PRACTICE METHODS

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Pregnant With Possibility: The Paradoxes of "Help" as Anti-Oppression and Discipline With a Young Single Mother

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ABSTRACT

This single case study of an outreach worker's service to a young, single, African-Canadian mother illustrates the paradoxes of help as both accommodation and resistance. Through a feminist, post-structural, qualitative analysis, the author explores issues of gender, race, and class to examine discourses and technologies utilized by the worker. Alternate perceptions of normalcy, nurturance as power, and activism through solidarity, as examples, were used by the worker to edge towards more liberatory practice, even while she accepted her positioning as judge of the client's mothering ability and of the allocation of resources. This article demonstrates that, even for workers committed to anti-oppressive practice, help is an unavoidable mix of disciplinary and emancipatory activities.

t is a given in the profession of social work that practitioners are in the business of providing help. However, help takes many forms: amelioration, control, adaptation, reform, and structural transformation (Gil, 1998), some of which advance emancipation for clients and others perpetuate their marginalization. There has been a struggle in social work, from its inception, in both Canada and the United States, between a commitment to a social justice mandate and one in which the focus has been on the social adaptation of individual clients (Abramovitz, 1998). In the present, the social work field has been appraised as having abandoned its mission of working toward the "perfectibility of society" (Specht & Courtney, 1994, p. 27) or, worse, that "the problem is the core mission" (Margolin, 1997, p. 4). Margolin, for example, lays out a damning critique of the profession, suggesting that social work is about

surveillance and control but, further, that workers justify these interventions as "charitable and disinterested help," ensuring that social workers maintain their power at the expense of their clients (1997, p. 8).

In contrast, I suggest that the mission for social workers is complex and contradictory. I believe practitioners are caught between an ethic that informs social work as a vehicle of social justice and a bureaucratic regime in which workers are responsible for social regulation and the discipline of others. By discipline, I am referring both to "acts of punishment and correction and to fields of knowledge that diagnose deviance from the norm and intervene to remove it" (Chambon, Irving, & Epstein, 1999, p. 271). For example, social workers have been authorized to monitor for potential neglect and abuse of children. I believe that, in a civil and just society, this

task is necessary to ensure that those who are most vulnerable are protected. However, this duty leads inevitably to making determinations about what is normative and acceptable (e.g., in mothering practices). It also results in intervening when the evaluation is that those practices are problematic. Often social workers' interventions impact on more than one client at a time (such as a mother and a child), and those clients' needs may conflict.

Consequently, a tension often exists for workers between (a) their intentions to do good and be agents of emancipation for their clients and (b) what is possible, given what is both discursively framed as normative practice and workers' positioning in society. Thus, social workers are implicated in practices that hold the possibility of harm. I refer to the consequences of this ethical complexity as an *ethical trespass*, "the harmful effects...that inevitably follow not from our intentions and malevolence but from our participation in social processes and identities" (Orlie, 1997, p. 5). Social workers are agents involved in making judgments about what is acceptable behavior, thereby engaging in trespasses through their participation in the social processes of assessment and intervention with clients. Accordingly, what are the possibilities for anti-oppressive practice in the field of social services? How, if at all, can practitioners move toward more ethical relations with clients, that is, "nonviolent relationship[s] to the Other" (Cornell, 1992, p. 62)?

This article is a case study in which I have endeavored to examine the complexities of engaging in anti-oppressive practice for one worker with her client, the mother of a small child. The worker was a participant in a larger qualitative study I conducted on the ethics of social work, in which I interviewed each social service worker approximately five times for a 1½ to 2-hr period over the course of about 1 year. Although practitioners often collude in disciplinary practices, I believe that they also subvert and

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resist these functions. Resistances are practices that destabilize and redirect power, representing the possibility of human agency to transform society. I am interested in occasions when the worker in this case illustration thought and acted "outside the box," questioning the potential destructiveness of taken-for-granted notions about her client and the helping relationship.

This study analyzes both the worker's resistances as well as her accommodations to the dominant discourses. Discourse refers to "structures of knowledge and systematic ways of carving out reality" (Chambon et al., 1999, p. 272) that compete to give meaning to a particular concept or concepts that influence the possibility of how social institutions, processes, and relationships are organized. I used critical discourse analysis (Fairclough, 1992) and the analytics of feminist poststructural theory to investigate the construction of help between the worker and client. I chose this case vignette because I believe it illustrates well the complexities of both accommodation and resistance to disciplinary practices. I refer to the trend of colluding in or supporting disciplinary practices as accommodation. Resistance and accommodation take a multiplicity of forms at the microlevel of interaction, and I examine the technologies used by this worker. I have emphasized what I perceive to be the resistances to demonstrate the possibilities for moving toward relations that reduce trespass in the one-to-one relationship despite its ineluctability.

