

**The presence of things:
a study of the lego brick and the medication box
as participants in peoples' lives¹**

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Abstract

The study is based on field notes, video records and photos from two different researchers – one from the field of education, and one from the field of mental health. The two researchers, using different methods, have studied how room, space and materiality affect people in institutions. This study analyses the lego brick used in kindergartens and the medication box used in District Psychiatric Centres. These items are part of the everyday lives of the people present in these institutions, and are seldom questioned. Fieldwork undertaken in two different institutions, where place, space and materiality were common perspectives, led into discussions about shared, overarching questions related to how human and non-human things influence each other, and how certain things regulate the structure and space of the two different institutions. Using a phenomenological item analysis the paper

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illustrates how the material things present in institutional space influence and participate in relationships involving people. The article also illustrates what functions these interactions might have for the people involved. Although the lego brick and the medication box tell different stories, both objects demonstrate how things enter into intertwined relationships with the users and also how they define the users. The findings show that the items enter into relationship with the people who have everyday contact with the items, and become part of (1) the construction of identities, (2) the professional languages and (3) the structure of space and timing. The conclusion is that the items have agency and power, and are tightly related to the institutional contexts in which they operate. Both the lego brick and the medication box influence space and timing in institutions, and these items also structure the users' understanding of themselves and the institution of which they are part.

Key words: materiality, space, context, phenomenological item analysis, cross disciplinary, institutionalisation

1. Introduction

This study concerns the lego brick⁴ used in kindergartens and the medication box used in District Psychiatric Centres (DPC). The authors intention is to discuss how materiality influences and participates in relationships involving people. The focus is on how certain things⁵ have agency and contribute to the structure of space and timing in institutions, and also how the use of these things structure the users' understanding of themselves and the institution they are part of.

Both authors have been interested in place, space and materiality. Cathrine Melhuus (2012, 2013, 2015) has conducted research in kindergartens and Inger Beate Larsen (2009, 2010, 2011, 2015) in DPCs. The findings led to discussions about shared, overarching questions related to how human and non-human things influence each other, and how certain things regulate the structure and space of the two different institutions. The authors decided to collaborate, and reanalyse their data. The aim was to acquire a more elaborated and nuanced understanding of the influence that things present in institutional space had on people in kindergartens and DPCs. Kindergartens are intended to support and promote all children's development, and

⁴ LEGO as a brand is promoted in capital letters, unless quotations. In the running text lego is written in monospace.

⁵ The authors vary between using the words *thing*, *object* and *item* about the lego brick and the medication box.

DPCs are intended to treat people who have a diagnosis. With such different intentions, the differences between how materiality takes place in an institution intended for children and an institution intended for people with mental health problems became clear, but there were also similarities in the material.

Former research on materiality connected to place, space and things is manifold. In particular, social and health geography have contributed to putting the power of environments in focus (Halloway, Valentine, 2000; Parr 2006; 2008). Newer materiality theory is a critique of the constructivist and discourse analytical one-sided focus on language, and also a shift from what materiality does to us to how materiality is done (Damsholt, Simonsen, 2009). This study focuses first and foremost on the micro level, describing and discussing how materiality is done using two concrete things as a turning point: the Lego brick and the medication box. The authors are especially inspired by the research perspectives of Lene Otto (2005), Sara Hanghøj (2005) and Camilla Mordhorst (2009), in which specific selected items are in focus. In addition, Jane Bennett's (2010) pioneering theory on thing-power has been an eye-opener; showing how things connect with the environments in powerful, material assemblages with resistant force, and from this follows that the relationship between human and non-human should be read as a juxtaposition rather than vertically as a hierarchy of being (Bennett 2010: 9-10). Furthermore, Michel Foucault's theory on power-knowledge was included because the findings guided us to understand the object as having powerful agencies representing knowledge on children and mental health patients (Foucault 1977; 1990). This study poses the following research questions:

- (1) In what way does the lego brick and the medication box become part of the relationship with the people involved?
- (2) What functions might these interactions have for the people involved?

After presentation of the method, a detailed description of the two chosen objects is given. Then the method used is presented: a phenomenological item analysis. Next, the findings are presented in relation to (1) construction of identities, (2) the professional language, and (3) the structure of space and timing. These findings will be discussed in the light of newer materiality theories which also incorporate social

cultural and critical, discursive theories (Kragelund, Otto, 2005; Miller 2005; Ingold 2007; Damsholt et al., 2009; Bennett 2010).

