Critical Social Work

School of Social Work
University of Windsor
167 Ferry Street
Windsor, Ontario N9A 0C5
Email: cswedit@uwindsor.ca

Publication details, including instructions for authors and subscription information can be found at: <http://uwindsor.ca/criticalsocialwork>

Link to article: <http://www1.uwindsor.ca/criticalsocialwork/CoDance>

Critical Social Work, 2017 Vol. 18, No. 1

The Evolution of Co-Dance: Social Construction of Power Relationship, and Minor Resistances within the Therapeutic Space

Critical Social Work 18(1)

Gila Amitay

Yezreel Valley Academic College, Israel

Abstract

The Western modern therapeutic model is grounded on social constructions of power relations and draws on religious legacies, such as the journey in quest of salvation. The journey is considered the most significant transformation that people can undergo in their lifetime. It is comprised of two significant elements: the confession and the professional discourse possessed by the therapist. Both the professional and the service-user are in danger of internalizing the power structures embedded in these practices and in losing their voice. The major challenge facing the professional and the service-user is that of creating an alternative discourse that can dismantle the professional discourse from the power structure in which it is embedded and portray alternative realities and multiple possible narratives. The aim of this study was to present an alternative reality in which professionals and clients can find their co-dance and evolve simultaneously, creating a new and relevant language that enables them to be active and mutually thrive. Practices of minority and nomadic consciousness are considered as suitable alternative therapeutic practices that resist the power structure of the Western late-modern therapeutic model.

Key words: Social construction of therapeutic discourse, power relations, minority, nomadic consciousness.

Queen of Hearts: Now, where do you come from?

Alice: Well, I'm trying to find my way home ...

Queen of Hearts: Your way? All ways here are my ways!

(Carroll, 1871, p. 18)

During the 1960s, a contemplative earthquake erupted simultaneously in multiple public spheres throughout the Western world. This upheaval fueled the development of late modern and postmodern thought in the social sciences, suggesting that social work, like other disciplines, was political in essence (Lynch & Michalowski, 2010). Professionals in the social services began to understand that their practices are founded in power structure social relations. A critical trend in social thought intensified following the sweeping privatization policies of the 1980s and gained momentum in research and practice in the decades that followed (Lynch & Michalowski, 2010).

The primary professional arena that experienced the emergence of critical social services was psychology, which was already no stranger to political thought (as exemplified, for example, in Freud's free clinics and the Frankfurt School; Dreyfus & Rainbow, 1982). Similar awakenings were observed in the field of social work, as well as other professional social services, such as education, therapy, and the correctional-rehabilitative domain (Arrigo, 2011). During this period, it appears that practitioners from a large number of fields became aware of the inescapable linkage between the personal and the political when working with diverse individuals and communities (Arrigo, 2011).

Grounded in the critical perspective, this study considered the modes and meanings of the social and professional construction of therapeutic practices and proposed an alternative approach to this field and to the practical work that draws from the constructionist, relativist, and reflective thought. Throughout, I will use the terms *professionals* and *therapists* to refer to those who possess the formal knowledge and certification to work in the social, therapeutic, and educational domains. It is my opinion that these individuals strive, on a daily basis, to maximize the well-being of the people they meet and with whom they work, their own well-being and that of society, as well as just practicing. In this study, clients and service-users are referred to as *the people with whom we work* or *service-users*, to express opposition to the dualistic conception that *we* alone are the possessors of professional knowledge, whereas *they* are our clients, to whom we apply this knowledge. The aim of this study was to present an alternative reality wherein professionals and clients find their co-dance and evolve simultaneously, creating a new and relevant language that enables them to be active and mutually thrive.

Discomfort on the Sofa (or behind the Desk)

The past two decades have witnessed increasing research and fieldwork in the discipline of critical social work. The notion that structured power relations exist within the therapeutic encounter is widespread and tends to irritate many social services professionals (Adams, Dominelli, & Payne, 2002), causing them to feel caught between traditional practices and postmodern critical perceptions. Anti-oppressive practices and discourses, and the critical social work thinking they engender, have given rise to an assemblage of diverse perspectives, including "feminist, structural, and anti-racist, anti-oppression, attempts to offer an inclusive framework for addressing issues of gender, race, class, and other forms of oppression" (Brown, 2012, p. 35).

