in the homes' most private areas without hesitation. Their professional identity gives them a mandate for surveillance if needed in securing the service users' health and safety. Accordingly, guest talk is only present in interaction in a limited way. For instance, the worker is less likely to talk about his/her personal life in the same way as is expected of the service user.

The service users accept and seem to be quite used to the presence of the workers and even rather direct surveillance in their homes and lives. They seem to be well aware that supervision is being exercised (cf. Margolin, 1997, p. 25). They do not categorize the workers as 'strangers' but as visitors with clear professional roles and mandate (cf. Zadoroznyj, 2009). They display accountability and trust to the workers by responding in expected ways to the workers' actions, and rarely actively resist them. In this sense we could claim that the emerging of mental health floating support has not meant deinstitutionalisation, but instead the institutionalisation of private homes, and the home-space becoming more 'public' (cf. Dyck et al., 2005, p. 181). The service users do not only accept the workers entering their homes, but also the transformation of home-spaces to places of doing professional and institutional support and care work. Home represents thus one step in the institutional continuation of mental health care and control starting from psychiatric hospitals and proceeding to various residential care homes or supported housing units during the process of dehospitalisation. This institutionalisation might be supported by the fact that many mental health service users have a history of living in places where professionals have a leading and dominant role. They are thus 'experienced' in having professionals present in their living environments. Accordingly this creates a question that cannot be answered with our data: whether the services users feel 'at home' although they are well-housed (Kearns & Smith, 1994).

What functions do the orientations to guest-host identity pairs – social call ways of talking – have in the home visits? Are they just in the service of targeted interventions, of reaching certain institutional aims, for instance of 'helping' the service users to

disclose their private matters? Without denying this instrumental function, the moments when the parties orient to the identities of guests and hosts can also create equality, symmetry and trust between the service users and the workers, and thus increase the agency of the service users (cf. Oresland et al., 2008, p. 375). When performing as hosts, service users can initiate the topics of conversations easier than merely as clients of professional intervention. They are the ones who have knowledge of their private territories and can thus start relevant home-space talk from their point of view (like 'mug talk' and 'cat talk' in our extracts). Discussing everyday affairs and sharing experiences (Heritage & Lindström, 2012) also strengthens symmetry and trust, and promotes recovery. Furthermore, the workers' direct way of expressing their observations might increase trust and openness in the sense that the workers do not hide their 'fact gathering' task under kindness. Creating symmetry and trust in these ways gives perhaps grounds for more personalised floating support services in mental health, which is to be a mixture of social calls and targeted professional interventions. This fits well with the 'recovery in' approach in mental health, which emphasizes the capabilities of service users as well as their rights to self-determination and privacy in everyday lives, despite of their needs of support in housing and social integration to communities. 'Normal' social call talk without any professional aims in itself can be interpreted as an important resource in 'recovery in' integration processes with such service users who feel isolated and have few possibilities to be hosts in their home-space and to share personally meaningful possessions and artefacts with others .

Frers (2009, p. 286) writes that 'in the study of talk-in-interaction the material world sometimes disappears'. Accordingly, Goodwin (2000) underlines the importance of

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studying in ethnomethodology how the participants orient to visible phenomena while talking to each other in various settings. We claim that the developments in 'micro-level' human and social geography can provide tools in analysing the material world and its meanings in face-to-face interactions. In this study we have demonstrated how the ideas of geographies of care in home-spaces can be used in examining mental health home visit interaction. We also argue that the benefit is mutual: ethnomethodological research on talk-in-interaction can contribute to human and social geographic studies on care in home-spaces. We recognize that detailed observations of visits or video-recordings instead of the tape-recordings would have provided even more possibilities to analyse the spatiality of the home visit interaction and thus possibilities to combine these two research approaches more rigorously.

R**eferences:**

Angus, J., Kontos, P., Dyck, I., McKeever, P., & Poland, B. (2005). The personal significance of home and the experience of receiving long-term home care. *Sociology of Health and Illness, 27*, 161–187.

Antaki, C., & Widdicombe, S. (1998). Identity as an achievement and as a tool. In C. Antaki, & S. Widdicombe, S. (Eds.), *Identities in talk* (pp. 1–14). London, Sage.

Blunt, A. (2005). Cultural geography: Cultural geographies of home. *Progress in Human Geography*, *29*, 505–515.

Benwell, B. & Stokoe, E. (2006). *Discourse and identity*. Edinburgh: Edinburgh University Press.

Crutchfield, J. & Burnie, A. (2001). Fitting the bill: Developing a floating support service. *Housing Care and Support*, 4, 27–30.

