

Transmaterial worlding in the home

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Abstract

The family home offers tremendous possibilities for expanding the scope of systemic therapy beyond the limits of spoken language. In this paper, I will describe how the home has often been rendered undesirable by those writing in the systemic field. I will explore how the home and its contents actively shape the therapeutic process as described in the literature. Finally, I will draw on the concept of transmaterial worlding to show how the richness of the home and its contents can be embraced as actively participating in the therapeutic encounter, helping to bring the process to life. Simon and Salter (2019) offer transmaterial worlding as a framework for considering the ways in which the human and other-than-human are mutually entangled, drawing on examples which highlight the interconnectedness of humans and the natural world. In my view, practitioners engaging with a posthuman perspective can sometimes develop a sense that the other-than-human is located 'out there' in places which can seem geographically distant from the spaces in which everyday systemic practice most commonly takes place. This paper seeks to address this issue by exploring how transmaterial worlding applies to systemic therapy when carried out in the domestic space, as a way of demonstrating the applicability of these ideas to local, everyday systemic practice.

Citation Link

Introduction

The family home offers tremendous possibilities for expanding the scope of systemic therapy beyond the limits of spoken language. In this paper, I will describe how the home has often been rendered undesirable by those writing in the systemic field. I will explore how the home and its contents actively shape the therapeutic process as described in the literature. Finally, I will draw on the concept of transmaterial worlding to show how the richness of the home and its contents can be embraced as actively participating in the therapeutic encounter, helping to bring the process to life. Simon and Salter (2019) offer transmaterial worlding as a framework

for considering the ways in which the human and other-than-human are mutually entangled, drawing on examples which highlight the interconnectedness of humans and the natural world. In my view, practitioners engaging with a posthuman perspective can sometimes develop a sense that the other-than-human is located 'out there' in places which can seem geographically distant from the spaces in which everyday systemic practice most commonly takes place. This paper seeks to address this issue by exploring how transmaterial worlding applies to systemic therapy when carried out in the domestic space, as a way of demonstrating the applicability of these ideas to local, everyday systemic practice.

The paper explores systemic therapy in the home as it has been practiced and described in the systemic field, across a broad range of clinical and service contexts. However, my own starting point in engaging with this topic is drawn from my experience of working in an NHS specialist perinatal mental health service which supports families during pregnancy and the first two years following the arrival of a baby. I started this work during my own transition to becoming a father and in line with what Simon and Salter (2019) refer to as *systemic living*, I was drawn to the possibilities of engaging with the territories of early parenthood both personally and professionally, anticipating that resonances arising between these domains might be mutually generative. The arrival of my first daughter coincided with a house move into an environment that was soon dominated by objects, decor and an ambiance related to infant care. In my practice, I recognised how anti-therapeutic it would be to ask new parents to travel long distances with prams and baby equipment, to meet in clinic rooms with harsh fluorescent lighting, plastic seating and thin carpets which can be inhospitable for babies and infants, as well as parents who might be sleep-deprived or living with physical discomfort (e.g. overcoming birth injuries).

The home holds an important place in an interwoven web of changes among personal, relational and material domains during this period of family life, as demonstrated in research exploring the intersection of 'household chaos' with parents' wellbeing, infant development and the quality of family relationships (e.g. Murray-Perdue et al., 2025; Whitesell et al., 2018). My work in families' homes regularly finds me carrying out therapy with shoes removed at the door; sitting on a living room carpet surrounded by toys; and overlooked by important objects, photographs, collections of books or records, piles of laundry, noises and emotional atmospheres which might commonly be reported in the clinic room but cannot be directly witnessed.

The perspective of transmaterial worlding (Simon and Salter, 2019) has enriched my practice by helping me to engage with the home and its contents as active participants in the system with which I am working. However, systemic therapists have not always recognised or valued the material vibrancy of the contexts in which families live.

Writing on the topic of systemic therapy in the home tends not to provide a definition of the home, but instead reproduces a normative Western assumption that it refers to a stable setting which houses a nuclear family. Some systemic writers challenge this by highlighting cultural differences regarding living arrangements such as kinship care and multi-generation households while others consider systemic practice within residential care settings (e.g. Boyd-Franklin and Bry, 2019; Mackinnon et al., 2022). In their exploration of notions of home within an adolescent inpatient setting, Sherbersky et al (2023) challenge a clear distinction between 'home' and 'hospital', while reporting on how a sense of being at home is an embodied experience and is often associated with discourses of care and safety. For the purposes of this paper, the home might best be understood as a transmaterial system: an assemblage of human and non-human participants which interrelate in such a way as to establish and

maintain a territory, and which is constantly being produced through these intra-actions while also itself giving shape to those human and non-human agents. The way that people, things and buildings live in relationship to each other produces the home; and this in turn plays its part in creating the material-discursive practices of those components.

A practice hidden in plain sight

Unfashionable yet surprisingly common

Systemic therapists have been working in families' residences since the field's infancy. In the inaugural issue of *Family Process*, Friedman (1962) observed that home visits had already been unfashionable for many years. Others have described the inferiority and second-class status of home-based family therapy (e.g. Pollitzer, 1980; Speck, 1964; Woodford, 1999). It is striking that a field that holds context as so important has not more thoroughly embraced the act of meeting and working within the environmental contexts in which families live.