This case illustration involves social service work with Tanesha (a pseudonym), a 17-year-old Black single mother from Africa. The responsibility of young mothers to the "health of their children, the solidity of the family institution, and the safeguarding of society" (Foucault, 1978, p. 147) cause them to be prime candidates for sexual and moral regulation and discipline. Young single mothers in social service agencies are at the nexus of a number of marginalized categories: They are young, female, frequently lower or working class, impoverished, often people of color or marginalized ethnic groups, raising children outside the institution of marriage. There is tremendous pain and suffering that goes unrecognized and unseen in the official accounts and records, as evidenced by the technique of "apprehension" in which the state removes children when their mothers have been judged as inadequate. Consequently, the paradoxes of attempting to help when one is also an agent of surveillance and punishment are acute in work with this group, and exploring how practitioners both perpetuate marginalization and contribute to more emancipatory directions in practice is particularly relevant.

Alternate Discourses About
Young Single Mothers and Help

Patricia (a pseudonym), a White middle-class social worker of immigrant parents, worked in a large Canadian city at a community health center as an outreach worker for street-involved youth who were pregnant or mothering. During her youth, Patricia herself had left her parents' home and spent time on the streets. Patricia was a self-avowed anarchist and resistor. Like her mother, she believed that one should speak up against injustice. Patricia saw help as focusing on the strengths of her clients, even when she perceived that what they were doing was wrong. She said, "Even with some of the worst mothers...there's always something they do right." However, what is recognized as strength? Certain behaviors might be judged as weaknesses in one discourse but as strengths in another. How does one choose those discursive possibilities that are liberating? Competing explanatory tropes regarding young single mothers have emerged. In this article, I draw on two discourses about young single mothers to illustrate the possibilities open to Patricia in understanding her client, Tanesha.

The Wrong Young Woman:
Wanton Women or Babies Having Babies

In one register, these young women are discursively framed as irresponsible, wanton young women or "babies having babies" (Cornaccia, 1995; Pearce, 1993) at "high risk" (McWhirter, McWhirter, McWhirter, & McWhirter, 1998) for not being "good enough" mothers (Silva, 1996). This discourse, although recognizing the socioeconomic and cultural disadvantage of young, poor, minority women, has emphasized intrapsychic difficulties rather than environmental factors. It frames young single mothers as primarily accountable for consequences, which run the gamut from biological (Hamburg, 1986) to educational and economic (Butler, 1992) to social and emotional (Phipps-Yonas, 1980), for both themselves and their offspring. Interventions have focused on prevention and on amelioration of the perceived deleterious effects of being a young single mother. When prevention is unsuccessful, because the problem is understood to be located within the individual young woman, solutions are psychologically centered on therapeutic interventions and surveillance to prevent further risk and damage. Although this trope is neither entirely liberating nor oppressive, the emphasis on the culpability of the young women, without focus on the oppressive broader institutional and legislative practices, maintains the dominant order. Generally, Patricia rejected this discourse, for example when she expressed her discomfort with the underlying judgment of other practitioners that her clients "shouldn't have babies."

The Wrong Society

Instead, Patricia supported a competing discourse, labeled the *revisionist* (Furstenberg, 1991, p. 128) or *oppositional* (Kelly, 1996, p. 434) discourse. The revisionists suggest that the issue of young single parenting has, in part, been "socially constructed to suit the political agenda of certain moral entrepreneurs" (Furstenberg, 1991, p. 128), the negative effects of early childbearing have been exaggerated, and for some disadvantaged youth mothering may be an adaptive strategy to poverty and racism (Stevens, 1996). In this discourse, the underlying differences in social background, family instability, and academic problems are emphasized. Kelly has termed this discourse as the *wrong society frame* because it focuses on the "context of unequal power relations and advocates the transformation of social conditions" (1996, p. 437). The group of young women served by the social service community is viewed by the revisionists as the most discouraged of the disadvantaged (Luker, 1996). Supporting Kelly's wrong society formulation, Patricia averred that her clients "do have their hopes and dreams and I think a lot of them could very easily attain them if we had a better government." Patricia suggested that, despite the destructive consequences of poverty and lack of education, some women even "without...medical prenatal care [could] manage to take care of themselves prenatally and have...incredibly healthy...babies."