2. Data and method

2.1. Project and data

The authors originally studied the interaction between people and materiality (buildings, rooms, items) by conducting ethnographic research in kindergartens and DPCs as outlined by Norman Denzin and Yvonna Lincoln (2000). In the present study, the focus is on the interaction between people and things exemplified by the lego brick from the kindergarten and the medication box from the DPC (Larsen 2015; Melhuus 2015). The items are chosen because they are a part of everyday life in the two different institutions. The people in the kindergarten are children and professionals; in the DPCs the people are patients and professionals.

Both authors have field notes and photos from their different research projects. E. C. Melhuus' field notes include three hours of audio recordings, two and half hours of video recordings and 200 photos from one kindergarten, plus photos of lego corners from six other kindergartens. Larsen's field notes include 274 text pages and 500 photos from five DPCs. Lego bricks and medication boxes are objects for sale and are available on the internet. Advertisements and pictures from these webpages also form part of the data material.

2.2. Method

A phenomenological item analysis (Hanghøj 2005) combined with inspiration from discourse analysis is used. The main intention of this method is to understand objects as a part of contexts and also as objects which create contexts. Thus, the relations between children, professionals and the lego brick are highlighted as well as the relations between patients, professionals and the medication box. Lene Otto (2005) names this the material turning point, away from representations with focus on experiences and towards material realities, practices and how we cope with the world. Tine Damsholt and Dorte Gert Simonsen (2009) stress a focus on *becoming* rather than *being* and that this kind of research has reformulated the idea about agency by focus-

ing the objects as agents. This implies a method focusing on items and people; both active and creative, and posing questions on 'What the material does in the world and how the material is done in concrete time and spatial contexts' (Damsholt, Simonsen, 2009: 13; the authors' translation). When discussing the findings, the chosen theories add a critical stance.

2.3. Analysis

The first and second steps in the analysis have a phenomenological stance. First, a nuanced and concrete description of the lego brick and the medication box are given, based on a microanalysis. In order to gain an overall impression, the second step carefully examines all texts and photos. Using a phenomenological approach, questions were posed to the text and to the photos about the interaction between people and the chosen objects. The question asked was how and in which ways these items become part of the relations with the users and their experiences (Larsen 2011; Kvale, Brinkmann, 2012; Larsen, Hohl, 2015). Then the research was aimed at detecting patterns, themes, repetitions, contrasts and paradoxes in the material (Kvale, Brinkmann, 2012) in order to grasp the meaning of these relationships. The analyses will furthermore give a more informed view of materiality processes, and how these processes and the agency of the chosen items are related to structures in society. The process of condensation made it possible to obtain knowledge on interactions between people and objects and what kinds of functions these interactions might have for the people involved. Thus, the lego brick and the medication box became part of the relationship with the users in different ways, but could at the same time be identified in three themes: (1) construction of identities, (2) the professional language and (3) the structure of space and timing.

3. Results

3.1. Description of the chosen objects

3.1.1. The lego brick

First a detailed description of the lego brick and the medication box is given. Then the interaction between the items and people involved is described. The find-

ings are gathered in the three mentioned themes, where the intertwined interaction between people and things are described.

The original shape of the lego bricks, with the inner tubes, was patented by the LEGO Group in 1958.



Figure 1. The LEGO brick

Source: LegoBrick 2016

The lego brick at hand is a red, rectangular, plastic brick, 4.68 x 2.7 cm. It has eight eyes on the one side; which one would call the top of the brick. The bottom side is partly hollow, with inner tubes surrounded by four sides.

This lego brick is typical of the lego concept; small bricks in different colours and different sizes. They are meant for construction, and with the right series in which all bricks fit on to each other, the builder can put one brick on top of the other, the eyes fitting into the hollow side of the other brick. These forms are simple, easy to understand and use by children, and have become very popular.

The LEGO industry has power to influence the products at hand in toyshops, the parents' purchases and the kindergarten's choice of toys and activities. The above described bricks are the most common in the institutions (Lego brick 2016). They come in big building sets, enough for two or more children to build with at the same

time. There are lego sets for different age groups, and now sets are increasingly specialised around themes (space, pirates, hospitals, houses). These specialised sets have also expanded from just bricks to include plastic figures portraying animals, fantasy or people.

3.1.2. The medication box

When the medication box was invented is not clear, but it seems to be later than the lego brick.⁶ There are several medication boxes available on the market. Some are for daily dosages others are designed for the entire week; they have different colours and shapes. The one in this study is intended for weekly dosages.

