

Chapter 2

Familiarity with living spaces

When I arrived in the field, Baptiste, the coordinator, told me an intriguing story about a change that had just occurred. On Monday mornings, the teens and a few caregivers gathered for a 'speaking group', where each teenager was invited to discuss an issue of current importance to them. Neither a psychotherapeutic group, in which participants were expected to expose their own difficulties, nor a meeting dedicated to the resolution of conflicts, the speaking group had been implemented by caregivers a few years earlier as they observed how uneasy it was for the adolescents to relate to each other as a group of peers. Hence it became important to create a space for casual discussions, fed by the adolescents' concerns only, for them to better constitute a group identity with its own significances. Since then, the speaking group had had its ups and downs. But in recent months, it had become a mess. Discussions gave rise to lots of tensions. Participants had become far more irritable. They didn't trust the confidentiality within the group anymore, to such a point that exchanges had turned idle or jammed.

Until some teenagers proposed moving the speaking group to the living room. Originally, caregivers didn't want to do it there because they saw the living room as mostly the teens' space, and they didn't want to intrude in it. So far, the speaking group had taken place in a multipurpose room where they brought cushions and everyone sat in a circle. But, as some of the teens told me later, the living room appeared to them a better space for feeling at ease and connecting with each other. It was a material environment where they were used to engaging with the other

people and surrounding objects in familiar ways. So, it made sense to them that such informal exchanges occur there. After a few tries, the caregivers recognized that this use of the living room actually improved the flow of conversation and broke down barriers. Obviously, the familiarity that helped unblocking the conversation was connected to certain material spaces and not to others. This familiarity wasn't only a concern for the caregivers, who at first did not want to intrude in the space, but also for the teenagers. They identified that their familiar bonds, having been anchored in the living room, were convenient for easing talk.

The concern about familiarity came up again with the subject of the move to the new building. Caregivers wished to maintain living spaces – a living room coupled with a kitchen and a yard – that created convivial feelings and warmth, that were welcoming and familiar. Among caregivers' terms to describe these qualities, 'familiarity' is the most accurate word to describe the making of personal acquaintances, informal attitudes, and closeness in relationships I experienced in the field. The development of familiar bonds with other members of the group and with the surrounding things was a form of light attachment that I understood as crucial for sociotherapy. And certain material traits of the living spaces fostered the making of such familiar webs, while others disabled it. So, I wondered, how do these living spaces contribute to the enactment of familiarity? And how is this way of attachment useful for care?

While framing familiarity as a practical achievement, in what follows I examine the institutional ambiguity of the living spaces as both domestic setting and workspace. This draws attention to the core role of familiar bonds in daily sociotherapy: it provides caregivers with an informal knowledge of each teenager, enabling them to adjust the care work to their personal and changing nuances. I then explore three ways in which daily interactions with these living spaces enable familiarity to occur (or not), when adolescents and caregivers cluster around hotspots, adjust the contact between each other, or hang around without much involvement in activities. I end by discussing how the affordances of the living spaces foster the creation of familiar bonds through 'material suggestions'. In contrast with clearly functional places, these material suggestions allow contingent influences, ease the institutional pressure on

teens and, finally, frame familiarity as an opportunistic, or circumstantial, form of attachment.

Practicing familiarity

After hearing the story of the speaking group, it was by gleaning hints here and there that I progressively discerned how ‘familiarity’ was done in practice. I noticed how a familiarizing process passes from strangers’ indifference to closer and more informal interactions and acquaintances. How would that happen in practice? Hirschauer (2005) provides an insightful study of ‘strangeness’ as a practical accomplishment. He describes the enactment of indifference with the spatial setting of an elevator. While the materiality of the narrow but still public space of an elevator lacks occupational opportunities, which therefore inhibits people’s actions, the ‘doing of nothing’ flows through multiple tiny adjustments: automatic doors require precise timing for entering and exiting; the car’s small size induces specific body placements with an awareness of distance-keeping and forces positioning in ‘half-turns’ towards others (51); and the proximity makes participants avoid eye contact, often preferring to turn their gaze to the floor. These descriptions indicate how much ‘strangeness’, the un-relatedness with insignificant others, is maintained through interactions with a material space. The elevator space provides few opportunities for other occupations besides finding face-to-face with other participants who devalue their copresence (*ibid.*: 59).

Hence, establishing familiar bonds would not begin with an absence of interaction. Rather, it shifts from a complex way of enacting indifference towards doing the familiar, with a material environment providing opportunities for that shift.¹ Such a practical engagement is noticeable

1 Ethnographic studies about spatial arrangements as mediators of sociability have mainly focused on people’s engagement and estrangement with each other in public spaces (Gieryn 2000: 476–477). Whyte (1980), for instance, in his empirical study of New York urban spaces, reports many arrangements that

in concrete interactions, in body positions, placements and distances, ways of looking (or avoiding looking), or in paying attention, facial expressions, the back-and-forth dynamic of responses to these engagements from the environment or other people, and their reenactments at an everyday pace.

But the personalized relationship I noticed with the living spaces deepened far beyond momentous interactions. Over time, along with personal accommodations to the environment, a teen's personality could be diffused by things, and be constituted through familiar bonds with these things. In this way, it was a form of attachment. This is an idea that Thévenot (1994; 2001) formulates in his analysis of the "familiar regime." A regime designates a practical mode of access to a tangible environment that in turn responds to someone's movements, and it implies an orientation towards certain kinds of goods rather than others. One regime Thévenot identifies is that of "conventional functionality" of things (2001: 70), or of planned actions, in which people's engagement with a nearby surrounding is based on regular use in accordance with functional design. We can, then, see the smooth elevator car and its buttons for controlling the doors or moving up and down as objects of conventional utility. In contrast, Thévenot writes, the familiar regime "rests on an accustomed dependency with a neighborhood of things and people" (*ibid.*: 77). Here is how he casts this process:

'Intimate' familiarization evokes a direct corporal implication, the idea of a tight union between bodily gestures and an environment which makes for highly local convenience. The dynamics of the relationship between the human and nonhuman entities which compose familiar surroundings are highly dependent on personal and local clues that were made out as salient features for adjustment in the commerce for these familiar beings. In this regime, agents are guided by a wide range of sensorial clues, as well as indications from spatial positioning.

support sociability, such as sitting ledges that invite informal and relaxed bodily positions (28–33).