Technologies of Accommodation
and Resistance

Rebalancing Perceptions of Normalcy and Pathology

Patricia's association with Tanesha began after Tanesha had a premature baby, born 3½ months early, weighing 1.5 pounds at birth. Tanesha had been through the child welfare system herself, in and out of group homes, in prison, and with limited personal support. Patricia's focus was on Tanesha's attempts to be permitted to continue mothering her baby despite institutional concerns about her drug use and lack of appropriate involvement with this high-risk baby.

According to B. G. Collins (1986, p. 215), "Feminism is a mode of analysis...it is a method of gleaning political insights from an analysis of personal experience—in particular, female experience." Patricia relied on a discursive framework in feminist clinical practice that articulates that symptoms have a communication function and arise out of efforts to influence an environment that is constricting (Enns, 1997, p. 10). This reframe is a resistance because it rejects privileged discourses, refusing to position the client as individually irresponsible and reprehensible and repositioning weakness as strength and adaptation. It also puts the emphasis on the broader societal inequities that have led to a lack of support and protection for young single mothers, supporting the wrong

society discourse by validating the significance of social context in understanding symptomatology (Land, 1995). It corresponds to the old feminist chestnut of the "personal is political."

An illustration of this approach was in Patricia's understanding of Tanesha being "an expert at lying." The more Patricia understood about Tanesha's life and her childhood, the more Patricia recognized that "her excellent skills at lying were just really what kept her going." Tanesha was skilled at knowing the professional's expectations of her. In one exchange, Tanesha described a visit that she had made to the pediatrician for her son. Although she elaborated at great detail about the visit, it was all a fabrication to accomplish subject positions of "appropriate client" and "good mother" by fulfilling the social service requirements of attending to her son's health needs through a visit to the clinic. By subject position, I refer to ways of being an individual (Weedon, 1987, p. 3). Unlike the concept of identity, subjectivity suggests neither a unified nor a fixed way of being in the world but is "precarious, contradictory and in process, constantly being reconstituted in discourse each time we think or speak" (Weedon, 1987, p. 32). As Foucault suggests,

> The subject constitutes himself (sic) in an active fashion, by the practices of self, these practices are nevertheless not something that the individual invents by himself. They are patterns that he finds in his culture and which are proposed, suggested and imposed on him by his culture, his society and his social group (Chambon, Irving, & Epstein, 1999, p. 279).

Often Tanesha would not visit the baby when he was still in hospital. Consequently, other staff members and hospital personnel positioned Tanesha as a bad mother. Patricia speculated that Tanesha's avoidance of both hospital and clinic visits might relate to a fear of bonding to a baby who could die. In this way, Patricia constituted Tanesha's absence as demonstrating such strong feelings that Tanesha could not bear the loss. By seeing strength where others identified pathology, Patricia speculated about Tanesha's maternal attachment and instinct, using psychological discourses, thereby also demonstrating her own competence to "take-up competent mental health worker," a necessary position in order to have credibility with other helping professionals.

At the same time, by lying, Tanesha was also raising the challenge of the worker positioning herself as a moral judge in relation to Tanesha as dishonest. Often in conversations between Patricia and Tanesha, there was banter, repartee, and humor, which made the exchanges playful rather than moralistic. Patricia said, "I always used to joke with her...if only she [would] use her powers for good instead of evil...and that always made her laugh." Without the humor, the client could have felt morally blamed. The humor, however, stated an acknowledgement of the skill involved in lying at the same time that Patricia offered another subject position, namely to use these significant powers for good.

The most telling incident involving lying occurred when Tanesha informed Patricia that she would not be going to the hospital because she could not afford bus tokens. Patricia responded by giving her tokens and offering to accompany her to the hospital. Here the client constituted herself as a poor and needy individual who needed to be provided for in order to be a "good mother." According to Patricia, after the visit, on leaving the hospital, because the weather was very poor, Tanesha said, "Forget the bus, let's take a taxi." Patricia said, "I don't have the money to take a taxi," to which Tanesha responded, laughingly, "Oh ...I've got money" and "pull[ed] out a big wad of cash." Patricia responded with shock, saying, "You little liar, give me back my tokens." Tanesha questioned, "Do you really mean that?" and Patricia answered "Yes, you little liar, give me back my tokens." Patricia stated that Tanesha thought she was joking, to which Patricia replied, "No, I'm not joking. You have enough money there to buy tokens. You give me back my tokens because these are for people who really need them."