The unfashionable status of the home may be contrasted with a sustained fascination with clinic-based technologies such as the one-way screen, observing room, ear bug and video recordings which have been entangled with the development of new practices in therapy, supervision and training (e.g. Andersen, 1987; Byng-Hall, 1982; Minuchin, 1974; Selvini Palazzoli et al., 1978; Weakland et al., 1974). More recent developments have explored the use of online technologies (e.g. Borcsa and Pomini, 2025; Helps and Le Coyte Grinney, 2021). This technological enthusiasm suggests that systemic therapists have been consistently innovating within the material environment in which therapy takes place.

There is arguably a gendered dimension to the differential status of the clinic and home as spaces for practicing systemically. In the field of posthuman studies, Emmerson Reid and Weiss (2023) note a similar tendency for theorists to explore new frontiers for humanity that exist 'out there' on screens, in laboratories and offices, in a manner which reflects the values and escapist fantasies of rational, white, middle-class men: as a result, women (and particularly mothers), alongside gender minorities, sexual minorities, racialised groups, infants, children, people with disabilities and those in later life are often excluded from this work. They propose the concept of the *domestic posthuman* as a provocation that explicitly recognises the home as an active space of cultural production, in which humans intra-act with technologies characterised by feminised qualities such as soft textures, and affects of cosiness and familiarity that operate to a large extent through touch (Emmerson Reid and Weiss, 2023). Within this framework, knitted blankets, soft clothing, teddy bears and dummies are viewed as 'softwear' technologies which are entangled with us in producing the world.

Home as a background setting

Numerous schools of family therapy include in-home practice within their methods. These include home-based family therapy (HBFT) (Macchi and O'Conner, 2010), multi-systemic approaches (Boyd-Franklin and Bry, 2021; Henggeler, 1999), functional family therapy (Sexton, 2011), non-violent resistance (Omer, 2021) and the Open Dialogue approach (Seikkula and Arnhill, 2006). Meeting in the home is described as a core aspect of what Seikkula and Olsen (2003) describe as the need for an approach which resists the deadening, bureaucratic and procedure-driven micropolitics of the clinic-based family therapy traditionally offered in public healthcare systems.

However, it is striking that the home appears to occupy a dual status of being both visible and invisible in these approaches: visible in terms of identifying the home as a prominent feature, and yet at the same time having little to say about the home itself. This reflects a tendency in the literature toward rendering the home as a mere venue or background setting, which might have interesting features, but otherwise does not actively contribute to proceedings.

How the home affects the therapeutic process

Home as more than simply background

Writers describing the benefits of working in families' homes frequently refer to the ways in which the home reveals useful information about the family to the therapist (Speck, 1964; Thomas et al., 1999). This sustains a view of the home and its contents as a passive receptacle of meaning about its human inhabitants which the therapist may interpret. Following Thrift (2007), I think that that when we limit our engagement with the material world to that which can be expressed in the domain of human language, we miss a substantial proportion of what is taking place in the onflow of everyday life. Homes and their contents do more than reflect humans; they assemble with other matter (including humans) generating a range of capacities, changing and being changed in the process.

It should be noted that practising systemic therapy in the home is not unique in terms of having a capacity to actively shape the therapeutic process in ways which differ from the traditional clinic setting. For instance, working systemically in outdoor spaces has become a vibrant area of development in recent years which goes far beyond simply relocating therapy outdoors, and this engagement with the more-than-human holds particular importance as part of a movement in which systemic practice might become more responsive to the climate and ecological breakdown which form part of the panmorphic crisis characterising these times (Edwards et al., 2022; Moore & Cove, 2024; Palmer, 2021, 2022; Santin, 2021; Simon, 2021). Although this article focuses on systemic practice within domestic spaces, the connections between the home and other non-domestic and outdoor spaces should be recognised.

Simon and Salter (2019) invite us to deconstruct the dualism between animacy and inanimacy. Objects in the material world possess what Bennett (2010) refers to as *thing-power*, vibrantly expressing their capacities in ways which might enhance or diminish the powers of other things around them. This raises the question of how a home might combine with a therapist and family to produce a therapeutic arrangement or 'assemblage' (a term translated from the French '*agencement*' from the used by Deleuze and Guattari (2013) to describe a temporary coming-together of heterogenous elements such as people, objects, feelings, ideas and technologies which shape what is happening at any one moment) which is oriented toward generative change. While family systems might show relative stability over time, assemblages can be thought of as "swarms of difference" (May, 2005, p. 114) which produce identities while remaining constantly open to change.

The home's influence on the therapeutic process is commonly described in negative terms in the literature. This is perhaps most clearly portrayed by Cottrell's (1994; p. 189) fictional account of a first therapy session in the home:

"It is a cold and gloomy night, just starting to rain. As you park the car, you are sure you can hear the sounds of other cars being broken into. You are already ten minutes late

because you discovered, after you had left the office, that you only had the flat number and the name of the tower block but not the street name. Hurrying to the entrance you notice the lack of lighting and start to feel scared. The lift is not working. When you reach the flat there is no door bell or knocker and you can hear the TV playing loudly - perhaps they won't hear you and you can go home with honour salvaged. You knock lightly and a furious barking alerts the occupants to your presence. Amidst the chaos of barking dog and shouting children you realize the family had forgotten the appointment. They are in the middle of a meal. You accept their apologies and wait for the meal to finish. Afterwards you gather in the lounge. The chairs (there are not enough) are arranged in a respectful arc, their focus the large television set in the corner. This is left on and children wander in and out during the meeting. Halfway through a neighbour calls round and is invited in by the family. There are no introductions but they seem to expect you to continue. After 45 minutes of confusion you make your excuses and escape. If you are lucky your car is still in one piece. You feel more deskilled than at any time in your career to date."