[...] Such clues are widely distributed in the web of connections which sustain familiarity. (ibid: 70)

Such a web of familiar bonds with a surrounding constitutes an “attached personality” (ibid: 77), extends it, and maintains it in time. Moreover, such personal uses have their own way of becoming collective. They cannot be directly shared with a newcomer, as would dictate the regime of functional conventionality. Instead, the transmission of personal uses must be learned through a process of accommodation to another personality, by developing connections to its familiar world. The practical achievement of familiarity, then, progressively leads to a customized web of mundane attachments to the things and people that are present.

In this chapter, I build on this pragmatic characterization of the familiar to tackle the idea that a surrounding environment is not only something caregivers and teenagers become accustomed to, but the space also presents material traits for weaving familiar webs with things, people, and the environment. Such material traits offer ‘affordances’ (Gibson 1966) for familiarizing, meaning that their material features one can perceive (size, shape, texture, color, positioning, motion, etc.) furnish the observer who interacts with that materiality the experience of (inter)personal accommodation. Before exploring in greater detail how these affordances work, let me address the importance to the care practice of weaving these familiar webs.

Workspaces for informal knowledge

The living spaces of the care home held an institutional ambiguity, since they were at once the caregivers’ workplace and a domestic layout for sharing everyday moments with the teens. On the ground floor of the old house, the living room was laid with an old parquet and offered a large sofa in an angle and another, smaller one, both facing a blocked fireplace and the two high bookcases that flanked it (figure 6). On the other side of the narrow vestibule, the dining room was adjoined by a kitchen (figure

7). Both rooms overlooked a small courtyard surrounded by the trees and back houses of the neighborhood.

Such a domestic scene was not reminiscent of a disciplinary setting. Rather, it invited a much more chaotic web of interactions. It tended to blur everyone's roles, by not defining in advance the ways of relating, say as hosts, friends, or professionals. At first glance, we may think that such a domestic surrounding would foster the kinds of sociality one usually finds with family or in a private home.² But the familiarity I encountered with the living room, kitchen, dining room, yard, and vestibule of the day center did not give an evident sense of family relationships. What I experienced with teenagers and caregivers were other forms of closeness and acquaintance: it involved personal accommodations that blurred with professional ways of relating, although these did not remain given. As one teenager shared with me, newcomers joined the group every so often (mostly teens or trainees), so familiarity was propagated in particular by acting as a host or guest. Yet, I remember a caregiver telling me that it happened that they openly questioned the nature of their relationships with teens, without easily finding the right words. Familiar webs were both personal and professional, and both ways of relating remained partially undetermined.

Within the therapeutic community model, these unprescribed relationships allowed unexpected occurrences with teens in an everyday

2 It would be tempting to bind the process of familiarizing with the 'homely' aspect of these spaces. But it would go too fast. My interviews in the field challenged the assumption that familiarity relates, above all, to homely or familial environments. Teens who lived full time in residential institutions debunked this presumption with very different logics. Personalized landmarks, some declared, could be achieved in places that were not, or didn't feel, 'at home'. Etymologically, too, the definition of 'familiar' has always spanned beyond biological-family relationships; this form of acquaintance and intimacy with something or someone isn't especially bound to the sharing of a household (Oxford English Dictionary online, s.v. "Familiarity", accessed December 04, 2016). Wilkinson (2014) underlines this nuance with single people. See also Pasveer, Synnes and Moser (2019) for diverse accounts of the work involved in the making of 'home' in care for elderly people.

context, to which the sociotherapists responded. That is, from 9am to 5pm, when they shared meals, casual moments, and diverse activities, the caregivers did not “simply do” these things with teens, but they did it “with a particular listening to it, and with a particular response to it”, as one of them explained to me. Too much familiarity, then, risked becoming a pitfall when a caregiver responded to an occurrence with mere spontaneity, losing awareness of “what was actually happening at a given moment” to respond in a slightly different way. In other words, while mundane events of ordinary life were crucial pivots, both on the spot and during debriefing meetings, familiarity so firmly embedded caregivers’ professional role in interpersonal encounters that it might sometimes jeopardize the care work when it made caregivers lose sight of that role.

The domestic setting as a workspace, and the personal connections within professional ways of relating, were an important ambiguity for the care practice because it allowed the formation of an informal knowledge of the teens. Again Thévenot (1997), in his distinction between the familiar and the functional regimes, underlines how a workspace that incites familiar relationships also enables the production of informal knowledge. A clearly functional spatiality, in contrast, delimits each one’s role and often relies on preconceived representations (or formal knowledge). Of course, the familiar and the planned regimes are often articulated empirically, but their distinction allows a better discernment of which mode of engagement might prevail in a practice and place.

This distinction between workplaces affording informal and formal knowledge is also identifiable in ethnographies of psychiatric settings. One of them takes place in a long-term mental health care setting. Pols (2005) discerns how silent patients enact appreciation in interactions with others and in a material environment that enables it. She tells the story of Dora, whose perspective becomes noticeable in her way of “practicing morning coffee”: she does not join the conversation, but sits around a corner and knits, sometimes smiles about what has been said, and does the dishes when coffee time is over. In doing so, “she creates a situation with which she feels comfortable” (213). Nurses come to know what patients like and dislike through their personal accommodations when in such a situation. They try to learn about patients’ perspectives

as emerging positions in interactions, not as representations belonging to an individual. Becoming acquainted with patients in a same space and situation opens up more possibilities to deal with less asymmetrical relationships, instead of trying to conceal them, inasmuch as patients' appreciations can be taken into account only when trying to learn about them (ibid: 218). In contrast, Rhodes (1991: 11–33) depicts how the disciplinary space of an emergency psychiatric practice offers few occasions for seeing patients' perspectives and their nuances. The area at the back is a “holding environment”, where “patients are soothed by such a place” and “motivated to leave it” (ibid: 33). The rooms provide them with no activities. Rather, that materiality witnesses their monotonous days. In the front part of the unit, the spatiality of the staff area structures different functions: the higher the status, the more mobile, private, and distant they are from patients. Rhodes analyzes the consequences of that spatial partition for the way caregivers see patients: as “wholly others” (ibid). This doesn't mean that the staff relied on scientific knowledge of medicine only. They also developed a particular and local knowledge of patients, “visible only from where they stood” (ibid: 174). But such knowledge wasn't favored by the spatial arrangements; if it was formed, this happened in the margins. Clearly these disciplinary spaces didn't afford their users the conditions for familiar and informal acquaintances.