These maneuvers on Tanesha's part were saying "Gotcha! You've been taken in by my play at 'poor me.'" This is a test for the subject positions taken up by both Patricia and Tanesha. Someone who is a competent social work professional is expected to be able to see beneath the surfaces of behavior and to understand the true person. Patricia had been caught at not being skilled enough to spot deception, and Tanesha had been caught at playing "good and needy client." Additionally, Tanesha had potentially upset the normative one-up, one-down power relationship of client and helper by undermining Patricia's authority to determine who required monetary assistance. Despite being duped, with the accompanying possibility of allowing herself to be positioned as an inferior worker, Patricia refused that positioning by reminding herself that lying was a functional response to restricted circumstances and "it wasn't directed at [her] personally." Patricia recognized and paid attention to the power dynamics in her relationship with Tanesha, another feminist principle (Land, 1995). She saw the exchange as a form of "testing [her] to see how much [Tanesha] could...push to see if [she] was going to get angry with her." Patricia acknowledged that she was "a little pissed off" but she affirmed that she "didn't...take it out on [Tanesha]." The behavior was evaluated from a feminist perspective as functional in a world in which there are few options, with lying as a way for Tanesha to cope. "[I]n the context of [Tanesha's] life and the systems in place," Patricia said, "I think [lying] was a thing that she used that had really worked well for her, at times." By this interpretation, Patricia rebalanced perceptions of normality and deviance, another feminist tenet

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(Land, 1995). She rejected the positioning of Tanesha as a bad client through her use of language, laughter, and humor. The term "little liar" is refreshingly nonclinical and connotes a more childlike or egalitarian relationship, which is more engaged and less objectifying than the usual mental health talk.

At the same time, Patricia accepted the position of a worker who evaluates and determines the appropriateness of providing concrete services, in this case bus tokens. Through this action, Patricia accommodated to the dominant discourses, which required her to participate in Foucault's concept of normalization: "the establishment of what is constituted as 'normal' as a standard for judgment and against which it is possible to distinguish pathology" (Chambon, 1999, p. 67). Foucault identified normalizing judgment as the "discretionary evaluation of conduct in the context of standards that...allows for the application of detailed impositions and privileges" (Parton, 1999, p. 108). Social service workers perform categorizations such as deserving and undeserving, responsive and resistant, and normal and pathological. Once these judgments have been rendered, "dividing practices," a series of distributional effects that result from normalization, are performed. Systems, which sorted "worthy" from "unworthy" recipients of services, have been a central feature of the mental health field since early philanthropic work (Pitsula, 1979). By determining that Tanesha was lying and that she had sufficient funds, Patricia categorized Tanesha as being unworthy of receiving tokens based on need and required her to return them.

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At a later juncture, when asked by a psychiatrist why she had related so well to Patricia, Tanesha shared the story about the tokens and the repeated expressions of herself as a "little liar." Despite the enforcement of dividing practices, being seen for who she was without the moralistic sting allowed Tanesha to solidly connect with Patricia when she had had difficulty doing so with other helpers. I speculate that, for Tanesha, there was comfort and release in being known, especially those parts of herself that normatively had been evaluated negatively, while still being cared for and accepted by Patricia. In this way, there is productive power in nurturance (Brown, 1994). Of course, there are other possible explanations of Tanesha's evasion of hospital visits or taking her son to the doctor. One can never know the truth of what motivated her to behave in the way that she did. In fact, we could speculate

that many truths may have been operating at the same time: for example, pathological lying, exhaustion, lack of bonding, laziness, and avoidance of the racism. By choosing to perceive Tanesha in the way she did, Patricia's interpretations opened up the potentiality for both Tanesha and for Patricia herself, for Tanesha to be a good and caring mother for her baby, or at least for Tanesha to be understood as a decent and good person, even with her use of lying as a tool in relationships.