The thing-power of the home, its contents and surrounding environment is evident in this account: their material qualities exert start-stop rhythmic effects on the session; the musicality of the event is prominent with the sounds of car alarms, television, furious barking, etc. contributing to the therapist's experiencing; the therapist's senses are engaged through the weather conditions and poor lighting; the physical arrangement of furniture around the television marginalises the therapist. From the perspective of transmaterial worlding, we can see how the therapist, family, home, tower block, etc. are engaged in an encounter which entails the mutual production of identities, with Cottrell (1994) invoking aspects of difference such as social class, race and gender by positioning the reader as predominantly concerned with the security of their belongings and maintaining their professional integrity in this space.

Constraining the therapist's capacity to act

Several writers allude to the home as inherently threatening to therapists with an impact ranging from mild discomfort to feeling de-energised, overwhelmed and fearful with a reduced capacity to facilitate change as a result (e.g. Christensen, 2007; Cortes, 2004; Glebova et al., 2012). Therapists have complained about sensory overload, reporting that problems and processes can seem so powerful in their natural setting that it can be hard to know what to attend to first (Thomas et al., 1999). Referring to the home's unpredictability, Fuller (2004) commented "it is never certain whether you will be greeted with a cup of tea, a knife, a gun or a snarling dog" (p. 179). The home session has been described as akin to entering enemy territory (Fisch, 1964), with therapists raising issues of personal safety as of chief concern (e.g. Adams and Maynard, 2000; Boyd-Franklin and Bry, 2019).

Contesting the territory

The home is often described as chaotic, distracting the therapist and family from the therapeutic task in front of them and diluting the potency of therapy. In a qualitative interview study with therapists working in families' homes, participants complained of a 'circus act' of distractions such as visitors, companion animals, loud music and cigarette smoke which presented obstacles to therapy (Christensen, 2007; p. 310). Here, the home can be seen as eliciting a desire in the therapist to

produce some sense of order by exercising authority over a chaotic experience. Deleuze and Guattari (2013) refer to processes of territorialisation and deterritorialisation in which stable structures are produced, are contested, may escape their confines and may then be re-stabilised. In line with this, numerous writers have offered guidelines and recommendations which serve as tools for helping to create a therapeutic space in the home (e.g. Christensen, 2007; Cortes, 2004; Cottrell, 1994; Thomas et al., 1999; Woods, 1988).

These guidelines include the following features:

- Ensuring there is sufficient, suitable seating
- Establishing consistent attendance and presence in the room
- Reducing disruptions (including switching off devices)
- Overt time management
- Clear goal-setting and maintaining a consistent focus on the therapeutic task
- Maintaining clear professional boundaries
- Ensuring the safety of the therapist such as by sitting near the exit, working in pairs and having a mobile phone available

Through a combination of influencing material conditions and conversational practices, these guidelines can enable the therapist to deterritorialise the home space (e.g. by reducing 'distractions' and discouraging visitors) while re-territorialising it as a clinic room within the home. For instance, Cottrell (1994) described how a therapist can compensate for the lack of an observing room by leaving the family during the session, in order to sit in the kitchen or at the bottom of the stairs to take time to think. Such practices run counter to the contention that systemic therapy in the home is more than simply transplanting clinic-based therapy into a new setting but can involve opening to the difference offered by the home.

Reshaping power in therapeutic relationships

The use of guidelines to limit the influence of the home raises the issue of how the home shapes dynamics of power between therapist and family members. The reversed guest/host relationship within the encounter is often acknowledged. Cultural values about how to be a good guest in another's home can constrain the therapist's sense of agency (Thomas et al., 1999). For instance, Dare and Lindsey (1979, p. 119) recommend acknowledging the family's sense of intrusion into their privacy as a method of influencing the meeting without appearing to take charge of the household, while therapists have reported softening their approach when working in the home (Christensen, 2007).

Some writers have embraced the home's capacity to facilitate a reduced power differential between therapist and family. For van Lawick and Bom (2008), the act of meeting in the home can be actively embraced as a component of a collaborative and egalitarian approach to clinical practice. Aggett and colleagues (Aggett et al., 2015) describe how working in the home was an important aspect of their collaborative practice of ongoing permission-seeking as a way of giving families a more empowering experience of therapy. This stance also sought to attend to the challenge of practicing ethically in home spaces which are so often a site of the common misuse of power and gender-based violence, frequently aimed at women and mothers.

