

Why the home matters

Psychotherapists often meet families at home. This can improve access to care, especially when travel, poverty, illness, infant care or distress act as barriers to attending a clinic.

But the home is often treated as a poor substitute for the therapy room. Therapists can find it to be very different from the way they were trained.

This poster argues that home is not just the place where therapy happens. It helps shape what therapy becomes.



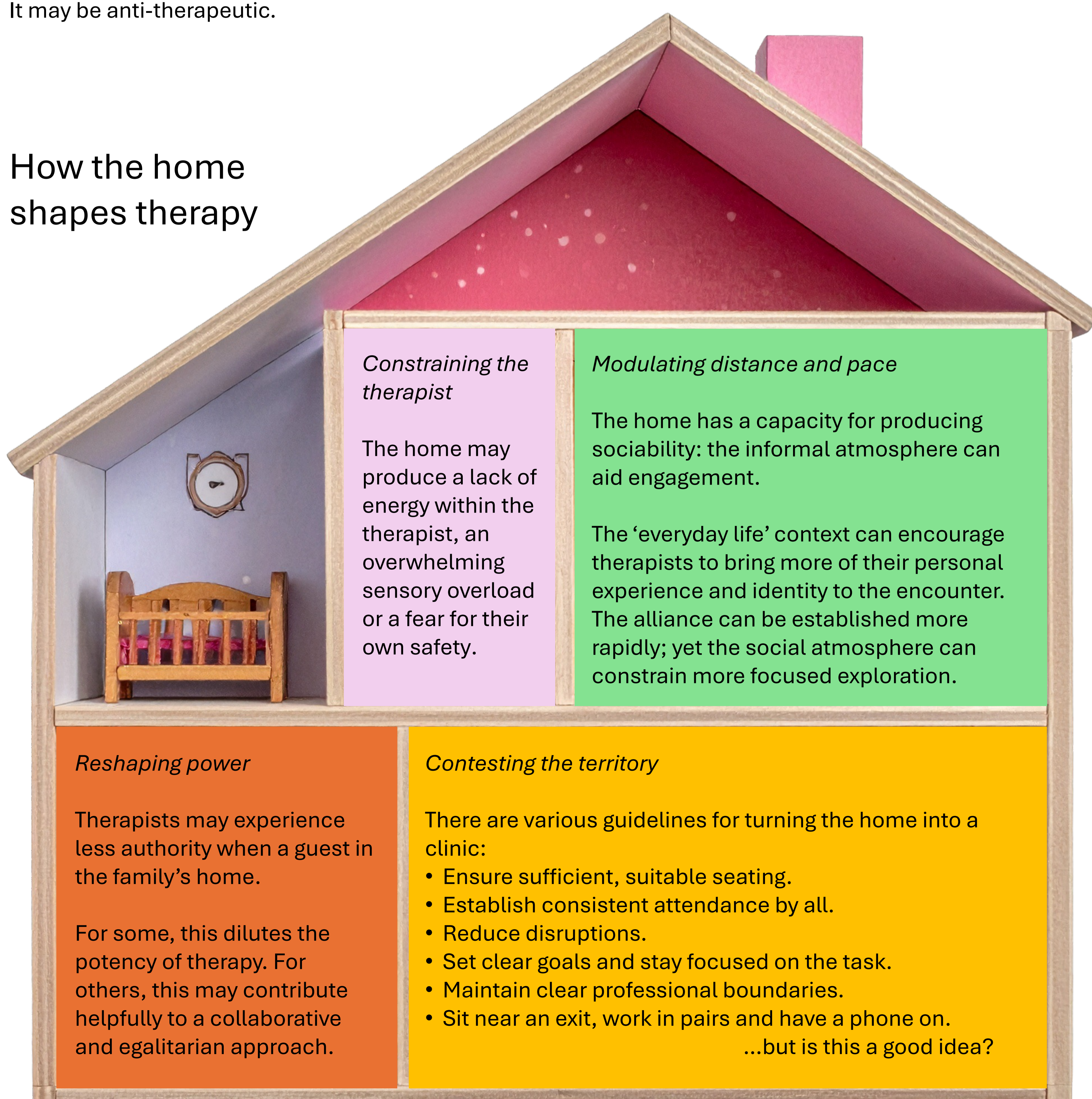
Perinatal life

This poster draws on work in an NHS Perinatal Mental Health Service. The service supports families from pregnancy until an infant's second birthday, when the birthing parent is experiencing severe and complex mental health difficulties.

In this period of life, home matters. Feeding, sleep, recovery, care, conflict, closeness and overwhelm all unfold in homes transformed by baby equipment, laundry, toys, cots and carriers.

For many new parents, asking them to come to a clinic may not simply be inconvenient. It may be anti-therapeutic.

How the home shapes therapy



A practice hidden in plain sight

Systemic psychotherapists have been working in family homes since the field's infancy – yet it has always been considered as unfashionable and inferior to the clinic room.

The family therapy field has had a sustained fascination with clinic-based technologies such as the one-way mirror, ear bug and use of video.



There may be a gendered dimension to the differential status of clinic and home – in posthuman studies, theorists often overlook the home, seeking new frontiers for humanities 'out there' in screens and laboratories, perhaps reflecting the values and escapist fantasies of rational, white, middle-class men (Emmerson Reid & Weiss, 2023).

Key message

- The home is not an inferior version of a clinic room. It is a vibrant relational territory in which human and more-than human lives are entangled.
- When psychotherapists work with that richness, rather than against it, new possibilities for connection, creativity, and change can emerge.

A new materialist perspective

If we relegate the material world to mere background by focusing solely on what can be expressed in words, we miss a substantial proportion of what is taking place in the onflow of everyday life (Thrift, 2007). We can think of buildings and objects as having thing-power (Bennett, 2010): their unique, vibrant capacities to affect people and things around them.

New materialism invites us to think beyond a dualism between people and things. The home can be understood as an assemblage (Deleuze & Guattari, 2013): a shifting coming-together of family members, pets, objects, technologies, routines, sensory atmospheres – and sometimes therapists.

From this perspective, therapeutic change does not arise only through words, but also through:

- how bodies are arranged in space;
- the feel of the room;
- interruptions and establishing new rhythms;
- household objects that carry meaning;
- Including pets in the work;
- the ways rooms and furniture may shape human interaction.



Working with the home: illustrations from practice

- A toddler's radio started playing *Let It Go* from Disney's *Frozen* during a quiet, emotionally heavy moment. It shifted the atmosphere, created laughter and initiated a helpful conversation on the topic of letting go.
- In one home, a cat, a sofa and a pile of cushions left me (PA) feeling physically cramped and less able to think. Moving onto the floor restored my sense of agency and movement: I became more able to engage with the infant and new conversational possibilities opened up.
- In another home, a huge photograph of a baby coming home from the neonatal unit became an active presence in the room. It held joy, pride, humour, and hope. Working under the gaze of the photograph shaped the entire affective tone of the therapy.

Read the full article

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