The contrast between these two studies forges closer links between caregivers' workplaces and their informal knowledge of patients: while being in the same rooms and observing how they interact there, they can perceive how personal and changing nuances singularize each person. As teenagers became familiar with that environment, the team gained an informal knowledge of them. They collected small details when closely relating with the adolescents and noticed how each of them found their own way within the domestic layout. In interviews, the teenagers as much as the caregivers depicted their interactions with the living spaces according to things they liked to return to: beyond affinities or disfavor with others, they evoked material and sensory elements such as the smell of french fries, the comfort of a sofa due to its shape and fabric, whether the music player was on or off, the coffee thermos, the sun in that part of the yard, at that moment of the day, or a corner in the back,

where they could escape the caregivers' gaze.³ Alongside these mundane engagements, the familiarity each teen developed with the living spaces and the others in presence made more visible some of their personal inclinations in the flow of daily events.

How did this informal knowledge contribute to the care work? Caregivers frequently exchanged stories of this shared daily life during their meetings or chats in their office, so that this informal knowledge quickly grew for every staff member. Once they had created a portrait of a teenager, the caregivers were able to refine their attention and noticed smaller changes that had become surprising to them. Safia was a quiet adolescent who spent about two years in the center before she turned eighteen. For a long time, she stuck to her routines. She ate breakfast at the same table, often sat at the same seat on the sofa, and almost never spoke. She sometimes answered by nodding her head. She made very few movements, merely keeping her gaze facing ahead. Other teenagers teased her, but she rarely engaged in interactions. Until the day she started challenging the familiar portrait all had so far been acquainted with. Several caregivers reported greater bodily involvement in activities, or her amusement at silently contravening the seating conventions at a workshop. Tiny changes also became noticeable in the house, as when she agreed to play ping-pong, or when she encountered her own image in a mirror and did a small dance step to the side. As with many teenagers, their familiarity with Safia enabled the team to notice these minor changes, in contrast with her usual stillness. Without having sketched this intimate portrait day by day, those minor changes would most probably not have been surprising. These changes reshaped caregivers' informal knowledge. From there, they would respond differently to the youth.

3 One may rightly question this constant awareness of caregivers as a form of diluted surveillance, as a sort of panopticon that would have shifted from the building structure to the staff copresence. I rather came to see it as subtle, non-innocent technique that obliges the team to remain reflexive on it, like when they discussed how teens should access out-of-sight corners. I return to this issue at the end of the book.

At the same time, too much familiarity was a point of tension in the care practice that called for zones of negotiation. Although the center was a refuge where social norms were much suppler compared to teens' outside social life, the facility must also remain a transitional setting so that they could find ways to live beyond their stay. Yet too much relational ease could well turn familiar bonds into improper modes of conduct marked by undue freedom towards others. Caregivers had rules to prevent close contact from becoming too tense. But again, within everyday turbulence, strictly applying these rules was counterproductive for the caregivers' relational practice. The responses caregivers gave to Maxime shed light on this. This sporty young guy could not stop seeking trouble with others, as "he knew where to pinch them", a caregiver observed, in addition to his shouting, loud jumping on the stairs, and his attempt to start a fire. Obviously, his explosive state probably exceeded improper familiarity, and threatened the possible ease, informal contact, and closeness of others. Applying the rule would mean excluding Maxime from the center. But care work required working in a zone of negotiation where caregivers tried to understand what was happening for him. One morning, since they had noticed Maxime exploding each time he was back in the group, they proposed that one of them would spend time with him individually. Their informal knowledge of him colored their attempt to "contain him with the relationship", which was assessed together with an adjustment of his medication. The personal acquaintance created with Maxime supplied the care work with information even when his actions turned nasty. Familiarity did not only encompass comfortable ways of being together. Such attachment, because it opened a path for greater personal and relational ease, was always on the edge of becoming tricky. Caregivers adjusted their responses to the teenagers by creating zones of negotiation with them, thanks to the informal knowledge they gained in their relational closeness and acquaintance. Now, how did the spatial arrangements help to cultivate that familiarity?

Figure 6: The living room in the old house.



Figure 7: The dining room in the old house.



Clustering hotspots

From the first days of my fieldwork, it quickly became apparent how much the living spaces displayed objects, most of them games, inciting the improvisation of clusters of teens. These objects provided opportunities for assembly around ‘hotspots’: the spots where an action between several participants can begin, and grow more popular as they attract others to join in. Hotspots, I noticed, led to anchored personal landmarks in particular areas of the living spaces while teens engaged in informal encounters with the others involved. Hotspots were all but homogeneous, smooth encounters. They were at best fueled with an unstable atmosphere, full of ambiguous addressing, and shifting over time. At worst, they were deserted or blown up.

I first experienced a hotspot when taking part in a roleplaying game. This game was popular in the group at that time. When Gael, a caregiver, invited the teenagers to participate, in just a few minutes about ten participants were sitting on the sofas, facing each other, with the door of the living room shut to disturbances. The roleplay involved an adventure scenario where each of us hid an assigned character that the other players had to discover. Cards were dealt and drawn, questions were asked and answered in search of clues, looks of complicity or suspicion were given. While we had to find ways to feint with each other, the roleplaying game – as with all games that require guessing others’ intentions and build suspense – brought layers of ambiguity into our interactions.⁴ This cre-

4 Many scholars who study play have noted this ambiguity between a present situation and how participants understand it. Here I am interested in the potential of ludic devices for opening up divergent understandings of a situation, in relation to its salience in care institutions where relationships are asymmetrical and challenging. On this particular point, see Zaccai-Reyners’s (2015) reading of the notion of ‘play’ among different thinkers, in which she emphasizes the features of this notion that are helpful in care contexts. See also Haraway’s conceptualization of “playing with strangers” (2007: 232; 232–246). In her multispecies account, play offers an experience of a joyful inventiveness where partners let go of the literal, logical, functional, and purposeful, and instead put at risk

ated a hotspot full of insinuation in the encounter. Tensions escalated, to such a point that a teenager suddenly dashed out of the room.