Modulating relational distance

The home has a particular capacity for producing sociability which has been both embraced and resisted by therapists. The heightened reality context of the home is widely recognised as producing a more engaging therapeutic experience for families and particularly for including more family members (e.g. Fisch, 1964; Friedman, 1962; Speck, 1964). This capacity of the home can be a valuable facilitator of therapeutic alliance-building (Cortes, 2004; Fuller, 2004; Woodford, 1999; Worth and Blow, 2010). Håkansson (2020) describes how the informality of domestic spaces provides an 'everyday life' context that allows the therapist to bring more of their personal experience and identity to conversations with families than might take place in the clinic room. Here, the home, therapist and family come together to produce a pro-social affective quality which enriches the therapeutic encounter. What is overwhelming sensory input for some therapists may produce a vivid and lasting experience for others (Thomas et al., 1999).

The physicality of family members' intra-actions (Barad, 2007) with the home and its contents can create a sense of performed intimacy which can be welcoming to therapists. Thomas et al. (1999) reported that student therapists developed greater familiarity with families when working in the home, thereby creating a reconfiguration of what a professional therapeutic relationship might involve. The therapists described how this contributed to an informal social atmosphere which allowed the therapists "to be with the family in a way that does not resemble being in the clinic" (p. 234) and helped the families to persist longer in their memories after the work was completed.

The home's capacity to shape proximity in therapeutic relationships can include increasing distance as well as connection (Korittko, 1994). This can include how family members may not be gathered in a single room, and how some domestic spaces may not facilitate this physically (Dare and Lindsey, 1979). One factor here is the degree to which the therapist is received as a welcome visitor or an intruder (Speck, 1964). Rendering the family as 'captive' participants raises an ethical question about the degree to which active, informed consent to attend is secured. Social conventions regarding hospitality, combined with any hierarchical power relations between therapist and family might reduce the capacity of family members to decline an unwanted appointment. In this situation, objects in the home such as telephones, piles of laundry and kitchen equipment can provide family members with opportunities to carry out alternative tasks as creative methods of resisting an unwanted therapy session (Boyd-Franklin and Bry, 2019). It may be noted that for some family members (e.g. those with neurodivergence), engaging in such tasks may be facilitative of taking part in therapy.

As previously indicated, practicing in the home can amplify differences in socioeconomic status between the therapist and family. It has been remarked that "it is one thing to talk about poor living conditions, and another thing to do therapy in those homes" (Zarski et al., 1991; p. 136). The literature varies in the degree to which such differences are discussed explicitly. For instance, writing which emphasises concerns about hygiene or the security of the therapist and their possessions produce an affective charge which exaggerates class differences between the therapist and family (e.g. Christensen, 2007; Cottrell, 1994). While meeting in the family home can aid access to therapy for those living with social and material disadvantage, there is recognition that families may have ambivalent feelings about being visited by a middle-class professional. Boyd-Franklin (2003) cautions that for those living in poverty, receiving visitors may produce feelings of shame, while some families – particularly those from minoritised ethnic backgrounds – might associate the middle-class professional knocking at the front door with threatening and distressing experiences. It can be

valuable for therapists employed in public services to recognise how they may enter homes as representatives of white institutions when working with families from minoritised ethnic backgrounds (Messent, 1992).

Influencing the pace of therapy

Many writers comment on the capacity of the home to communicate information about its inhabitants in a manner which facilitates a richer and speedier understanding while allowing the therapist to make immediate on-the-spot interventions that would not be possible in another setting (Cortes, 2004; Fuller, 2004; Jordan et al., 2001; Schlachter, 1975). As Fisch (1964) comments, “without having visited the home at least once, the therapist loses considerable information about timing, pacing, who waits for whom, who tends to set the tempo of family life, and how this is agreed upon, and the use of coalitions” (p. 114). This is disputed by Christensen (2007), who suggests that therapists tend not to make purposeful use of the additional information offered by the home as they get to know the family. Nevertheless, there appears to be some recognition of the home’s capacity to intensify the therapeutic process and thereby risk producing therapist burnout (Christensen, 2007). Home-based therapy sessions can run for a longer period of time than in clinic settings, with therapists expressing difficulty with keeping track of time (due to a lack of visible clocks) and with bringing sessions to an end (Thomas et al., 1999).

Transmaterial worlding in the home

Openness to being influenced by the home

As this review has already revealed, therapists’ desire for order, predictability and control can be enacted in a manner which seeks to limit and deny the influence of the home’s agency and material capacities. This can be juxtaposed with what Guattari (1995) describes as *chaosmosis*, referring to a more productive and creative approach to forming order out of chaos. In this scenario, the therapist does not attempt to reproduce the rigid structure of a preconceived format for how therapy sessions ought to be carried out, but instead embraces what is unique about working in the home. Håkansson (2020; p. 74) describes how interruptions, unexpected events, mishaps and missteps during the session in the home are inherent to “being part of an ordinary context, being part of life on the move” and provide opportunities for developing new ways of being with each other. What might otherwise have been seen as a distraction can be considered in terms of its potential for facilitating therapeutic conversation (Cobbett, 2022).

I was once working in a home where a toddler was listening to children’s radio in the background. Her mother had been discussing the ongoing impact of some difficult feelings about past events and we had fallen into a thoughtful silence. With perfect timing, the opening bars of the Disney song *Let It Go* came on the radio. By the time the toddler was joining in loudly with the chorus, her parent and I were laughing together about how the character Elsa was speaking to us. The ‘distraction’ of the radio had called our attention, producing an affective shift and offering a perspective which I had been unable to voice myself.