Although this umbrella does not offer a unified theory of oppression, it does embrace a number of common principles anchored in emancipatory sociopolitical practices that enhance individual wellbeing and social justice.

In daily practice, professionals face close personal encounters with the people with whom they work. Each individual experiences these encounters in a unique, personal, and subjective manner, in accordance with the way in which the encounters themselves are understood in the specific social setting in which they occur. Unfortunately, the current sociopolitical reality, in which social services workers are forced to contend with heavy workloads, leaves little time and emotional and mental availability to maintain an enduring and continuous critical prism to be applied as routine practice (Dudley-Marling & Paugh, 2010; Herz & Johanson, 2011). Ethically speaking, it is problematic to continue working routinely within and according to the existing social framework and to postpone our social critique and inquiry to a later time. The key challenge facing the social services today, therefore, is the creation of a daily, almost mundane approach that encompasses both critical theoretical thinking and critical practical action, and consolidates a firm and applicable notion that *The Personal is Political* (Hanisch, 1969). Such a joint construct would serve the purpose of binding together theory and practice, with the aim of constantly reminding ourselves that the individual (professional and service-user alike) acts within the context of social forces and circumstances but is simultaneously a potentially active and autonomous subject.

Many social services professionals, including social workers, educators, criminologists, psychologist, therapists, and psychiatrists experience ambivalent relationships with the state, which certifies them as social services experts (Cohen, 1985). The challenge of social workers is how to synthesize the critical theoretical frameworks together with daily practice, as has been thoroughly researched and studied in recent decades (Dominelly, 1996; Lustig-Gants & Weiss-Gal, 2015).

Doing Therapy - An Event of Therapy

The concept of “doing” has been employed in various ways in critical thinking as a means of depicting or illustrating the action of social construction. According to Messerschmidt (2009), West and Zimmerman’s *Doing Gender* (1987) sheds light on the ways in which “the intersection between patriarchy and capitalism” (p. 85) characterizes their writing and forms gender as a social construct. In *Doing Time*, Matthews (1999) explores the ways in which prisoners adapt to their confinement through the reconstruction of time. Following these conceptualizations, “doing therapy,” based on the title of Matthews’s book, refers to the social construction of therapeutic discourse, models, and practices that reaffirm and reinforce the therapeutic practice as a means of preserving social power relations. As it turns out, we do ‘do therapy,’ and we do it incessantly (de Shazer & Berg, 1992).

In the realm of photography, Azoulay (2010) refers to the moment at which a snapshot is taken as “an event of photography” (Azoulay, 2010, p. 29). It occurs through a set of encounters in which one party, the one holding the camera, in fact holds the unknown X element and controls the event, thereby influencing all other participants who are present at the event but do not control it (Azoulay, 2010). In the therapeutic domain, we can say that ‘events of therapy’

occur constantly, as in the interaction between the service-user, the therapist is constructed within the unequal social relationships dictated by social context, and the power relations in which they are situated (Adams et al., 2002). Just as the gaze of the camera serves to influence the actions of other participants even before the photo is taken, the gaze of the therapist has an immediate effect on the service-users' consciousness and conduct even before therapy actually begins. Although, as professionals, we are aware of the possible reproduction of power relations we are liable to enact, this metaphor for the therapy that we 'do' can help us keep this dynamic in the fore. It is important to note that the service-users also gaze at the social worker or therapist and in their gaze, they influence them in return. Nonetheless, as social workers are situated closer to the societal resources (Ife, 2005), although they do not possess knowledge that is better or more abundant than their service-user is, their gaze can still be more influential on the service-user than the other way around.