The instant the game ended, most of the teens rushed out the door too. “It often ends like that”, Gael sighed to me. The game involved ambiguities within closeness. This combination easily provoked strong, impulsive, and sometimes violent responses. Although there were also short moments where the contact was easier, I could feel how the balance between ease and tension in the group was unstable. Participants often reacted to this instability by adjusting their bodily distance, whether being actively involved with the game, paying attention to what was happening, or retreating their bodies a bit from the scene. The broad seats of sofas allowed such bodily adjustments, as I noticed with a thin, very pale girl next to me who, without playing or saying a word, regularly retreated to the end of the sofa. It seemed that while the group dynamic was fragile and might easily get out of control, hotspot attendants were *spacing*. Goffman (1963) describes spacing as a way of making a space with bodies through the handling of distances and of orientations within interactions, which also ensures lines of speaking and exchanging of glances (161). Here, the spacing of participants was a way to facilitate closer contact while dealing with the tight and unstable strain of a hotspot. While the shut door limited the distance of these adjustments, the sofas with broad seats surrounding the living room enabled these discreet repositionings.

Hotspots were also mobile as their popularity fluctuated over time. During the first ten days of my fieldwork, most interactions occurred around sofas in the living room, on benches in the yard, at the ping-pong table, or with two other popular games. At the time, it often happened that the sound of ping-pong balls and the players’ movement raised the attention of people nearby and drew them closer, which activated these areas as hotspots. Then the group composition varied, and hotspots moved. Once teens grew acquainted with each other, they might turn their interest to other areas. Another corner, table, bench, game, or

whether one’s understanding is meaningful to the other partner in face-to-face interactions.

thing stole the limelight. As weeks passed, varying relationships among the group moved these transient clusters and provisionally enlivened hotspots. Following this inconstancy, the familiar bonds created with these clustering objects remained fluid.

From my first days at the care center, hotspots were the best places to become familiar with something, some area, or someone. Temporarily popular objects presented opportunities for participants to cluster informally. In doing so, they particularized their interpersonal and local conveniences in the living spaces. Hotspots would not liven up without the cluster-inducing objects scattered here and there. So, the objects and the hotspots they animated were key elements for the mundane and familiarizing encounters they enabled. Plus, due to the greater closeness hotspots entailed, and sometimes even ambiguities (as with games) and tensions, they spurred participants to enact spacing to better deal with their tight instability. These adjustments of bodily positions seemed necessary in the familiarizing process. As time passed, the mobile hotspots recorded and inscribed the dynamic way in which familiarity resettled unpredictably over time, as the group and relationships varied, without getting stuck into monotonous routine.

Contact adjustments

In just a week, it was easy to be acquainted with the collective use of the objects, their placements and displacements through the day, or the approximate hour the coffee thermos was most probably empty. I soon learned about Asma, the girl who had stayed silent and retreated during the roleplaying game. During the days following the game, my contact with her went easily. But creating familiar bonds with the surroundings and other people wasn't always so smooth. The weaving of early, unsteady, and friable affinities with others could well require some contact adjustments. In the three following ways, the material arrangements of the living spaces allowed for such adjustments.

Contact adjustments first occurred when caregivers or teens were casually addressing someone else. This was best achieved if the addresser

was at the crossroad of different interactions. A plethora of things that were accessible to all in the living spaces enabled those concomitant interactions, and hence the addressing of one another in indirect ways. The morning I met Emile, about ten of us were busy preparing lunch in the cooking workshop in the dining room. Emile, a sturdy and outspoken teenager, sat at a table, his head resting on his crossed arms, hinting at a sullen mood. He felt too tired to engage, he said, but he didn't withdraw to rest either. Earlier that morning, on the way to the grocery store, we had spoken a bit about Bulgaria, his native country, which I had visited many times. As I passed by the table where he sat, I asked him another question about his country. But, as I had observed other caregivers doing, I didn't ask it straight forward. I chose my moment while passing by him on the way to the trash can, with some potato peels I had just picked up. This was a way of adjusting the contact to make it less formal. It was easier to refer to our previous chat while being in the middle of doing other things, where attention was being given to other objects, people, or activities surrounding us. Asking him in this manner made it just a casual question among many other engagements. It was a lighter inducement, for it was less directly addressed to him. If I had sat down opposite him and asked head-on, Emile would most likely not even have raised an eyebrow. Instead, his answer to my question turned into a chat, and drew both of us back to Bulgarian landscapes. He suddenly stood up, moved toward the sideboard and, handing me a few plates, asked if I would set the tables with him.⁵ So we did. Setting the table made sense after I had cleared them of food waste, and the tableware was waiting right there, in the dresser nearby. That Emile offered to do it together could well have

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- 5 Here Emile's response didn't solely concern the making of familiarity with him and the spaces, but also his involvement in an activity, the cooking workshop. This is another form of attachment that I explore in the next chapter. The casual way of addressing someone, who will then involve themselves in an activity, is a technique that closely echoes what Driessen (2018) coins, in another care context, as "sociomaterial will-work" (115). With this expression she describes the strategies of caregivers who try to sculpt the will of residents with dementia who really don't want something. The will-work she observes also relies on the materiality caregivers tinker with.

been a way of pursuing the interaction by other means than a face-to-face conversation. The conversation with Emile was also made informal thanks to concomitant interactions, thanks to the range of objects that were both available and opportune in an ongoing situation. With those everyday objects, making and resuming contact relied on very informal adjustments, whether one was just asking a question or offering to set the tables.

Later that day, contact adjustments with Emile occurred again, this time through discreet glances. It happened as I came down to the living room. One youth was reading, another playing a game with a caregiver. At the moment I came in, a third stood up and went to the dining room to grab a coffee. So I took his seat on the sofa. From there, I saw the dining room through the door and vestibule, and the yard through the dining room window. It was then that I glimpsed Emile who was outside, smoking a cigarette. He sat on the edge of the window and looked inside. Our eyes met. For a few seconds, our gazes locked. Then he turned his head to take a puff, and my attention came back to the living room. I then came to notice that glimpses of each other offered another sort of contact adjustment. They occurred in several articulated rooms whose layouts afforded such brief eye contact. At the day center, one could see from different angles through the various rooms that comprised the living spaces. Open doors, windows, wall openings and nooks standing between our gazes sharpened sightlines and prevented one from visually scanning the entire space (figure 8). From the sofa, I could be close to others sitting nearby, but for a very short moment I could also discreetly resume contact with Emile who was outside. Interactions lay in the discreet perceptions we may have had of each other, when resuming contact in highly informal ways, thanks to sharp sightlines between the different living rooms.