In their work on home visits in social care settings, Juhila and colleagues (Juhila et al., 2024) describe the materiality of home visits as manifesting primarily through home-space talk (i.e. discussing the

home and its objects) and body work which refers to the non-verbal actions involved in improvising and coordinating movements through the home alongside using active bodily presence and attunement to one's bodily sensations (looking, hearing, smelling and touching)). Similarly, Jude (2016) places an emphasis on embodied experience when working in family homes. She writes of the value of becoming attuned to the material presence of objects and surroundings, which "can bring about within us a sense of belonging, connection, comfort and discomfort. Consequently, objects are deemed to have presence – to be alive. This way of thinking encourages the inclusion of both the animate and non-animate in our sense-making process, the idea being that anything can be transformed and given life" (p. 565).

I worked with one family where I would find the front door wide open when I arrived. I would experience some awkwardness as I entered, shouting to announce my arrival as I entered. As winter approached, I found myself leaving my coat on yet hesitated to ask about this in case I would seem impolite, perhaps influenced by cultural practices about being a good guest (Thomas et al., 1999). One particularly cold day, I finally asked about the open door. I learned that one of the parents had been fiercely protected during childhood and later developed a habit of leaving her front door open whenever possible, to demonstrate that she was free to leave at any time. As we discussed this, she then spoke about how the 'open door policy' also meant that she would sometimes be ambushed by unexpected visitors, which had felt like a violation of her own boundaries. As the therapy continued, the door eventually became closed. I recall the first time I had to knock on the door to be allowed in as a moment of therapeutic change between us.

The home ought to be recognised as an important interspecies "contact zone" in which we develop new ways of living and relating together (Haraway, 2008; p. 216). Working in the home allows the inclusion of companion animals, whose presence and influence within the family system is often underacknowledged (Speck, 1964; Walsh 2009). When cohabiting with cats, dogs, etc., human lives become 'muddied' in terms of reshaping boundaries between humans and other creatures, which can have ripple effects into inter-human relationships (Cudworth, 2021). Companion animals can be included in the therapeutic work in various ways, such as exploring how the care of a companion animal is organised within the rituals of family life and what this might mean for interhuman relationships; observing how they act as barometers of affect, including how they actively respond to and elicit care from humans during the session, as well as for the therapist to communicate directly with them within sessions (e.g. Speck, 1964; Walsh, 2009; Woods, 1988).

In one home, sessions would commence with a cat leaping onto my knee from the moment I sat down. I would speak with a mother and baby on a small sofa which had numerous cushions. As sessions progressed, I had a visceral experience of growing discomfort: sandwiched between the cushions, the cat, and on a small sofa holding three humans, an initial cosiness had become a feeling of being closed in and unable to move. I arrived at one session and decided to sit on the floor. I immediately regained a sense of agency and movement, engaging more actively with the infant on his activity mat and finding that the increased physical distance from his mother helped the conversation to develop in new directions. Here, the impact of the materiality of the cat-cushion-sofa-human assemblage upon my embodied experience was the factor which facilitated the development of a more generative therapeutic conversation.

The art of utilisation

This perspective aligns with what has been described as “the art of utilization” (Reiter, 2000; p. 31) in which the therapist expands their practice to engage more directly with the home. For instance, Vermeire (2019) describes working systemically at the kitchen table, where genograms and timelines can be produced using meaningful household objects such as teabags, sugar cubes and smartphones. For Vermeire (2019), this can be a useful way for genogram work to carry richer and more personal meaning, producing generative stories which are less available with more traditional method of depicting family relationships. This practice recognises the ways in which family members’ identities are intertwined material objects with which they intra-act, while the vibrant character of these objects produce affects such as safety, playfulness, comfort, humour, respect, etc. which shape the tone of the therapeutic conversation. Drawing inspiration from research on emotional geographies, Gabb and Singh (2014) developed the household emotion map as a creative method which facilitates therapeutic conversation by mapping which spaces act as sites for conflict, connection, happiness, anger, etc., thereby exploring the interconnections between the personal, relational and the material environment.

Reiter (2022) reports on how warm and curious observations about decor, pictures and musical tastes can develop into family members provided guided tours of the home as a joining activity. Taking part in family activities such as playing games and accepting offers of food and drink can facilitate trust and support the development of therapeutic talk. Fuller (2004) describes examples of working actively with the home environment, including facilitating an enactment of an argument which would take place on either side of a bathroom door; encouraging a client to renovate a garden bungalow; and writing a ‘Bill of Rights’ with a young person in their bedroom to establish it as a safe place.

I once worked with a family who had decided to display a photograph of the proud moment they brought their son home from the neonatal unit. I arrived at the home to find an enormous print of the image on the living room wall. The family explained that the printing company had somehow printed the image in ‘A0’ instead of ‘A2’, rendering it four times larger than expected. The image was a constant presence as our work progressed over the following months: alongside discussing the meaning of that moment, its sheer larger-than-life size carried a joyous celebratory affect which consistently provoked remarks from visitors and produced humour and encouragement to the parents at times of difficulty. Conducting therapy under the gaze of the photograph, I experienced it as an active member of the system which was regularly shaping the conversation in a generative way.