Almost all social work is carried out "behind closed doors" (Kivipelto & Yliruka, 2011, p. 107), endowing the social worker with a large degree of autonomy. Gouldner (1976) asserted that therapists and other professional personnel who constitute the "managerial class" "have a 'morally ambiguous' relationship to the state" (as cited in Cohen, 1985, p. 163). Since many professionals are acquainted with critical discourse and tend to possess "some functional autonomy" (Cohen, 1985, p. 163), they can incorporate expressions of opposition to power structures into their daily professional routine. Indeed, their relative autonomy results in variations in the social services they provide, which do not necessarily fully correspond with the "best interests of the state" (Cohen, 1985, p. 164) and can be unexpected and create pockets of anarchy within the widening net of social control.

According to Foucault (1978), the therapeutic situation is constituted between two or more individuals located within a given social context, which is inevitably based on power relations because each participant comes from a given social position. Based on the ideas and studies reviewed above, we learn that the relationship between them cannot be egalitarian (Adams et al., 2002; Guilfoyle, 2006), as one is a formally certified professional practitioner and the other a layperson in need. Although the therapy room ostensibly constitutes a haven from the tumultuous life course prescribed by the dominant discourse, it also reproduces the same dominant discourses that in some cases constitute the root of the distress that caused the service-user to begin therapy in the first place (Kivipelto & Yliruka, 2011). In its traditional construct, the therapist, who owns the therapeutic gaze, is permitted, for the sake of treatment, to ask intimate questions and request personal information from the service-user (Adams et al., 2002). The service-users, from their part, expect to feel secure enough in the therapy room to reveal their innermost feelings. This is the conventional construction of the 'good enough' therapist, who helps his or her patients build their own self-knowledge, as articulated in Sartre's observation: "I see myself because somebody sees me" (Sartre, 1993, p. 349). Using his professional gaze, the professional can control the therapeutic scene.

Uncomfortable Practices Rule Our Comfort Zone

The multiplicity of society's agents disperses social controls and cultural hegemony in ungraspable ways (Cohen, 1985). Professional power crystallizes within a decentralized structure so that no one can blame a specific system for constituting the source of its hegemony.

Hegemonic power is implemented through therapeutic practice (Adams et al., 2002). Therapists receive their professional language, professional status, and formal certification from the state (Cohen, 1985). They enter the therapeutic dyad with supremacy over their clients, who do not dominate the therapeutic discourse nor its practices, as will be elaborated later. Clients conform to the definitions and therapeutic solutions that the professionals propose, portray them as professional truths (Sidi, 2009). In addition, the therapeutic practices themselves are rooted in Christian-Western traditions and beliefs, as will be discussed later in detail (Kirschner, 1996). These traditions, beliefs, and discourses leave little or no room for alternatives to enter the therapeutic field.

Therapists of all disciplines constitute the “therapeutic state” (Szasz, 1965, as cited in Cohen, 1985, p. 141), as an efficient and legitimized tool of “widening the net” of social control (Cohen, 1985, pp. 41-42). Its legitimacy is anchored in professional categories of diagnosis and treatment, which, according to Cohen (1985), reveal the political function of professional language. In this politico-therapeutic setting, the political is concealed in the undercurrents of the therapeutic setting so that the therapist and the service-user fulfill their roles, without thinking in political terms, in a manner that perpetuates the hegemonic state of affairs (Arrigo & Milovanovic, 2009; Cohen, 1985). From all of the above, we can conclude that therapy as a social structure has the power to refute, permit, or promote the status quo, and that the persons in question have the power to navigate these possibilities. Nonetheless, the professional has a complicated challenge, as emerges from the double-edge sword of the rehabilitative process.

The Rehabilitation Paradox

Social normalization, asserted by Young (1999), is achieved only by excluding those who are not suited to the desired economic and cultural stability. Society therefore creates diverse control and exclusion mechanisms that define segments of the population as marginal and, in some cases, external, to society’s margins. Arrigo (2013) described how the management of deviant social persons who are perceived as risks to society – using symbolic, linguistic, material, and cultural means – produces a society of captives.