The third way to adjust my contact with others, next to casual addressing and discreet glances, surfaced thanks to a spatial problem. Since the living spaces of the old townhouse were small and confining, the teens felt too cramped, and they grew highly agitated. Lacking the right distance, interactions were prone to become more impulsive and offensive. A greater distance was needed for the teenagers to feel on their

own while remaining part of the group, without tensions running too high. In other words, too much proximity obstructed the development of personal accommodations and closer relationships, which could then be eased by the negotiation of one's presence with others.

It must be said, one of the main reasons the caregivers wanted to move to a different place was the need for a sufficient number of square meters. In the new building, the living spaces were much bigger. However, though more space could help to ease tensions, caregivers discussed with the architects two design strategies that would fine-tune the problem of finding one's own distance in everyday practice. Whereas the caregivers' concern was prompted by their experience of tensions among teens, the architects referred to Hall's famous study (1966) about the conditions for intimate, personal, social or public distancing.

Both caregivers and architects first reckoned that the articulation of several different rooms would allow adjusting one's right distance. Thus, they reproduced in the new building a spatial configuration similar to the old house: the living room, dining room, kitchen, and courtyard/garden were separated but still near each other. All could be closed off from the others for occasional activities, but most of the time the doors remained wide open. While an ensemble of open rooms was a key feature to allow moving from one to another, each room's respective purpose suggested the shifting from one to another. Rather than a vast plateau of open space, the separation of respective rooms did not only afford discreet glances; it also suggested an informal circulation of people. Finding one's own ideal distance from others also came along through that circulation.

The second strategy was to implement corners for withdrawing into the design of the new living spaces. The architects sought to arrange corners that were neither too closed off nor too remote. For the living room, they used sofas to create one main sitting area and another smaller one, which was a bit apart from the rest of the space in a nook (figure 9). And they arranged more withdrawal nooks with smaller, reception sofas in parts of corridors that were broadened. These corners for withdrawing, in the living room and nearby areas, were meant to suggest that teens and caregivers could leave overcrowded spots and find space and quiet.

In doing so, the caregivers hoped they would suggest the distance adjustments that were crucial for creating familiar bonds and eluding tension.

Once in use, the articulation of rooms and corners for withdrawing proved to be design strategies that worked quite well to better deploy the occupants' mundane choreographies. Several teens reported that a few weeks of being in the new living spaces had helped to ease tensions a lot, and most of the time, circulation remained lively. Sometimes, though, the staff noticed the reverse effect: the living spaces now also risked becoming too quiet, meaning there was not enough movement. But overall, these arrangements clearly allowed the familiarization of each person with others and the place through distance adjustments.

Distance adjustments differed from the repositioning of bodies towards others of 'spacing'. Instead, they were comprised of the very mundane circulation of one's footsteps, preferring to go here or there throughout the day. While the design strategies subtly encouraged such distance adjustments in the care practice, they contributed to each person's negotiation of presence within their surroundings, according to what was happening from one moment to another. In interviews, several teens stressed that the improvised paces of these distance adjustments were a key difference from disciplinary settings, mostly schools or psychiatric wards, where spaces and moments of circulation were clearly delineated. As one teen, Karina, emphasized, the conditions for circulation in the day center were flexible: instead of the long corridors of hospitals or schools where one must walk some distance to reach a spot, here you could switch from one room to another in the space of a moment.⁶ Caregivers, too, adjusted their distance through these

6 Karina's point could not have been more right. Corridors are key to the large-scale institutions that have been established since the 19th century, including the asylums of moral treatment, where they distributed and classified individuals, and prevented spontaneous mingling among them (Luckhurst 2019: 157–210). In Goffman's 'total institution' (1961, cited in Luckhurst 2019), though, some of its hallways constitute 'refuges' for the inmates' 'underlives' that the professionals tolerate.

ordinary placements and displacements when they attempted to generate the ‘right atmosphere’. Noise often guided their game of presence and absence, by inciting them to come cheer up a room that had fallen silent, or to straighten teens out if they overheard some boisterous activity.⁷ The mere unexpected distribution of attendants gave hints for adjustments, as Rachid, a nurse, put it:

Yesterday, for instance, I wanted to settle in the living room. But then I saw that some trainees were already there. Each was busy speaking with a youth. So I didn’t go, because I didn’t want to overload the presence.

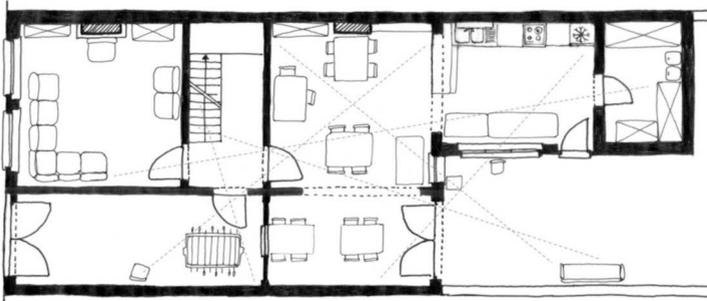
To negotiate one’s own degree of presence among others was part of the care work, for those providing and receiving it, while engaging them in a familiarizing process.⁸ As Baptiste explained in the story of the speaking group that opened this chapter, despite caregivers’ precedence over teens in ordering the place, the former also wanted the living spaces to belong to the latter, thus letting them find their own familiar landmarks there. The articulation of rooms and corners for withdrawing that suggest distance adjustment, then, worked with that territorial ambiguity of the living spaces. These material arrangements drew teens and care-

7 Distance adjustments are often entwined with the calibration of the sound ambience. Such adjustments are done thanks to a diffuse way of listening that I called “to lend an ear”: when one let their attention be caught by surrounding noises or stillness. See d’Hoop (2020).

8 The suppleness with which a care receiver negotiates degrees of privacy is a pivotal dimension of many care situations. Twigg (1999) discusses the spatial ambiguity of privacy in care in the case of the provision of bathing in the people’s own homes. There, caregivers manage this ambiguity by reordering (or not) boundaries between more private or public areas of the house. More broadly, it’s worth noting that today’s ordinary search for privacy in a house became the substratum of domestic architecture in the modern era in Europe. It was achieved thanks to spatial strategies, like limiting the number of doors in a room, or channelling circulation in passages like hallways and staircases. On the emergence of that sensibility together with its spatial configurations, see Evans (1997[1978]).

givers every day, or rather every moment, into mundane choreographies that blurred professional and personal ways of relating.