Conclusion

When the word *conversation* first entered the English language, its meaning referred to “being in a place or among persons” (OED, 2025). As these examples show, transmaterial worlding can restore that sense of place, by inviting us to move beyond spoken language and to be in conversation with both the human and other-than-human in the systems we join. Michael White (2004; p.vi) employed Bourdieu’s term “exoticising the domestic” to describe how therapists can render the ordinary and familiar as extraordinary, as an act of resistance to a more colonising and oppressive tendency to “domesticate the exotic” which diminishes the uniqueness of different modes of life. Transmaterial worlding offers a way to show more curiosity and openness to the domestic space, tuning the therapist into the vibrant activity of the home and its contents, in service of richer therapeutic conversations.

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References

- Adams, Jerome F. & Maynard, Peter E. (2000). Evaluating training needs for home-based family therapy: A focus group approach. *The American Journal of Family Therapy*, 28(1), 41-52. <https://doi.org/10.1080/019261800261806>
- Aggett, Percy, Swainson, Mary & Tapsell, Dave (2015). Home based family therapy. *Journal of Family Therapy*, 37(2), 141-264. <https://doi.org/10.1111/j.1467-6427.2011.00558.x>
- Andersen, Tom (1987). The reflecting team: Dialogue and meta-dialogue in clinical work. *Family Process*, 26(4), 415-428. <https://doi.org/10.1111/j.1545-5300.1987.00415.x>
- Barad, Karen (2007). *Meeting the Universe Halfway: Quantum Physics and the Entanglement of Matter and Meaning*. Durham, NC: Duke University Press.
- Bennett, Jane (2010). *Vibrant Matter: A Political Ecology of Things*. Durham, NC: Duke University Press.
- Borcsa, Maria & Pomini, Valeria (Eds) (2025). *Handbook of Online Systemic Therapy, Supervision, and Training: Practice and Research*. Springer Nature.
- Boyd-Franklin, Nancy (2003). *Black Families in Therapy* (2nd ed.). New York: Guilford Press.
- Boyd-Franklin, Nancy & Bry, Brenner Haffer (2019). *Adolescents at Risk: Home-Based Family Therapy and School-Based Intervention*. New York: Guilford.
- Byng-Hall, John. (1982). The use of the earphone in supervision. In Whiffen, Rosemary & Byng-Hall, John (Eds.), *Family Therapy Supervision: Recent Developments in Practice*. London: Academic Press.
- Christensen, Lisa L. (2007). Therapists' perspectives on home-based family therapy. *American Journal of Family Therapy*, 23(4), 306-314. <https://doi.org/10.1080/01926189508251361>
- Cobbett, Steve (2022). Systemic and family therapy with socially disadvantaged children and young people with complex trauma. *Journal of Family Therapy*, 44(2), 205–223. <https://doi.org/10.1111/1467-6427.12353>
- Cortes, Liliana (2004). Home-based family therapy: A misunderstanding of the role and a new challenge for therapists. *The Family Journal*, 12(2), 184–188. <https://doi.org/10.1177/1066480703261980>
- Cottrell, David (1994). Family therapy in the home. *Journal of Family Therapy*, 16(2), 189-197. <https://doi.org/10.1111/j.1467-6427.1994.00788.x>
- Cudworth, Erika (2021). Muddled living: making home with dog companions. *International Journal of Sociology and Social Policy*, 41(3-4), 424–439. <https://doi.org/10.1108/IJSSP-08-2019-0165>
- Dare, Christopher & Lindsey, Caroline (1979). Children in family therapy. *Journal of Family Therapy*, 1(2), 253-269. <https://doi.org/10.1046/j..1979.00499.x>
- Deleuze, Gilles & Guattari, Félix (2013). *A Thousand Plateaus*. London: Bloomsbury Revelations.
- Edwards, Lorna, Breden, Andreas, Santin, Chiara, van Lawick, Justine, & van der Elst, Erik (2022). Reclaiming the relationship with bodily knowing through movement in nature. *Murmurations: Journal of Transformative Systemic Practice*, 5(2), 138-151. <https://doi.org/10.28963/5.2.10>
- Emmerson Reid, Colby & Weiss, Dennis M. (2023). *Designing the Domestic Posthuman*. London: Bloomsbury.