Recognition and Acceptance of Worker Privilege

Patricia believed that racism and classism were operating in the hospital staff's negative reactions toward Tanesha and, consequently, were components of the explanation of her avoidance of visits to the hospital. The attempt by a White middle-class academic to examine racism by exploring the practices of another White middle-class woman with an Afro-Canadian client is a landmine of scholarly dangers. As Fellows and Razack (1998) suggest, there can be no race to innocence; all women are oppressors and all oppressed. The profession of social work since its inception has provided a means for middle-class, primarily White women to have a legitimized avenue of employment outside the domestic domain with the prestige, authority, and material benefits that accrued from those positions, albeit generally at a wage and status below that of men (Struthers, 1987). In particular, in the construction of the "problem" of single unmarried mothers, Kunzel (1993) has made a convincing argument that, at the turn of the century, the competing discourses of "illegitimacy" between evangelical social gospel women and social workers was, in part, a struggle for cultural authority and legitimacy for the neophyte profession of social work. Although desires to be a certain way in the world are discursively produced, "they are 'taken on' by each individual as their inner core" (Davies, 2000, p. 75). Patricia acknowledged that she had gained her toehold on respectability (Fellows & Razack, 1998) by her class and race and her positioning as helper rather than helpee. Despite, or perhaps because of, her own background of street involvement, she articulated, "I didn't want to live in a squat forever and I didn't want to live in a room forever. I wanted more out of life than...some crap job and going out and drinking all night. I felt I was better...than that." Being a professional helper of young single mothers provided the route for the actualization

and education of desire (Stoler, 1995) for Patricia and consequently one aspect of her subjectivity. Through the articulation of difference, both those who are marginalized and those who dominate are defined.

Confrontation, Activism, and Solidaristic Activity

Although her very presence as a helping professional was an accommodation to the hierarchical structure of power in North American society, at the same time Patricia resisted the racist constructions of Tanesha by a series of

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activist activities. She recognized that Tanesha's experience was outside of the White middle-class experience and that, as a worker, she could and should use her own privilege to intervene politically for Tanesha (Baines, 1997). Patricia's understanding of help included being positioned as one who must speak up and educate "other workers...about issues that [were] women based and [about] how [these women were] treated" according to Patricia. Recognizing that there are aspects of women's lives that differ from men's is a component of feminist practice (Land, 1995). She also directly confronted staff about their racist attitudes, saying that she did not think that it was appropriate for one nurse to address Tanesha in the way she had. Patricia approached the hospital social worker, a person of color, to express her concerns about the poor treatment of Tanesha and other clients and to gain the worker's support to apply pressure on the nursing staff. She used political interventions in the hospital system to shift oppressive structures (Baines, 1997). Knowing the levels of the bureaucracy, Patricia worked her way up the system, conveying her unease to individuals in higher levels of authority about the handling of her clients.

Hospital personnel attempted to undermine her resistances by first inviting her to a meeting to discuss her concerns and then canceling, at the same time informing her that she would need to write a letter that could be placed on the agenda for a later meeting. She did follow-up with a response, in which she expressed a wish to build bridges, stating that she knew the committee was "forging ahead

and building a relationship...and that at a management level they were trying to put structures in place" to better respond to the needs of patients. She was successful both in being heard at a subsequent meeting and ultimately being invited to join the committee. Being forthright and asking point blank if she had been "ditched from the agenda of the last meeting," she opened the way for honesty not just about content but also about the process of decision making, which recognized the politics of avoidance that operated in the hospital. Again by emphasizing the best in the individuals who were in a position to effect change in the organization, she drew on an expectation of the positioning of others toward anti-oppressive practice. By solidaristic activity, Patricia raised the potential of championing the cause of her clients, because a group is less likely to be outflanked in attempts to resist than a sole individual (Clegg, 1994). Forming coalitions to challenge dominant discourses is a key feminist activist mechanism (Saulnier, 1996; Van Den Bergh, 1995).

Patricia's activism included both Tanesha and the other clients she was attempting to protect. Recognizing and nurturing the agency and resistance of clients is a feminist social work strategy (Baines, 1997, p. 303). Patricia asked whether she could use her clients' names in the meeting, because she anticipated that there might be a request to follow up with individual nurses who had been involved in particular racist incidents. She also kept these young women actively involved by informing them afterward about the outcome of the meeting. One client wanted to write her own letter, and Patricia encouraged her to proceed. The belief in the client as competent is a central feminist tenet (Enns, 1997). Through these strategies, Patricia enacted her understanding of their strength to fight for themselves, their right to be informed, and the possibility of them ameliorating their own oppression by becoming activist citizens for themselves (Baines, 1997).