Figure 8: Map of the sightlines in the old house.



Hanging out

With the relocation to the new building, sofas became the subject of an interesting failure story. They were such ordinary things in the daily practice that nobody noticed how crucial they were, until they went missing. A few days after moving into the new space, the sofas had not yet been delivered. This provoked a crisis that was quite unexpected: without them, the teenagers quickly dispersed throughout the building, or simply left the day center. Caregivers were soon exasperated because they had, in their words, “to run after teens” to find them. This devastated the subtle play of movement between them that was necessary for their relational practice. Searching for the teens turned the informal relationship into a disciplinary one. They needed stronger ‘anchor points’ that everyone could pass by and where they could likely find others, without even really settling down. When the sofas finally arrived, the situation recovered its balance. Obviously, they were central to sustaining the group’s loose but necessary cohesion. The absence of

the sofas jeopardized the casual togetherness made possible by hanging out near anchor points in the living spaces.

The sofa crisis led me to look back at observations that were progressively invading my field-note journal, though they sounded trivial when I first jotted them down. They depicted scenes where nothing seemed to be happening, but where everyone was relating to each other and to the surroundings in a rather loose way. Like, someone grabs a coffee, while someone else moves from one game to observing another. Others settle down in one place, then join a chat elsewhere. Or someone goes to the kitchen to ask about the preparation of the meal. Why did I record these seemingly insignificant anecdotes? Reading them again, it became trenchant that the familiarity enacted with these living spaces took shape, too, when the teens hung out or lay around without seeming involved in what we were doing. The living spaces provided affordances for personal ways of relating that weren't firmly structured as in planned activities. How did they do that?

Back to the sofas. They were not only anchor points for hanging out or settling down. They were also objects for resting the body. The sofas were made of fabric, and together with cushions and footstools they allowed the body to relax, whether sitting, lying down, or finding a way between both postures.⁹ The sofas were at angles or facing each other, as were the benches in the yard, or in the new building, a bar with stools in the kitchen that encouraged conversation among us. In a more improvisational way, leaning on your elbows on a working surface, on a low wall, or against a doorframe also allowed loose bodily positions during interactions. Our corporal engagements with these sitting and leaning elements set the tone of our chats, stories, thoughts, anecdotes, news, and jokes that we shared throughout the day. 'Hanging out' occurred through the relaxed bodily and speaking attitudes that most of us adopted in our

9 Sennett (1976) traces the advent of what was called, in the early 19th century, the 'comfortable': chairs, divans, and sofas, made of cushions for relaxing bodily postures between sitting and lying down (338–342). When mass manufacturing developed, these objects reached the wider public and invaded living rooms.

own way, in our interactions with sofas, benches, doorframes or countertops. Such informal interactions contradicted the more straightforward professional and educational relationships. Again, they contributed to blurring the differences between each person's role.

As I tried to understand how 'hanging out' worked, it was impossible not to notice a major aspect of the living spaces: the presence of the kitchen, with its specific layout and cook. Hanging out around the kitchen and the cook was a way of familiarizing that appeared especially welcome in regard to the danger of institutional routines. A typical day at the center was structured with breakfast, lunch, afternoon snacks, meetings, departures for activities, or returns from outings. I had been at the center for less than a week when I became aware of how much the repetition of those daily activities threatened the care work to become incredibly dull for everyone, at least, if each day unfolded identically to the one before it. But that wasn't the case at all. Take lunchtime. It was a significant gathering where all the teenagers ate with most of the caregivers. And it was scheduled at 12:30 each day. But we did not all arrive at the same time, serve, eat, nor clean up nor even leave together. We would hang around as the meal was being prepared as well as after we finishing eating. The dining room and kitchen became crowded at varying paces. As we bumped into each other when making our way through the space, seemingly casual proposals could be made, such as invitations to sit at a table, and dodges of these interactions as well. Towards the end, the group would progressively fade, with some staying to wash the dishes.

Hanging out in the kitchen before, during, and after lunch emerged as the most persistent hotspot. Over time, the kitchen and the cook remained a luring point that mediated indirect encounters between teens and caregivers. How was that accomplished? The transition to the new building emphasized the importance of the details of the kitchen's material layout. In the old townhouse, the kitchen was open on the dining room and the yard and provided sightlines to the living room and the entrance hall. Due to this central and open location, you could catch glimpses of the cook at work but also hear noise from the pans and smell the aroma of dishes being prepared. The kitchen held professional equipment and appliances made of stainless steel, which gave it

a professional character. However, the domestic spatial layout invited the teenagers and caregivers to stop by countless times each day, to take leftover food from the fridge or put a coffee mug in the sink. In this way, the kitchen held an institutional ambiguity between professional and domestic site.

For the new building, the architects and caregivers insisted that the kitchen remain part of the group's circulation. However, the consensus was not so smooth. Josie, the cook, had precise requirements for practical details so the kitchen could meet her need for storage, cleaning, cutting, baking, as well as socializing, all in the same spot. As perhaps goes without saying, this was far from easy. Even if the kitchen was first and foremost Josie's workspace, it had become too crowded in the townhouse for her to prepare meals with the intense traffic that disturbed her workflow (figure 10). In other words, hanging out in the kitchen worked too well for her to cook without too much disturbance. She asked to close off the kitchen, but this was not an option to the team nor the architects, who wanted to maintain conditions of togetherness. The new kitchen arrangements ended in a compromise: the baking part was left open, but walking through it was not possible anymore. In this way, the kitchen became semi-open. The low wall delimiting the kitchen in the townhouse was rebuilt as a larger bar in the new building, inviting its occupants to sit down or to hang out in that area, away from the food preparation area (figure 9). In the new building, the kitchen's appeal was balanced with the help of the bar's material layout.

Figure 9: Birds-eye view of the living spaces in the new building, with a sofa in the corner and people hanging around the bar.