Articulating a critical approach toward the power structure, Young (1999) noted that the service-user – the bearer of the problem – lacks the social and personal attributes of the mainstream hegemonic person. The aim of therapy is to enable the service-user to acquire these attributes of normativity. The service-users begin the overall process as the inferior party in the interaction, and as shown by Arrigo and Milovanovic (2010), in doing so, they enter into an arrangement, which is dictated by external forces and discourse. Lacking an alternative language as rich as the professional language, they remain passive and unable to define themselves in any other manner (Guilfoyle, 2006). In the process of building a rehabilitative plan, usually the therapist possesses the terminology to define its aims and goals. In addition, the service-user and the therapist do not always find a way to rescue the meanings and intentions expressed by the service-user during the process, and in this way, the service-user remains a reactive, as opposed to proactive actor in the process. Halsey (2006) offers an illustrative example of this paradox in his account of how prisoners under house arrest are instructed, for their own benefit and safety, to take no proactive action and simply to follow the instructions of their probation officers. Halsey regards the reactive education received by prisoners, and the fact that as a result they do

not develop the ability to build their lives independently without relying on their rehabilitators, as one of the main causes of the intolerable rates of recidivism. Thus, the very fact that rehabilitation and recovery are deemed necessary suggests that the service-user's initial condition is defined, by consensus, as non-adaptive in nature. During the therapeutic process, service-users change their behavior and perceptions, begin living a more adaptive life, as the representatives of the rehabilitative systems define 'adaptive', and gradually stop doing injury to themselves and others. Yet some rehabilitative programs are individually tailored to suit the service-user's characteristics and life situation (Farrall & Calverley, 2006). As long as the service-users remain passive and fails to become active autonomous subjects, they remain forever defined and treated as patients. They also are denied the tutoring they need to become autonomous subjects capable of defining and interpreting their life circumstances and deciding how to manage their life course in light of these understandings, definitions, and interpretations (Arrigo & Milovanovic, 2009). Paradoxically, at the same time that we conceptualize service-users deterministically, we also apply to them rational expectations.

These rational expectations have a broad base of reinforcement. The ability to choose healthy and reasonable courses of action can only be exercised, however, when we transform our professional discourse into a more elastic and relative one and allow our service-users to act in accordance with their own initiatives. Suter & Bruns (2009) demonstrate how rehabilitative programs based on the wraparound process, for example, have the potential to reflect and convey the fact that the relevant figures in adolescents' immediate environments – in conjunction with the adolescents themselves – are the most capable of understanding adolescents' personal needs, strengths, weaknesses, and abilities. On this basis, they show that joint program planning produces high rates of cooperation (Suter & Bruns, 2009).

This understanding of the *rehabilitation paradox*, as a consequence of the pathological perspective, teaches us the importance of asking service-users to interpret their own situation and propose a course of action. Critical researchers attempting to contend with this paradox maintain that service-users must play an active role in the entire process, from independently choosing their preferred therapist to helping design and execute their plan of action for social reintegration (Krumer-nevo & Barak, 2006). An essential element of this process is the cultivation of individuals' ability to reinterpret reality through their own experiences and life contexts, to develop their own language, images, and metaphors, and to use their own words to verbalize their social experience and social context and their individual existence within it (Krumer-Nevo, 2008). The service-users can realize their human potential only after clarifying for themselves the relationship between the values and beliefs according to which they act and the social forces to which they are subject on the one hand, and the values and beliefs with which they identify on the other hand. They can also realize the differences between the interpretation of reality that dictates their actions and alternative interpretations, which they could embrace and apply to themselves in their contexted realities (Semetzky, 2011).

We are, however, motivated not only by surface-based power structures but also by deeply rooted beliefs and emotions that shape our perception of reality and that are driven and reinforced by the power structure. It is upon this mental infrastructure that we build our social and professional personality (Illouz, 2008; Kirschner, 1996). Hence, before entering into a discussion of practical issues, there remains another powerful motive underlying therapeutic

knowledge and practice that we must recognize and deconstruct, not necessarily with the intention of rejecting it, but for the sake of getting a better understanding of its influence on the theory and practice of therapy. It is a motive inherited from prior forms of rehabilitation from the religious legacy of the Western world.