Originally, Tanesha was embarrassed by Patricia's confrontations of other staff, expressing that her poor treatment at the hospital "didn't matter" and "she didn't care." There might be many reasons why Tanesha articulated she did not care. One possibility is that the naming of racism was too painful. Alternatively, perhaps Tanesha did not sufficiently trust a White woman with the power to take away her baby to express her responses to the bigotry directed toward her. How can the dynamics that prevent trust and the power differential in therapeutic relationships be shifted? Davies (1990) suggests that access to alternative discursive practices, a belief in one's capacity to reposition oneself, and access to others who will support

alternative positionings are important agentic ingredients. Where there is knowledge, there is power, and that knowledge can be used not just for oppression but also to produce new subject positions and alternate discourses. In her relationship with Patricia, Tanesha was supported in adopting an alternative discourse and was encouraged to take on subject positions that were more liberating. Frustrated and angry over the surveillance of her mothering by the agency with the mandated responsibility for the welfare of children, Tanesha asked Patricia, "How come you can go home and stick your kid in front of the TV and have a glass of wine and nobody says anything?" Patricia responded, "Maybe it's because I'm White, maybe it's because I own my own house, maybe it's because I have an education...maybe it's because I'm a...good parent." Challenging reductionist models and deconstructing those that support the status quo are elements of feminist clinical practice (Land, 1995). Through Patricia's openness about the dynamics of racism and of power, there was the potential of a "growing awareness that the order of things is not inevitable or fated and can be changed" (Moneyhun, 1996, p. 245), Friere's *conscientizacao*. By sharing an anti-oppressive framework, this client was encouraged to articulate how racism and classism had been operating in her own life. Patricia may have provided the access to alternative positionings that supported a shift in Tanesha, politicizing her to reject negative subject positions (Nes & Iadicola, 1989). Patricia perceived the client as beginning to express the "bigger picture on how she [had] been treated," namely the prejudice and oppressive structures that had impinged on her life as a young, single, unmarried Black mother. Eventually, Tanesha explained that she *had* been mistreated because she was Black, poor, and uneducated and that the prejudice *did* matter, a major breakthrough from Patricia's perspective.

Feminist Interpretations of Transference and Permission for the Expression of Anger

Hostility and anger are often the justifiable outcomes of oppression and marginalization, not simply paranoid unconscious reactions. Audre Lorde (1981, p. 124) suggests that "women responding to racism means women responding to anger; the anger of exclusion, of unquestioned privilege, of racial distortions, of silence, ill-use, stereotyping, defensiveness, misnaming, betrayal, and co-optation." However, one feature in the imposition of dividing practices is the importance of attitude. At the turn of the century, unwed mothers were perceived to have fallen from grace and in need of moral rescue. An attitude of contrition was a necessary condition to determine which single mothers were "redeemable" (Strange, 1995, p. 60). Today, although young single mothers are not understood as fallen women, mind-set remains an important test of the provision of resources and the avoidance of punishments such as the apprehension of children.

Noncompliance, a hostile attitude, or strong responses of anger can result in the construction of the "problematic" client. Bernardez (1987) talks about the lack of clarity that practitioners exhibit in determining what constitutes healthy aggression, especially for female clients. Clinicians' responses tend to reflect a negative view of the client who expresses anger, and the condemnation is "sometimes in moralistic terms" (Bernardez, 1987, p. 29), particularly when it is directed at the clinician. For female clients to avoid punishment, expression of anger must be appropriate in intensity, direction of focus, and language. Patricia was aware of this danger for Tanesha. At times, Patricia and other professionals were on the receiving end of Tanesha's anger, which, although uncomfortable for Patricia, was seen as normal. Patricia believed that the anger needed to be expressed rather than repressed and that it constituted a form of energy that could be redirected into active confrontation and opposition to oppression, increasing the potential for a sense of mastery and for more reciprocal human relationships for Tanesha (Barrett, Berg, Eaton, & Pomeroy, 1974, p. 14). Patricia's goal was to turn a victim into an effective fighter.