Curtis, S. (2010). *Space, place and mental health*. Surrey: Ashgate.

Davidson, L. & Roe, D. (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *Journal of Mental Health*, *16*, 459–470.

Dyck, I., Kontos, P., Angus, J., & McKeever P. (2005). The home as a site for long-term care: Meanings and management of bodies and spaces. *Health & Place, 11*, 173–185.

Drew, P. & Heritage, J. (Eds.). (1992). *Talk at work: Interaction at institutional settings*. Cambridge: Cambridge University Press.

Eisenberg Carrilio, T. (2007). *Home-visiting strategies: A case management guide for caregivers*. South Carolina: The University of South Carolina Press.

Elkan, R., Kendrick, D., Dewey, M., Hewitt, M., Robinson, J., Blair, M., Williams, D., & Brummell, K. (2001). BMJ. Effectiveness of home based support for older people: Systematic review and meta-analysis., *BMJ*. Retrieved from http://dx.doi.org/10.1136/bmj.323.7315.719

Ferguson, H. (2009). Performing child protection: Home visiting, movement and the struggle to reach the abused child. *Child & Family Social Work*, *14*, 471–480.

Ferguson, H. (2010). Walks, home visits and atmospheres: Risk and the everyday practices and mobilities of social work and child protection. *British Journal of Social Work*, *40*, 1100–1117.

Frers, L. (2009). Space, materiality and the contingency of action: A sequential analysis of the patient's file in doctor-patient interactions. *Discourse Studies, 11*, 285–303.

Garfinkel, H. (1967). *Studies in Ethnomethodology*. Englewood Cliffs: Prentice Hall.

Goodwin, C. (2000). Practices of seeing: Visual analysis: An ethnomethodological approach. In T. van Leeuwen & C. Jewitt (Eds.), *Handbook of visual analysis* (pp. 157–182). London: Sage Publication.

Gubrium, J.F, & Sankar, A. (Eds.). (1990). *The home care experience: Ethnography and policy*. Newbury Park: Sage.

Hall, E. (2011). Shopping for support: Personalization and the new spaces and relations of commodified care for people with learning disabilities. *Social & Cultural Geography*, *12*, 589–603.

Hall, C., Juhila K., Matarese; M. & van Nijnatten, C. (Eds.). (2014). *Analysing social work communication: Discourse in practice*. London: Routledge.

Heritage, J. (1997). Conversation analysis and institutional talk: Analyzing data. In D. Silverman (Ed.), *Qualitative analysis: Issues of theory and method (pp. 222–245).* London: Sage Publications.

Heritage, J., & Lindström, A. (2012). Knowledge, empathy and emotion in a medical encounter. In A. Peräkylä & M-L Sorjonen, (Eds.), *Emotion in interaction* (pp. 256–273). Oxford, Oxford University Press.

Jayyusi, L. (1991). Values and moral judgement: Communicative praxis as a moral order. In G. Button (Ed.), *Ethnomethodology and the human sciences* (pp. 227–251). Cambridge: Cambridge University Press.

Juhila, K., & Abrams, L.S. (2011). Special issue editorial: Constructing identities in social work settings. *Qualitative Social Work*, *10*, 277–292.

Kearns, R. A., & Smith, C. J. (1994). Housing, homelessness, and mental health: Mapping an agenda for geographical inquiry. *The Professional Geographer, 46*, 418–424.

Laurier, E. (2001). Why people say where they are during mobile phone calls. *Society and Space*, *19*, 485–504.

Laurier, E. (2009). Ethnomethodology/ethnomethodological geography. In R. Kitchin & N. Thrift (Eds.), *International encyclopedia of human geography*, vol. 3 (pp. 632–637). Oxford: Elsevier.

Laurier, E., Whyte, A., & Buckner, K. (2002). Neighboring as an occasioned activity: 'Finding a lost cat'. *Space & Culture, 5*, 346–367.

Margolin, L. (1997). *Under the cover of kindness: The invention of social work*. Charlottesville and Virginia: University Press of Virginia.

Massey, D. (1993). Power-geometry and a progressive sense of place. In J. Bird., B. Curtis, T. Putnam, G. Robertson & L. Tickner (Eds.), *Mapping the futures: Local cultures, global change* (pp. 59–69). London: Routledge.

McNaughton, DB. (2000). A synthesis of qualitative home visiting research. *Public Health Nursing*, *17*, 405–414.

McNaughton, DB. (2004). Nurse home visits to maternal-child clients: A review of intervention research. *Public Health Nursing*, *21*, 207–219.