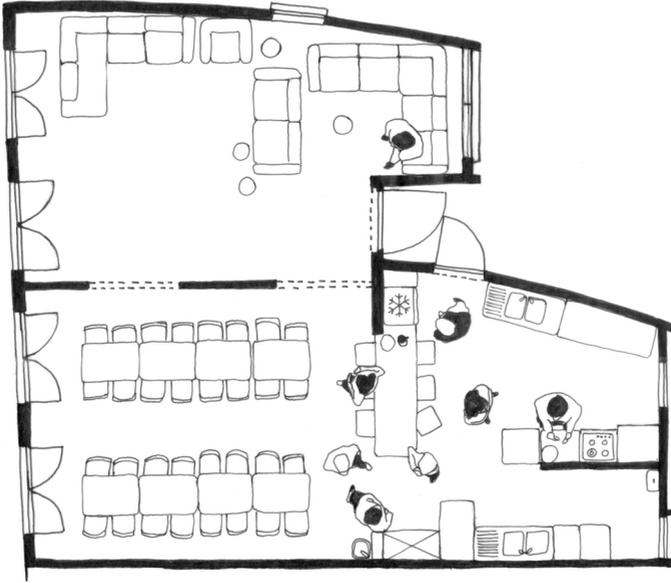
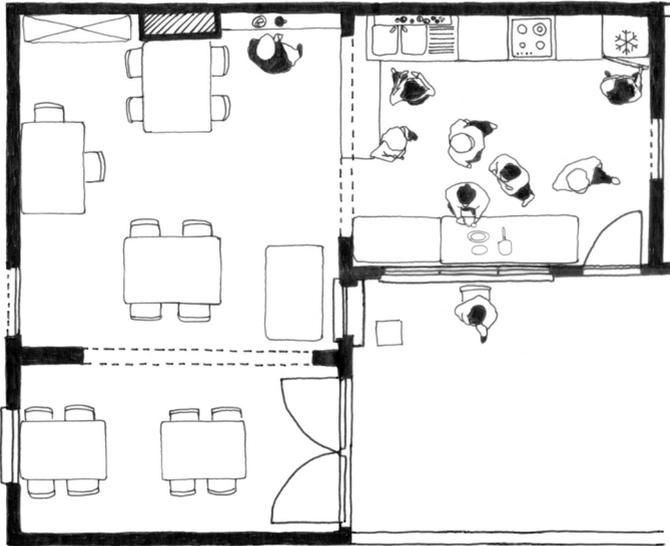


Figure 10: Birds-eye view of the kitchen in the house, with people hanging around the cook.



Now, I puzzled over these spatial details, but I never saw the kitchen work quite as well when Josie was absent. The kitchen's spatial organization gave her a central position, which helped make it a central spot. A round lady with mellow movements, exact gestures, and a deep quiet voice, Josie's presence mediated our informal encounters with the kitchen.¹⁰ In interviews, the teens told me how often they went to see her, as did the caregivers. One of them shared that, "by speaking

10 In the field of medical sociology, Martin (2016) draws analogies between an open kitchen in a support center for cancer and the spaces of cafés: both working sites provide affordances for informal encounters, for sharing a place with strangers as much as more familiar others. Here, the open kitchen was so tightly connected with the person of the cook that strangeness had very few chances to survive among attendants.

with her, we are in the group, with the teens who are often around the kitchen.” Sometimes I also glimpsed more intimate interactions with Josie, like when one came whispering to her, or helped her refasten an earring as it loosened while she cooked. She was a caregiver, too, but of a different kind. She gave care without it being officially recognized as such. She never left ‘her’ kitchen, but she noticed who had eaten or not, or who had not had enough, and who had helped with the dishes. She whispered her observations to the caregivers but never addressed the teens concerned directly. Josie embraced the ambiguity of her position as a caregiver. The team invited her to attend their weekly meeting to share her views with them, but she refused. Only once, after settling in the new building, did she attend a more important meeting for aligning with the new organization. I heard her snoring after half an hour. She did not seem interested in more formal discussions about the teens, institutional matters, the care or therapy. Just as her semi-open kitchen, she remained an institutional ambiguity, a mediator of informal encounters. Without their ambiguous position in relation to their institutional purpose, the ‘hanging out’ social dynamic would most probably not have occurred as such. The open kitchen, the cook, and the movement around them formed a suggestion that stirred things up, scrambling daily routines. Together with spatial elements that permitted more relaxed bodily positions, the kitchen and the cook helped our familiar webs to unfold by hanging out without much overt involvement in activity.

Material suggestions

During the first few weeks of my fieldwork and when moving to the new building, clustering hotspots, contact adjustments and hanging out manifested as some of the ways in which familiarity was enacted in everyday care. In particular, those stories helped me better understand how the living spaces contributed to the forming of attachments. They demonstrated the suggestive importance of the material affordances of such spaces. By no means would their spatial arrangements invite clear

and straightforward (inter)personal accommodations. Of course, the living spaces proposed apparent functional uses, like sitting at a table to eat. But they also left room to maneuver as they suggested informal and (inter)personal accommodations, like hanging out in the kitchen. Instead of a strictly functional place that explicitly stated who did what and where, these living spaces afforded the teens and caregivers to familiarize thanks to material suggestions that were open-ended and ambiguous. Hotspots and their objects, such as games, benches, or the semi-open kitchen, attracted others to join without overt invitation, prompting participants to cluster or hang out. Hotspots incited them to engage in ambiguous play and to space their bodies to better deal with simmering tensions. The presence of many available objects supported the adjustment of contact when addressing another indirectly. The articulation of rooms did so too, whether by exchanging discreet glances through sharp sight lines, or by negotiating one's presence through distance adjustments. In these ways, the living spaces were suggestive since their invitations were open-ended with different possibilities. They left room for ambiguities insofar as everyone's engagement could be tailored to a way that better suited them in a present situation, when doing something, addressing someone, adopting a casual attitude, going somewhere, or being near someone else. This was how the living spaces fostered familiar bonds. Perhaps their 'institutional ambiguity', being both a domestic setting and a workplace, was best palpable in the case of the kitchen, its layout and its cook. They stirred up informal encounters while enticing us to hang out together. In sum, the living spaces, with their hotspots and available things, rooms articulations and corners for withdrawing, resting elements and central kitchen, provided affordances that worked as 'material suggestions'.