An attempt by Patricia to channel Tanesha's understandable rage is illustrated by the question posed to Tanesha about her conflict with the child welfare agency. Patricia queried, "You're fighting the fight, but are you fighting the fight for the baby or are you fighting the fight for what happened to you as a kid?...Think about the systems in place, as opposed to the individual worker." Implied in these questions was Patricia's interpretation of transference, the symbolic relationship in which the clinician is a neutral screen on which internal, unconscious, historical material is projected by the client (Brown, 1994). Feminist practitioners dispute this understanding of the therapeutic relationship, suggesting that the present and its signifiers, including, and perhaps particularly, those positionings as members of categories such as race and gender, will influence how worker and client experience each other. By asking "Are you fighting the fight for what happened to you as a kid?" Patricia was querying whether the traditional interpretation of transference was driving her behavior. By suggesting that Tanesha should think about the systems in place and not the individual worker, she was encouraging an analysis of the structural aspects of Tanesha's oppression that could evoke anger, not as transference but from the current realities of racism. By encouraging self-reflexivity, the anger could be channeled productively toward the pursuit of justice.

Acceptance of Responsibility to Evaluate Mothering Practices

In this example, when she questioned, "Are you fighting the fight for the baby?" Patricia was also taking into account the child's needs. Ultimately, Patricia felt obliged to make judgments about Tanesha's adequacy to mother

but justified this positioning based on the need for the baby's safety, stating "what…makes it easier is knowing that…the child is going to be safe…[S]ix-month-old babies can't fend for themselves." In accepting the subject position of evaluating Tanesha's adequacy to mother, Patricia did accept the dominant subject position of helper as judge. Here is an illustration of the dilemma that, as a professional group, social service workers are responsible to more than one person, such as a mother and child, whose interests and needs may be opposing. Whom does one support and whom does one oppose? A fundamental component in the mental health field is control and discipline. Wise (1990, p. 248) states that

> Social work is about social control and especially the protection of children and other vulnerable people, and this is a morally proper function in feminist terms because feminism is concerned with adopting a moral-political stance to questions of power and powerlessness. Once we accept that vulnerable people need protection, we can then begin to pose other feminist questions, like what feminism can tell us about what should be acceptable standards, who should decide what these are, and how they should be imposed.

The Problematization of Power in Hierarchical Relations

With this question we have come full circle. I began with an identification of the profound influence that society and institutional structures have on the positioning of social service workers and the impossibility of escaping from this position to a place of innocence. Patricia was implicated in and at times accommodated to the main prevailing discursive frameworks in her practices. Social service workers are positioned as dominant in the process of normalization in which clients are marked as the "other." At the same time, the binarism of this construction omits what was operating for Tanesha throughout these exchanges—her potential for agency and power—and I have no direct access to these aspects of the relationship between Tanesha and Patricia, because this was not a part of my original research. For example, at a later point in her association with Patricia, Tanesha decided to re-enroll in school. When Patricia asked whether Tanesha would like to be accompanied, Tanesha said, according to Patricia, "Yeah, it doesn't hurt to have a big-mouth White woman with a business card." Tanesha was able to use the power of her worker for her own purposes, but we have only glimpses of what these strategies were, and it has been speculation on my part as to what her intentions were and how she viewed her situation. In some ways, this article is a reconstruction of the White woman speaking for another White woman on behalf of the marginalized Black woman, one further objectification, which loses the

complexity of Tanesha's experience as other than simply marginalized. I am uncomfortable with the possible positioning of the White (literally) knight slaying the dragons of racism and oppression on behalf of the subjugated Black client. P. H. Collins (1990, p. 221) has suggested that we must place "Black women's experience at the center of analysis," and this study has failed to do this. In this way, as an academic, I too am implicated.

Conclusion

Despite my own trespasses, like Mies (1983, p. 123), I believe that research "must be brought to serve the interests of dominated, exploited and oppressed groups, particularly women." There are no easy answers to the dilemmas of hierarchical relationships in the helping profession, nor are there simplistic examples of how to resist the professional effects of domination. At the same time, it is short-sighted to view the field of social work as either abandoning its mission or as simply reproducing the prevailing social hierarchy as its raison d'être. Patricia's work with Tanesha is an illustration of the complexities of how accommodations to the dominant discourses are interwoven with opportunities for resistance. It provides hope that the profession can edge toward more ethical practice. Recognition of symptoms as adaptive tools in a harsh world, seeing strengths where others evaluate weakness, naming problems but continuing to expect the best and to care, solidarity with like-minded others, direct confrontation and activism about injustice, sharing knowledge of alternate discourses, feminist interpretations of transference and supporting the expression of anger by clients are microtechnologies that can be used to resist social regulation and subjugation. Like the cutting of a prism, these strategies create new sides for the light to refract, creating a rainbow of new possibilities for emancipation and anti-oppressive work in the field of social services.