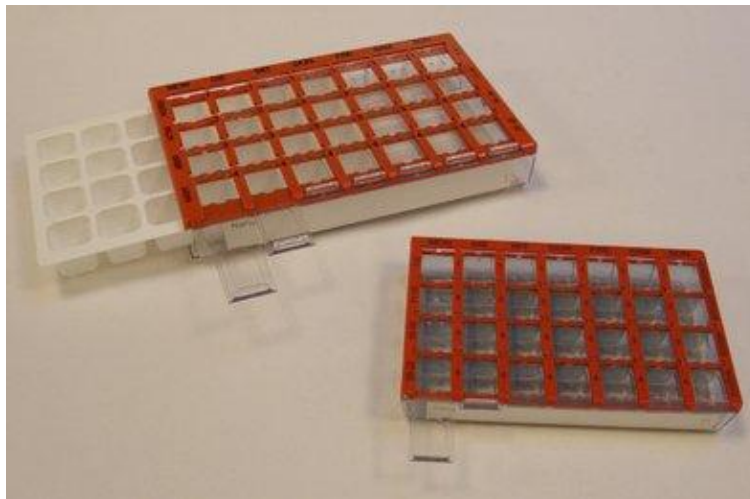


Figure 2. The medication box

Source: LEGObrick, 2016

The form of this specific medication box is rectangular. The material is red plastic. The box is designed to provide four compartments for each day of the week (seven days). Twenty eight compartments for different pills are visible through transparent plastic windows. Each of the plastic windows can be opened separately. The pills inside the box can have different colours and shapes. On the rear side of the box there is a cardboard slip on which to write the name of the patient and what kind

⁶ I. B. Larsen worked as a nurse in a Norwegian hospital in 1982 and these organisers were not in use at that time. However, when she worked as a nurse in a municipality one year later, patients staying at home had these kinds of boxes.

of medication he or she is using. This information on the cardboard slip can be placed underneath a transparent plastic cover that hides the red base of the box.

Medication boxes are used in almost every Norwegian health institution and in many homes. The box described above is that most commonly used in Norwegian institutions (Dosett 2016; Pill box 2016).

3.2. Interaction between people and objects

3.2.1. Elements of interaction

Data, both from the kindergarten and from the DPCs, illustrate how items and people interact. In different ways, the interactions between a child and the lego brick and between a patient and the medication box became part of their identities: their identity as a playing human being, and their identity as a sick person. The interactions also involved the professional staff in the two different institutions, and formed how the items became part of their professional identity. The brick and the box also contained professional languages, legitimising their presence that the staff acknowledge. Additionally, the placing of the objects had an influence on the user's actions, and re-placing the objects may enable the users to find new ways of handling the objects. The items structured both the place and the institution timetable, as well as the individual's experience of time. As such, the interactions were developed between the chosen items and everybody who, in one way or another, was present together with the items.

3.2.2. The function of the interaction: constructions of identities

The lego fits into the kindergarten's concept of play and learning. Norwegian kindergartens stress the active, independent child, and the co-participative child. The LEGO industry writes itself in this discourse, which is present in the concrete products at hand and in the way the products are advertised. The lego brick is part of a modernist knowledge agenda, being functional, effective and mass-produced. It is also part of the globalised world, not only by being produced in different countries, but also because the bricks have a universalised form. Because of this global distribution, every child coming into contact with lego can communicate and participate in lego building with other children from all over the world. The simple bricks give the

child a sense of coping; nearly every child can use these bricks. Children build relationships through activities; building with lego together with others gives the child a possibility of developing a lego-builder fellowship. One of the field notes from the lego corner illustrates cooperation. Martin, Ivar and Anne were sitting together around the lego table. Martin was busy making an airplane, and showed the product proudly to his friends. Ivar showed great interest and asked how Martin made it. Martin set about explaining, and both Ivar and Anne set about building their aircrafts.

The specialised theme kits are not so common in kindergartens. Most kindergartens prefer the basic building kits which encourage creativity and have few user directions, as illustrated by the above field note. But the example also shows how the lego bricks also discipline the children. They follow the 'lego rules', to build a certain product. The disciplined, learning, playing and creative child is part of many lego players' self-understanding and identity.

The medication box is for the sick person and fits into the DPCs' concept of treating people diagnosed with a psychiatric disease. Often, Norwegian psychiatry uses medication as the first treatment choice for people suffering from psychosis or depression; which underlines an understanding of mental health problems as a bodily defect. A depressed patient told Larsen that she was just sitting still in the hospital waiting for the effect of the medicines. She said 'In two weeks' time I'll be fine'.