Emotions, Beliefs, and Religion as the Cultural Foundation of Modern Therapy

Contemporary social human action is not only based on a foundation of rationality but also contains meaningful components of faith and religion. Despite Cohen's (1997) demonstration of how ambivalent research findings can lead different policy makers to different recommendations through a process mediated by their social-ideological point of view, insufficient attention has thus far been paid to the "missing link between the structure and the action of the individual, meaning emotionality" (Illouz, 2008, p. 17) as it manifests itself in this process.

Related is the notion that the social realm is also based on earlier religious concepts and elements. Culture, as theorized by Illouz, "is forever a scroll partly erased as the newer is written over the older" (2008, p. 28). Capitalist rationality evolved from within and in coexistence with religious structures (Weber, 1930), and its logic still permeates the rationales of the capitalistic welfare state – the contemporary descendant of the free-market state. Like the Capitalist state, the modern therapeutic model that is interwoven within it also stems from some threads of the Judeo-Christian legacy (Kirschner, 1996). Entwined in the modern therapeutic model and modern therapeutic discourse are themes and metaphors stemming from the Judeo-Christian religious sphere, such as the notion that past events shape our present reality, the quest for future redemption, belief in the power of confessing past sins and transgressions, and belief in a spiritual leader who hears our confessions and demarcates our path to salvation and redemption (Kirschner, 1996). Physically speaking, as well, when we enter a therapy room we may find ourselves automatically bowing our head and spirit, speaking in a quiet tone, and making slower, more cautious movements, like in a church, a mosque, or a synagogue. The therapeutic setting, hence, at times functions as the cathedral of the secular soul. It is where we go to seek our mental salvation. These legacies, migrants from the religious realm to the secular therapeutic realm, will be discussed at greater length in the following section.

The Therapeutic Journey as a Quest for Redemption

In the stories and mythologies derived from the Judeo-Christian legacy, passengers/pilgrims gradually undergo an educative/transformational process, ultimately look back over their pilgrimage, and realize, from the vantage point of their new position and perspective, that the obstacles they have overcome now seem less challenging. The metaphors of the journey, the odyssey, and the quest – which all shape our perception of the human spirit (Hegel, 2001) – were borrowed from the world of religious ethics and assimilated within the fields of philosophy and therapy. The journey is considered the most significant transformational process a person can undergo in the course of his or her lifetime (Campbell, 1949). When implemented through a critical prism, this process is relevant for both parties to the therapeutic encounter – for the professionals, who do not wish to perpetuate power relations in their work, and for the people

with whom we work. Both seek emancipation from old patterns of behavior and perception, and both are in quest of a better self for the sake of redemption.

However, based on ancient Gnostic foundations, the modern secular quest replaced the religious monotheistic god with our own individuality, which we seek to improve and get to know better. At the same time, the Garden of Eden was replaced by our own inner peace: “The [historical] picture that emerges... is not of a world increasingly separating itself from God, but of a world progressively absorbing the divine substance into itself...” (Walsh, 1983, as cited in Kirschner, 1996, p. 30). Gnosticism, functioning here as an ancient religious source, leaves its traces in the therapeutic perception and practice of one’s interior quest (Pagels, 1979). The Gnostic philosophy disposes of the dualistic chasm between God and man, as to know oneself at the deepest level is equivalent to knowing God (Pagels, 1979). Hence, in the therapeutic sphere, the quest for God inside man is transformed into the quest of divinity inside man.