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This Issue, In Brief

Pregnant With Possibility:
The Paradoxes of "Help" as Anti-Oppression and Discipline With a Young Single Mother
Merlinda Weinberg

The mission for social workers can often be complex and contradictory. As a professional group, social service workers are responsible to more than one person, such as a mother and child, whose interests and needs may be opposing. Practitioners can be caught between an ethic that "informs social work as a vehicle of social justice" and a "bureaucratic regime in which workers are responsible for social regulation and the discipline of others." The author illustrates the complexities of both accommodation and resistance to disciplinary practices with a case vignette of the relationship between a self-identified "activist" social worker and her client, a young single mother with a myriad of traditionally perceived at-risk factors. Alternate perceptions of normalcy, nurturance as power, and activism through solidarity, as examples, were used by the worker to edge towards more liberatory practice, even while she accepted her positioning as judge of the client's mothering ability and of the allocation of resources. This article demonstrates that, even for workers committed to anti-oppressive practice, help is often an unavoidable mix of disciplinary and emancipatory activities.

Revisiting Unplanned Termination: Clinicians' Perceptions of Termination From Adolescent Mental Health Treatment
Diane M. Mirabito

Not surprisingly, an adolescent's termination from mental health treatment is most often unplanned, unannounced and independently decided upon by the adolescent. The process of unplanned termination, or treatment dropout, as experienced and described by clinicians in this article, appeared multifaceted, multidetermined, and resulting from a complicated interplay of the client, clinician, and clinic. Factors included in this interplay were normative aspects of adolescent development, the ways clinicians conducted treatment, and organizational aspects of the agency context. Despite the many reasons why unplanned termination occurs, the author feels clinicians need to take a greater proactive role in orchestrating the termination process with adolescents. Recommendations for practice include: reconceptualization of termination; consideration of racial, ethnic, and cultural differences between clients and clinicians; development of collaborative contracts between clients and clinicians; use of diverse, time-limited treatment strategies; parental involvement and use of family interventions; and development of an organizational culture to support treatment review and closure.

Cognitive and Environmental Interventions for Gay Males: Addressing Stigma and Its Consequences
Michael C. LaSala

When working with gay clients, many clinicians fail to address their clients' internalized homophobia and stigma. Without assessing this factor, the client will more than likely develop a devalued self image that can lead to poor mental health and inability to maintain long-term relationships. The article discusses the issue of stigma through three case studies of outpatient mental health clients. Cognitive therapy has shown to be effective in helping clients diminish their stigma-related feelings of depression and anxiety. Clinicians must also consider the social environment of the client, which may require the therapist to assess and orchestrate interventions with family, school or work settings. Whatever approach is used, the worker needs to build strong therapeutic relationships with stigmatized clients and also attend to the environmental sources of stigma.

Nontraditional and Unorthodox Interventions in Social Work: Ethical and Legal Implications
Frederic G. Reamer

How does a clinical social worker decide to use experimental interventions that experienced, reasonable, and prudent colleagues can disagree on whether those techniques are unethical, negligent, or effective? Some peers will promote the use of an unorthodox treatment that others argue have the potential to traumatize clients and exacerbate a wide range underlying problems. In these cases, practitioners can best protect their clients and themselves by following eight key elements of the procedural standard of care. These steps will assist in deciding the merits and appropriateness of engaging in nontraditional or controversial techniques and include qualified actions such as consulting colleagues, obtaining proper informed consent, and reviewing relevant ethical standards, regulations and laws, and field literature. One of the steps—obtaining proper supervision—assumes that practitioners may have to make a special effort to find a knowledgeable supervisor with substantive expertise of the method in question. Simply put, don't just rely on a supervisor who is conveniently available. Providing a comprehensive overview of current standards and risk-management concepts, this article can help guide social workers' judgments about the use of clinical innovations.

Narrative and Culturally Based Approaches in Practice With Families
Edith M. Freeman & Graciela Couchonnal

Social workers in family practice can benefit from a perspective that recognizes the centrality of narratives in people's lives. Narrative approaches are relevant to social work practice with families because they emphasize meaning and are part of core practice elements that are helpful to