Every patient in the hospitals had their own medication box administered by a registered nurse (RN) and kept inside a locked room. Every patient was dependent on an RN to get the medication and was not able to take care of this by him/herself.

A bodily defect and dependence on others is an understanding passed down in medical psychiatry and has strong connections to the medical industry. Many patients in the hospital communicated with other patients about the contents of the medication box, comparing symptoms and medication dosages as diagnosed individuals. Thus, the box reminded them of their diseases.

This specific box has most probably been chosen by the hospital based on advertisements from the companies producing medication boxes and the hospital budget.

The dependent, sick and diagnosed patient with a bodily defect will be a part of many patients' self-understanding and identity.

3.2.3. The function of the interaction: a part of the professional language

The advertisements for lego illustrate why lego should be part of children's play world, exemplified by:

'The LEGO® play experience is built on the idea of systematic creativity. The unique LEGO system combines structure, logic, and unlimited creativity and provides children with the ability to think creatively and reason systematically' (LEGO 2015).

'LEGO inspires children to develop their creativity. What do you think when you hear the branding name LEGO? Development, creativity, systematic thinking, and having real fun for hours at a time with bricks in wonderful colours? All this is important for LEGO - the world's fourth biggest play manufacturer'⁷ (LEGO 2016; the authors' translation from a Norwegian website).

The lego bricks are part of a professional discourse, where words such as independence, discipline, order, and creativity are connected to these objects. The professionals in the kindergartens acknowledged these qualities in E. C. Melhuus' conversations with them. The advertisements above are seen worldwide, and the professionals apply these worldwide understandings of qualities to a Norwegian kindergarten context.

In everyday life, the adult's position was to make sure that the lego toys were at hand, and to support their use. They showed the children how to understand a set of instructions, and sometimes they participated in the constructions.

In one of E. C. Melhuus' video recordings, the adult participates verbally in a building session, asking Peter: 'How did you do that?' Peter explains, and the adult addresses the rest of the group around the lego table: 'Did you see how he did it! Look at what he is doing'. The pedagogue supports Peter's building and use, and

⁷The original Norwegian text: LEGO - inspirerer barn til å utvikle kreativiteten. Hva tenker du når du hører merkevarenavnet LEGO? Utvikling, kreativitet, systematisk resonnering eller real moro i timevis med klosser i klare farger? Alt dette er viktig for LEGO - verdens fjerde største produsent av leker! (LEGO 2016).

also ensures that this knowledge is passed on to other children. In doing so she actively makes how to use lego by the children the dominant discourse.

Since the use of lego bricks in many ways is self-evident, children often found the bricks on their own and started using them, supporting the idea of the independent child, a central educational goal in Norwegian kindergartens.

The medication box tells something about the professional language of a RN. Advertisements for the boxes include 'organise the chaos', 'get organised' or 'medication aid' and these statements fit with a nurse identity as the helpful and systematised person. In the hospital, the staff came together every morning and organised the tasks of the day. They also decided who was responsible for the medication box.

The box also fits with an understanding of the professional nurse as effective and trustable. The box only needed to be filled once a week, and the nurse was no longer uncertain as to whether the patient had received the right medication at the right time. One empty compartment implied that the nurses had successfully administered the medication that morning; one empty row ensured the day; and when the whole box was empty the weekly medication was complete.

The RN was the only professional who had a key to the medication room where the boxes and medicines were stored, and underlines the nurse language as part of the psychiatric medical discourse in which the psychiatrist is the one who orders the prescriptions. As such, the nurse also becomes the physician's assistant.

3.2.4. The function of the interaction: structure of space and timing

The lego bricks hold both a global and a local space. The global distribution is significant in understanding the local spacing and use. Firstly, as part of a global consensus on the lego bricks' excellence, it is practically self-evident that lego should be part of every kindergarten's furnishings; which they almost are. One usually finds the lego bricks collected indoors, in a secluded space or spaces meant for construction. In the kindergarten E. C. Melhuus visited, the professionals had made a lego corner. Lego bricks were not to be taken to other parts of the play area, neither indoors nor outdoors. The children were confined to this corner if they wanted to play with lego. The corner was furnished with a round table specially made for lego

building, with four benches attached to it. The children sat around this table or built with lego bricks on the floor in the same area.