The therapeutic process, which is clearly inherited from religious tradition (Kirschner, 1996) is comprised of a mediator who guides the quest for faith within ‘me’ (which is weak and in-need). From the above we can conclude that instead of a representative of religion, such as a priest or rabbi, it is the professional representative, the therapist, who possesses the knowledge and skills and the formal certification and recognition to serve as the mediator between my perplexed soul and me. Throughout the therapeutic process, our behavior is analogous to that of the religious faithful, who find and select their own religious leader and integrate themselves into a distinct religious community. Like the religious believer, the service-users do not seek an alternative therapist when theirs has gone on vacation. After all, therapy is a personal matter, a matter of faith.

Drawing on previous research correlating religious principles with therapeutic elements, I conclude that the longing for sublimity within our human self is neither nihilistic nor negativistic, nor is it drawn from egotism. Rather, it can be interpreted as a conceptual basis for an alternative practice with the potential to dismantle the power relations rooted in the therapeutic field or “a people yet to come” (Deleuze, 1998, p. 308). Perhaps sublimity is an existential need in our lives, as we now seek it within our own soul (Kirschner, 1996). Can we contend with the position that secularity directs us to find sublimity primarily within the cathedral of our soul?

The Confession and the Terrible Secret

In a recent novel by Israeli author Yehoshua (2014), at the conclusion of a strange retrospective held in a small Catholic town in Italy in honor of an insignificant elderly Jewish-Israeli film director, the director, Yair Moses, finds himself in a Catholic cathedral. The monk coordinating the retrospective persuades Moses to offer a confession just before returning to Israel, although he is not yet certified to receive them. Although Moses decides to cooperate, he discovers during the confession itself that he has neither the need nor the will to confess.

Confession is a required practice in the Catholic redemption process, in the pilgrim’s quest for a reborn, purified more ‘worthy’ self. “We have since become a singularly confessing society,” asserted Foucault in *The History of Sexuality*, in his account of how the practice of

confession in Western cultures has evolved into one of the most valued techniques for “producing the truth” (1978, p. 59). Confession itself, and the construction of a new narrative, are not necessarily problematic. People may find this process extremely helpful as a means of rewriting their life course in an agentic as opposed to pathological manner (following Baines, 2011; Ringrose, 2012). What is problematic is the fact that we sometimes perceive confession as a necessary element of the structure and rules of the therapeutic game, as this condition requires the service-users to admit their status as in-need and inferior in managing the process (Foucault, 1978). The marginal and in-need social role, assumed by the service-users, affects and shapes their self-perception and relationship with the therapist, as a representative of normative society. As confession has acquired its status as a modern secular social practice (Foucault, 1978; Illouz, 2008), we now embrace it as a normal, commonplace, and accepted practice, and do not conceive of it because of the dominant culture. As a result, we sometimes disregard the forces of social control that substantiate it and that, using the practice of confession among other things, narrate our lives, construct, and interrogate our narrative publicly, through the eyes of the professional as a representative of the social order (Foucault, 1978). Although therapeutic discourse acts upon and defines reality, it is not perceived as defining the patients or their reality, but as revealing their true self and clarifying their existential situation. Such clarification, it is believed, is unachievable without the therapist and without the revelation of their concealed secrets through the practice of confession. As Foucault pointed out, the therapeutic process relies on the revelation of the terrible ancient secret (Foucault, 1978). This practice faces the service-users with a dilemma: in order to save their soul and emerge from their marginal, in-need condition, they are liable to openly confess and assume a marginal identity during the therapeutic process. As if it is not enough that most service-users already occupy marginal social positions, they are also expected, as part of their rehabilitative process, to embrace their marginal identity instead of striving to free themselves of it. This dynamic is another feature of the rehabilitation paradox. Using methods of reflection, therapists who are aware of this danger have leveraged it into a discipline of narrative therapy under the paradigm of critical positive psychology (White, 2007).

The True Terrible Secret

In contrast to the religious confession, the therapeutic situation provides no anonymity (Kirschner, 1996), and both the professional and the service-user have a specific face and name. The terrible ancient personal secret binds the service-user to the professional. The secret confines them both within the bounds of the therapeutic situation, which offers a secure space of communication; simultaneously it relegates the service-users to a state in which, during the discourse through which their condition is constructed, they have the tragic potential to remain forever inferior and disadvantaged (Kivipelto & Yliruka, 2011). The professional is mentally invested in the situation but has the privilege of maintaining distance during the therapy session, whereas the service-user is expected to let down his guard.