Milligan, C. (2000). 'Bearing the burden': Towards a restructured geography of caring. *Area*, *32*, 49–58.

Milligan, C. (2003). Location or dis-location? Towards a conceptualization of people and place in the care-giving experience. *Social & Cultural Geography, 4*, 455–470.

Milligan, C. (2009). *There's no place like home: Place and care in an aging society*. Surrey: Ashgate.

Ministry of Social Affairs and Health (2009). *Plan for mental health and substance abuse work: Proposals of the Mieli 2009 working group to developmental health and substance abuse work until 2015*. Helsinki: Reports of the Ministry of Social Affairs and Health 2009:5.

Mäkitalo, Å. (2014). Categorisation. In C. Hall, K. Juhila, M. Matarese & C. van Nijnatten (Eds.), *Analysing social work communication: Discourse in practice* (pp. 25–43). London, Routledge.

Nicolas, J. (2012). *Conducting the home visit in child protection*. Maidenhead, Berkshire: Open University Press.

Parr, H. (2000). Interpreting the 'hidden social geographies' of mental health: Ethnographies of inclusion and exclusion in semi-institutional places. *Health & Place, 6,* 225–237.

Partanen, A., Moring, J., Nordling, E., & Bergman, V. (2010). *Kansallinen mielenterveys- ja päihdesuunnitelma 2009-2015: Suunnitelmasta toimeenpanoon vuonna 2009*. Helsinki: Terveyden ja hyvinvoinnin laitos 16/2010.

Philo, C. (2000). Post-asylum geographies: An introduction. *Health & Place, 6*, 135–136.

Pilgrim,D. (2008). 'Recovery' and current mental health policy. *Chronic Illness*, *4*, 95–304.

Priebe, S., Badesconyi, A., Fioritti, A., Hansson, L., Kilian, R., Torres-Gonzales, F., Turner, T., & Wiersma, D. (2005). Reinstitutionalisation in mental health care: Comparison of data on service provision from six European countries, *BMJ*. Retrieved from http://dx.doi.org/10.1136/bmj.38296.611215.AE

Richmond, M. E. (1899). *Friendly visiting among the poor: A handbook for charity workers*. Kindle Edition.

Räsänen, J-M. (2014). Emergency social workers navigating between computer and client, *British Journal of Social Work*, Advance Access, Doi: 10.1093/bjsw/bcu031

Sacks, H. (1972a). An initial investigation of the usability of conversational data for doing sociology. In D. Sudnow (Ed.), *Studies in social interaction* (pp. 31–74). Glencoe, Free Press.

Sacks, H. (1972b). On the analysability of stories by children. In R. Turner (Ed.), *Ethnomethodology* (pp. 216–232). Harmondsworth, Penguin.

Silverman, D. (1998). *Harvey Sacks: Social science and conversation analysis*. New York: Oxford University Press.

Stuck AE., Egger M., Hammer A., Minder CE., & Beck JC. (2002). Home visits to prevent nursing home admission and functional decline in elderly people: systematic review and meta-regression analysis, *JAMA: The Journal of the American Medical Association, 287,*1022–1028.

Tsemberis, S. (2010).*Housing first: The pathways model to end homelessness for people with mental illness and addiction*. Minnesota: Hazelden.

Törmä, S., Huotari, K., Tuokkola, K., & Nieminen, J. (2013). *Asumista ja arjen tukea: Esimerkkejä mielenterveyskuntoutujien asumisratkaisuista muutamassa maassa*. Helsinki: Ympäristöministeriön raportteja 17/2013.

Twigg, J. (1999). The spatial ordering of care: Public and private in bathing support at home. *Sociology of Health & Illness, 21*, 381–400.

Welch, N., & Fernandes, A. (2010). Mental health and housing: Developing a care and support pathway. *Housing, Care and Support,13*, 16–22.

Wiles, J. (2005). Conceptualizing place in the care of older people: The contributions of geographical gerontology. *Journal of Clinical Nursing, 4,* 100–108.

Williams, A. (2002). Changing geographies of care: Employing the concept of therapeutic landscapes as a framework in examining home space. *Social Science & Medicine, 55*, 141–154.

Wolch, J., & Philo, C. (2000). From distributions to definitions of difference: Past and future mental health geographies. *Health and Place*, 6, 137–157.

Zadoroznyj, M. (2009). Professionals, carers or 'strangers'? Liminality and the typification of postnatal home care workers. *Sociology, 43*, 268–285.

Öresland, S, Määttä, S., Nordberg, A, Winther Jörgensen, M., & Lützen, K. (2008). Nurses as guests or professionals in home health care. *Nursing Ethics, 15,* 371–383.