There were boxes containing different types of bricks. Very rarely are other types of materials put together with lego. The bricks seemed to wake a certain order, where both where and how were made clear. Since lego building often implied making products, the order also calls for a place for the final products, in this instance a top shelf where the children could place their finished constructions. Tidying-up was part of the lego sequence, when children help to organise the different bricks in the correct boxes.

The lego was used at the times of the day set aside for free play. Children involved in lego building could sit for an hour or more. But lego bricks were easy to work with, and do not always involve great concentration, so lego activities were also used as transition to other playing activities or activities organised by the adults. E. C. Melhuus did not see lego as part of a gathering lead by the educationist, or other planned activities. Therefore, we might say that the lego replaced the educationist so he or she was free to do other things.

The medication box was kept inside a locked room for most of the day and night. In the institution where Larsen was present the boxes divided the day into four: morning (8 AM), forenoon (12 PM), afternoon (4 PM) and night (8 PM). These times illustrated the medication time and instigated a special order in the DPCs. When organising the activities for the day, Larsen often heard discussions about what to do. Occasionally they arranged walks in the wood, or went to the seaside; sometimes they went to a pool or for a drive in the hospital's minibus. However, sometimes they could not do activities that involved use of the car, because of the medication times. If there was only one RN on duty, and (s)he was the only one with a driver's license for the mini bus, they had to wait until another day when there were more staff available with driver's licenses. The timetable for medication regulates the space and time for other activities. The medication box became a strong reminder of the DPC's order, even though it was only visible four times a day. Additionally, I. B. Larsen never noticed that the box was mentioned when talking about material surroundings with staff or patients. The medication box was taken for

granted and had a kind of silent, but strong, influence on daily life. Additionally, the box also helped free up the nurse to do other things, because he or she filled the medication box only once a week.

4. Discussion

4.1. General remarks

The main findings show that certain items are able to be part of an identity construction, to represent a professional language as well as to structure space and timing. Although the lego brick and the medication box tell different stories, both objects illustrate how things enter into intertwined relationships with the users and also define the users. Additionally, the items are entangled in the professional language where concepts belonging to different professions are connected to them. We also found that the lego brick and the medication box are present locally together with the users, and globally, the industry giving a universalised understanding about the use, structuring place and timing. These findings led us to discuss how different theoretical approaches on materiality might give a more nuanced insight into the relationship between human and non-human objects. The first question discussed is in what ways the objects and people involved control each other. The next question problematises how distinct objects at the same time wake ambiguity. The last question is how things become part of a power-knowledge relationship.

4.2. The objects are controlling and are being controlled

The authors already illustrated that the lego bricks and the medication boxes controlled people by the distinct message of their use. At the same time, the items were under the control of the people who integrated them in the actual contexts, in this way structuring space and timing. If relationships involve all the parties as part of the actions at hand, is it then possible to speak of an independent agency connected to these items? That is an agency not as an intentional subject, but as having an independent power set apart from the meaning humans give them, as many materiality theories claim (Frykman 2005; Otto 2005; Damsholt, Simonsen, 2009; Bennett 2010). The chosen items were part of human creativity when designed, and thus

a part of human intentions. These intentions are conveyed in the mass products, in the processes their use implies. But when relations are created between the users and the items at hand, the actions developed materialise different meanings and structures. They are now no longer just a brick or a box. When the child met the lego bricks, the bricks invited the child to do something with them. Usually the doing followed some common patterns, while at the same time the child builds her or his own construction, and as the construction developed it became something independent, which again inspired the child to continue. Meaning is thus melted in the relationship, not as something given, but as part of an ongoing process. Process in this sense is a way of giving objects an influence as a form of agency (Miller 2005).

Theories on materiality agree that materiality exists through its relationship to other phenomena. In the actor-network theory (ANT) – (Law, Hassard, 1999; Latour 2005; Damsholt 2009) these relationships do not give a stable structure; on the contrary, the relationships are networks with spurs and lateral shoots which set themselves free from the mother plant, making new plants. The findings suggest that well-defined items do shape structures that are quite stable. It is because of the recurrent structures that the items and users shape, that power over time and space is possible. These stable structures were part of the institutions' everyday life, where children and patients found a common understanding through the use of the chosen items.

Lene Otto (2005) shows the dialectical character of the subject-object relationship, where identity is not only constructed with objects, but also by objects. Distinct, designed objects, set in the context they are meant for give the users obvious instructions for their use. And the objects tell them something about themselves. When the user connects with these objects; similar actions among the users take place. The medication box became a materialisation of the relationship between the professional and the patient; at the same time the box seemed to have its own agency, giving instructions without help from other parties. Telling the patient who he or she was; as someone who was in need of medication.