What I call material suggestions underlined a mode of moderate, soft attraction that characterized the affordances of those spatial arrangements. These affordances worked in a specific manner: they did not furnish straightforward propositions, but what could be done with them was quite open-ended. In other words, for the living spaces or its objects to invite users to experience informal contacts and attitudes, and to develop personal acquaintances, their affordances had to remain

suggestive. A crucial dimension of the notion of affordance is that of perception: an environment affords someone's action when that person perceives some of its specific features. Thus, an affordance is ecological: neither a property of a physical surrounding, nor a subjective property, it points both ways, to the reciprocity at stake in the interaction between an organism and an environment (Gibson 1986: 129). In the context of the day center, this reciprocity worked through suggestions and possible responses to them. For instance, narrow sightlines incited discreet glances without imposing a gaze on the viewer, nor on the object of their attention. Such affordances of space remained unclear and suggestive because they induced actions – a cluster, a glimpse, a bodily positioning, a move to another spot, or a move towards a smell, etc. – without forcing those outcomes. I'm not saying that the living space's affordances were not or hardly perceptible. Their opacity was of a different kind from that of incomprehensible objects whose design gives no clues – or sometimes false clues – on how to use them, causing everyday frustrations (Norman 1998). Here, unclear affordances did not entail misunderstanding, but contingency: their open-ended and ambiguous character presented occasions for personal convenience, offering the possibility to attune to what happened in the moment. This way, the living spaces' suggestions allowed a youth's personality to form by diffusing itself in the surrounding, recalling Thévenot's words (2001: 77) about the 'attached personality' that takes shape with familiar usages.

In the context of a psychotherapeutic practice, the notion of material suggestions raises the problem of influence on the people one seeks to care for. Since material spaces suggest certain ways of doing, they influence mundane interactions with them and between teens and caregivers. The common understanding of 'suggestion' assumes a psychological process that brings an idea to the mind when someone or something gives hints or inklings, without plain or direct explanation. Suggestions in the waking state, psychology scientists acknowledge, are not especially verbal. An environment, an object, a gesture or a wink can be

suggestive as well, in a deliberate manner or not.¹¹ Due to its insinuating, tempting, seductive or prompting character, the practice of suggestion has acquired a bad reputation. It underwent a controversial history because it contradicts the ideal of freedom of the human subject, who is supposed to be autonomous and rational and equipped with free will.¹²

The material suggestions I identified with the living spaces did not presume that freedom meant autonomy without constraint. Rather, they brought attention to the contingency of their influence, and how it created different possibilities to act. Not only were these suggestions contingent upon their open-ended character, leaving ambiguity as to a teen's inclination to the possible uses of an arrangement, but such responses

11 Studies on the effects of suggestion have spanned many fields, among others, placebo experiments, school learning and, more disconcerting, the justice system. See Michael, Garry & Kirsch (2012).

12 Suggestion sparked fierce debate during the time of Freud. He rejected hypnosis techniques and transformed their recourse to suggestion into 'transference'. This concept purified the patients' life experiences from its randomness, and brought it back into an inner symptom with which the analyst could work in ways Freud saw as controllable. According to him, assuming that suggestions have potency in the therapeutic relationship would have dismissed the idea that symptoms come from inside the patient and, in the same move, it would have failed to align with scientific legitimacy (Stengers 1992).

Furthermore, the material suggestions that I observed in the day center are reminiscent of 'nudging' practices. By making small changes in an existing environment, a nudge gently pushes someone's decision-making. Nudging has raised a lot of ethical debates, specifically as whether it undermines or strengthens people's autonomy (Vugts et al. 2020). However, although here suggestions invite certain doings while remaining open to an array of possibilities, analysis through the lens of 'attachment' poses the problem differently. The concept presumes that individuals are not either free or alienated, but that they're caught in various reciprocal driving forces when entering in relation with other beings (human or not). These forces occur on the middle path of the 'faire-faire', that is, as much 'to make one do' as 'causing to be done'. Consequently, the moral and political problem is not to gauge whether an individual's autonomy is infringed or not, but rather to better distinguish good or bad attachments in the details of someone's relations. For this argument about the concept of attachment, see Latour (1999).

also impacted how caregivers would attune to them. When Rachid negotiated his degree of distance to the adolescents at a particular spot, in a particular moment, the influence was exerted through spatial mediation from patient to therapist, not only the other way around. When material suggestions work in such a contingent manner, they diffuse influence on others in countless ways, shattering the premise of a one-way vector targeted at someone. These discreet, ordinary and unruly forces allow one to disrupt the asymmetrical relationships inherent to care work. While teens were often tempted or drawn into a meandering flow of ambiguous suggestions, they could easily dodge them as well. They also influenced the team in how they responded, either with personal accommodation, or with resistance to it.

In my view, it was because material suggestions enabled such contingent influences that they were constitutive of the care work. Far from entailing a mere permissiveness or freedom, these suggestions enabled teens and caregivers to familiarize while better dealing with the discomfort of institutional pressure. Indeed, the close relationships that caregivers sought to incite were often not easy for the teens to engage with. Simply being in the day center already constituted an institutional pressure to participate in community life, activities, and more formal therapy (interviews, medication). The teens I met were highly sensitive to the ambiguity between being with others and being burdened by their expectations. They retreated when they felt one had tried to impose a certain behavior upon them, particularly teenagers who had already frequented many institutions. The atmosphere in the living space was highly volatile. It could pass from electric agitation to dead calm, and hence asked adjustment of teens who needed company or tranquility. In interviews, most of the teens evoked how much they did not feel the duties of “staying here” or “going there”. While describing their typical day, the teens’ words, at first unsettling, insisted on these contingencies: “I happen to [...]”, “it depends on [...]”, “either [I go here], or [there]”, “if [someone is there/doing something], then I go towards [them]”, etc.

This dependency on circumstance frames familiarity as a form of attachment that sprouts when someone tests what might please them in a given situation, in the moment. The person focuses less on themselves,

on an object, or on a genre, but with this form of attachment it is the appropriate moment or situation that is pertinent (Hennion 2007: 110–111). In this sense, the material suggestions foster familiarity as a highly opportunistic attachment. I do not say that they remove the discomfort of institutional pressure, persistently at stake in the diffuse influences when caregivers and adolescents adjusted their attitudes. But had the spatial arrangements or the team imposed more formal interactions or assumed intentions, making teenagers feel a duty to socialize, the latter would hardly familiarize in such informal and contingent ways. They would hardly create these early personal attachments in the middle of everyday objects and casual attitudes. Consequently, caregivers' informal knowledge would also dissolve, since they would lose the possibility of progressively perceiving how each teenager responded to the suggestions of the living spaces, and to their contingent influence.