- Fisch, Richard (1964). Home visits in a private psychiatric practice. *Family Process*, 3(1), 114-126. <https://doi.org/10.1111/j.1545-5300.1964.00114.x>
- Friedman, Alfred S. (1962). Family therapy as conducted in the home. *Family Process*, 1(1), 132–140. <https://doi.org/10.1111/j.1545-5300.1962.00132.x>
- Fuller, Andrew (2004). A view from 1991: Crisis: Home-Based Family Therapy. *Australian and New Zealand Journal of Family Therapy*, 25(4), 177-182. <https://doi.org/10.1002/j.1467-8438.2004.tb00615.x>
- Gabb, Jacqui & Singh, Reenee (2014). The uses of emotion maps in research and clinical practice with families and couples: Methodological innovation and critical inquiry. *Journal of Family Therapy*, 54(1), 185-197. <https://doi.org/10.1111/famp.12096>
- Glebova, Tatiana, Foster, Sharon L., Cunningham, Phillippe B., Brennan, Patricia A. & Whitmore, Elizabeth (2012). Examining therapist comfort in delivering family therapy in home and community settings: Development and evaluation of the therapist comfort scale. *Psychotherapy*, 49(1), 52-61. <https://doi.org/10.1037/a0025910>
- Guattari, Félix (1995). *Chaosmosis: An Ethico-Aesthetic Paradigm*. Bloomington: Indiana University Press.
- Håkansson, Carina (2020). The extended therapy room. In Del Loewenthal, Ottar Ness and Billy Hardy (Eds), *Beyond the Therapeutic State*. London: Routledge. pp.66-83. <https://doi.org/10.4324/9781003006329>
- Haraway Donna J. (2008). *When Species Meet*. Minneapolis, MN: University of Minnesota Press.
- Helps, Sarah, & Le Coyte Grinney, Marianne (2021). Synchronous digital couple and family psychotherapy: a meta-narrative review. *Journal of Family Therapy*, 43(2), 185-214. <https://doi.org/10.1111/1467-6427.12333>
- Henggeler, Scott W. (1999). Multisystemic therapy: An overview of clinical procedures, outcomes, and policy implications. *Child Psychology & Psychiatry Review*, 4(1), 2–10. <https://doi.org/10.1017/S1360641798001786>
- Jordan, Karin, Alvarado, Juli, Braley, Randy, & Williams, Laura (2001). Family preservation through home-based family therapy: An overview. *Journal of Family Psychotherapy*, 12(3), 31-44. https://doi.org/10.1300/J085v12n03_02
- Jude, Julia (2016). Seselame: Feelings in the body: working alongside systemic ideas. *Journal of Family Therapy*, 38(4), 555-571. <https://doi.org/10.1111/1467-6427.12087>
- Juhila, Kirsi, Raitakari, Suvi, Hall, Christopher, Räsänen, Jenni-Mari, Holmberg, Suvi, & Ranta, Johanna (2024). The materiality of home visits at the margins of community care before, during and after the COVID-19 pandemic. *European Journal of Social Work*, 28(5), 1–12. <https://doi.org/10.1080/13691457.2024.2419930>
- Korittko, Alexander (1994). In-home treatment for families in crisis and its supervision: A systemic multi-level approach. *Contemporary Family Therapy*, 16(3), 231-243. <https://doi.org/10.1007/BF02196778>
- Macchi, C.R., & O'Conner, Nancy (2010). Common components of home-based family therapy models: The HBFT Partnership in Kansas. *Contemporary Family Therapy*, 32(4), 444-458. <https://doi.org/10.1007/s10591-010-9127-1>
- Mackinnon, Jessica, Jakob, Peter, & Kustner, Claudia (2022). Staff experiences of using non-violent resistance in a residential care home for young people with high-risk behaviours. *Journal of Family Therapy*, 45(4), 444-458. <https://doi.org/10.1111/1467-6427.12423>
- May, Todd (2005). *Gilles Deleuze: An Introduction*. New York: Cambridge University Press.
- Messent, Phillip (1992). Working with Bangladeshi families in the East End of London. *Journal of Family Therapy*, 14(3), 287-304. <https://doi.org/10.1046/j..1992.00461.x>
- Minuchin, Salvador (1974). *Families and Family Therapy*. London: Tavistock Publications.