4.3. The clear and ambiguous relationship

How to use the lego and the medication box is on the one hand obvious: People build with lego and organise different pills with the help of the medication box. At the same time, each relationship between user and objects is unique, where the user has the possibility to transcend the obvious use, and the object-user relationship has a new content. Jonas Frykman (2005: 26) poses the question: What do things wake in the user, when he or she is thinking and acting with them? Things start living when they are in motion with the user and they also create motions and emotions in the users.

The motions and emotions might question the clarity of the items. An ongoing reciprocal shaping can make the objects ambiguous because they show something more than what can be read in the instructions. Among other signs, the more can be the feelings and thoughts the given item has on each individual. The medication box can give the patient a feeling of hope of becoming well or be a constant reminder of being sick. The lego brick can give the child a feeling of independence and boost creativity, or hold the child to certain rules, which can give the child a feeling of boredom or uncertainty, afraid of doing the wrong thing. The ambiguousness this represents reminds us of the subjectivity of the item; the item as a tool is connected to the user in a certain social and time-related context (Frykman 2005: 27-28).

4.4. Power-knowledge

So far, the relationship between user and object has been discussed without discussing the involved discourses and contexts. The items might be a part of a hierarchical power-knowledge relationship. Hierarchy is here not understood as human superiority over non-human entities; but as the power of discourses. Almost all items are part of a given context representing some dominating discourses, which intertwine in the arising relationships. When the objects are part of professional languages, they also become part of an institutionalised understanding. The objects get their power from the institutional context, which also framed the children and the patients.

Of all the relations in which the medication box was involved, the connection between the user and the box should be look at. The user confessed his illness, by accepting the need for medication. The pills were placed in the box by a nurse who was dependent on the psychiatrist's medical discourse and his power to decide what kind of medication to give. But the discourses were not kept inside the walls of the institution. The power-knowledge relations move from inside the hospital to drug research; and the connection between drug research and the pharmacological industry is well known. This industry arranges conferences for medical doctors enabling them to prescribe the 'right' medication in their home practice. The medication box is a prolongation and becomes a strong representation of this knowledge. The patients took the pills which influenced their bodies in different ways. Foucault names this the bio-power, because the medication represents a kind of power-knowledge which besieges the living body (Foucault 1990).

The power of the medical industry is obvious, but does the same hierarchical power-knowledge take place between a child and the lego bricks? For Foucault, bio-power is a technology of power for managing people as a large group, where the aim is to lead the group to be able to lead itself under the intended dominating discourses. Patients and children are large groups who can be led to lead themselves. And a leisure activity made by the lego industry has the power to define lego building as an utmost meaningful activity that children should participate in, where a number of children are led to use the bricks without help from a competent other. In the process, the children discipline each other in how and what to do with the bricks, not only following the intention of building with them, but also obeying, for example, the rules for where one can build with lego. But since lego bricks are made for play, different play discourses also become part of the relationships, allowing a much more creative and transcending use than that of the medicine box, but usually within the limits of their main intention. As such, quite small items have the power to represent control of populations. Population control is called bio-politics of the human body (Foucault 1990). Bio-politics, a discipline embodied in different institutions like kindergartens and hospitals, will manifest itself in different ways, but the control mechanisms resemble each other.

5. Conclusion

Daniel Miller writes that people cannot know who they are, or become what they are, except by looking in the material mirror, which is the historical world created by those who live before them (Miller 2005: 8).

By exploring many of the relationships the two different items became part of, the authors realised the agency and power these items had. They were part of a modern industrial history, thus shaping a common understanding that transcends borders. But they also became tightly related to the institutional contexts they operate in. Their everyday use makes them a taken for given part of these institutions, which often masked the power they had over the users.

It is in the everyday actions that meaning is shaped. The focus on doing, instead of being, opens up for these many relationships. Every doing involves many elements and actors (Damsholt 2009), blurring the boundaries between people and things, and making the notion of subject less powerful. The concept of the intentional subject is subdued, challenging the taken-for-granted dualistic understanding of subject and things. Can one speak of identity shaping without a strong subject? Identity can be understood as a process of becoming in the many relationships that occur in a place. All the elements in these relationships will materialise themselves as identities as underlined by the above quotation from D. Miller (2005).

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