- Moore, Robert, & Cove, Jenny (2024). Reconnecting systemic family therapy: How family therapy training can attend to the ecosystem and climate emergency, recommendations from a Delphi survey. *Journal of Family Therapy*, 46(3), 281–305. <https://doi.org/10.1111/1467-6427.12461>
- Murray-Perdue, Samantha A., Rayburn, Stephanie, Wang, Lijuan, Cummings, E. Mark & Braungart-Rieker, Julia M. (2025). Conflict and father involvement: The unique role of postpartum destructiveness for fathers' direct care in toddlerhood. *Family Process*, 64(1), e70013. <https://doi.org/10.1111/famp.70013>
- Omer, Haim (2021). *Non-Violent Resistance: A New Approach to Violent and Self-Destructive Children* (2nd ed.). Cambridge: Cambridge University Press.
- Oxford English Dictionary (2025). Conversation (n.), sense 1. Retrieved on 11/01/2026 from <https://doi.org/10.1093/OED/7872493575>
- Palmer, Hugh (2021). Where did the Eco go in systemic practice? *Murmurations: Journal of Transformative Systemic Practice*, 4(1), 1-12. <https://doi.org/10.28963/4.1.2>
- Palmer, Hugh (2022). 'Think different' to prevent extinction. Connecting Gregory Bateson's Cybernetic Epistemology with Posthumanism. *Murmurations: Journal of Transformative Systemic Practice*, 5(2), 14–27. <https://doi.org/10.28963/5.2.3>
- Pollitzer, Angela (1980). The medium is the message? - how agency setting influences our effectiveness as family therapists. *Journal of Family Therapy*, 2(2), 225-232. <https://doi.org/10.1046/j.1467-6427.1980.00528.x>
- Reiter, Michael D. (2000). Utilizing the home environment in home-based family therapy. *Journal of Family Psychotherapy*, 11(3), 27-39. https://doi.org/10.1300/J085v11n03_03
- Reiter, Michael D. (2022). *Therapeutic Interviewing: Essential Skills and Contexts of Counseling* (2nd Ed). New York: Routledge.
- Santin, Chiara (2021). Rewilding systemic practice. *Murmurations: Journal of Transformative Systemic Practice*, 4(1), 13-31. <https://doi.org/10.28963/4.1.3>
- Schlachter, Roy H. (1975). Notes for practice: Home counseling of adolescents and parents. *Social Work*, 20(6), 427-428, 481. <https://www.jstor.org/stable/23711484>
- Seikkula, Jaakko, & Arnkil, Tom E. (2006). *Dialogical Meetings in Social Networks*. London: Routledge.
- Seikkula, Jaakko, & Olson, Mary E. (2003), The Open Dialogue approach to acute psychosis: Its poetics and micropolitics. *Family Process*, 42(3), 403-418. <https://doi.org/10.1111/j.1545-5300.2003.00403.x>
- Selvini Palazzoli, Mara, Boscolo, Luigi, Cecchin, Gianfranco, & Prata, Giuliana (1978). *Paradox and Counterparadox*. New York: Aronson.
- Sexton, Thomas L. (2011). *Functional Family Therapy in Clinical Practice: An Evidence-Based Treatment Model for Working With Troubled Adolescents*. New York: Routledge.
- Sherbersky, Hannah, Vetere, Arlene, & Smithson, Janet (2023). 'Treating this place like home': An exploration of the notions of home within an adolescent inpatient unit with subsequent implications for staff training. *Journal of Family Therapy*, 45(4), 392–413. <https://doi.org/10.1111/1467-6427.12443>
- Simon, Gail (2021). Panmorphic Crisis: Cultural Rupture and Systemic Change. *Murmurations: Journal of Transformative Systemic Practice*, 4(1), 87–101. <https://doi.org/10.28963/4.1.7>
- Simon, Gail, & Salter, Leah K. (2019). Transmaterial Worlding. Beyond Human Systems. *Murmurations: Journal of Transformative Systemic Practice*, 2(2), 1–17. <https://doi.org/10.28963/2.2.2>
- Speck, Ross V. (1964). Family therapy in the home. *Journal of Marriage and Family*, 26(1), 72-76. <https://doi.org/10.2307/349380>

Thomas, Volker, McCollum, Eric E. & Snyder, Wendy (1999). Beyond the clinic: In-home therapy with Head Start families. *Journal of Marital & Family Therapy*, 25(2), 177-189. <https://doi.org/10.1111/j.1752-0606.1999.tb01121.x>

Thrift, Nigel (2007). *Non-Representational Theory: Space, Politics, Affect*. London: Routledge.

van Lawick, Justine, & Bom, Hans (2008). Building bridges: home visits to multi-stressed families where professional help reached a deadlock. *Journal of Family Therapy*, 30(4), 504–516. <https://doi.org/10.1111/j.1467-6427.2008.00435.x>

Vermeire, Sabine (2019). Genograms at the kitchen table – tea, teabags and sugar cubes: Playfully working with genograms and timelines with families in transition. *Context*, 161, 6-10.

Walsh, Froma (2009). Human-animal bonds II: The role of pets in family systems and family therapy. *Family Process*, 48(4), 481-499. <https://doi.org/10.1111/j.1545-5300.2009.01297.x>

Wasik, Barbara Hannah & Bryant, Donna M. (2001). *Home Visiting: Procedures for Helping Families* (2nd ed.). Thousand Oaks, CA: Sage.

White, Michael (2004). *Narrative Practice and Exotic Lives: Resurrecting Diversity in Everyday Life*. Adelaide: Dulwich Centre Publications.

Whitesell, Corey J., Crosby, Brian, Anders, Thomas F., & Teti, Douglas M. (2018). Household chaos and family sleep during infants' first year. *Journal of Family Psychology*, 32(5), 622–631. <https://doi.org/10.1037/fam0000422>

Weakland, John H., Fisch, Richard F., Watzlawick, Paul & Bodin, Arthur M. (1974). Brief therapy: Focused problem resolution. *Family Process*, 13(2), 141-168. <https://doi.org/10.1111/j.1545-5300.1974.00141.x>

Woodford, Mark (1999). Home-based family therapy: Theory and process from “friendly visitors” to multisystemic therapy. *The Family Journal*, 7(3), 268–269. <https://doi.org/10.1177/1066480799073010>

Woods, Leonard J. (1988). Home-based family therapy. *Social Work*, 33(3), 211-214. <http://www.jstor.org/stable/23715552>.

Worth, Joseph B. & Blow, Adrian J. (2010). A Survey of the Attitudes and Practice Experiences of Home-Based Practitioners. *Contemporary Family Therapy*, 32(4), 459-474. <https://doi.org/10.1007/s10591-010-9122-6>

Zarski, John J., Sand-Pringle, Chris, Greenbank, Marian & Cibik, Pamela (1991). The invisible mirror: In-home family therapy and supervision. *Journal of Marital and Family Therapy*, 17, 133-143. <https://doi.org/10.1111/j.1752-0606.1991.tb00876.x>

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