The danger here, however, lies in one aspect of the therapeutic encounter that dismantles our dualistic perspective of the professional-service-user dyad: the fact that the professionals are also mental hostages at the hands of their service-users (Arrigo & Milovanovic, 2009). Professionals are grateful to their service-users, who selected them as companions in bearing their terrible ancient secret. We can conclude that the revelation also serves to stroke our

professional egos and confirm our identity as worthy professionals who have succeeded in creating the safe haven necessary for our service-users to reveal their secrets. The revelation of our service-users' 'dark side,' which was hitherto shrouded in mystery, reaffirms our 'good-enough professionalism' in our own eyes and in the eyes of our service-users and our colleagues. In this manner, our professional self is dependent upon our service-users. Here, we observe an inversion of Sartre's assertion "I see myself because somebody sees me" (Sartre, 1943, p. 48), and it is the gaze of the service-user that confirms the legitimate existence of the therapist. I grasp the event of therapy as reciprocal and therefore it is revealed as a double-edged sword. The traditional archetypical service-users expects the therapist to be a typical 'good-enough-therapist' and to invade their personal and intimate spheres. In this sense, too, the personal is political, as the dyadic interpersonal relations are influenced by and anchored in the social relations and conceptions by which they are surrounded and defined.

In light of this understanding, we must regard the professional as undergoing a process of becoming parallel to the service-user. Building on Deleuze's (1998, p. 308) concept of the "people yet to come," this process can be understood as the becoming of the professional. With every successful therapeutic experience, professionals risk being ever more deeply rooted in their identity as professionals. Each therapeutic event is an opportunity to rebuild and strengthen not only the professionals' self-identity but also their perceptions regarding the proper practice of therapy and the elements that make the professional a good-enough-therapist.

We perceive service-users as seeking therapy when they (or an external entity) feel that their life situation has become unbearable. Just as a person who is condemned to death seeks the priest, the service-user, who in his own eyes (or in the eyes of the referrer) is condemned to mental death, seeks rehabilitation. Both seek the help of the mediator (therapist/priest) when they feel the rope tightening around their neck, whether literally or metaphorically. Both confess and hope that the person to whom they confess will forgive them and help them forgive themselves, or grant them absolution, as in the case of Raskolnikov in *Crime and Punishment* (Dostoevsky, 1914), who attains salvation after confessing. Dostoevsky lays bare our deeply rooted beliefs concerning the relationship between confession and redemption. However, in reality, just after the service-users confesses, new uncertainties arise within them: Did I confess correctly? Am I worthy of forgiveness? Will the therapist still love me now that I have revealed my terrible secret? Will she be revolted? In this way, new secrets find their way into the therapeutic dyad. Which feelings should the professionals share with their service-users? Which should she now conceal?

While serving as a homeroom teacher for at-risk adjudicated girls, one of my homeroom students asked me, "Am I in danger of running away?" I responded by asking her if she planned on running away, and she expressed disappointment at the fact that I did not narrate herself to her and instead insisted that she do so. One of the most challenging objectives of critical social work is to facilitate the professionals' own recovery from the social definitions and constructions regarding the personal and professional self-definitions and self-image that confine those (Arrigo & Milovanovic, 2009). In accordance with their service-users' expectations of them to assist them in composing and creating their narrative while defining themselves, I regard professionals as in danger of being confined to a conceptual framework. When this happens, they flee the freedom with which their professionalism can provide them into the arms of the therapeutic

model upon which they were raised and into which they were initiated, and insist on evaluating them according to their compatibility with this model. As we have seen, their service-users, who provide them with a reflection of their professional identity, also confine the professionals. In doing so, both service-user and professional celebrate and reaffirm the social power relations to which they are party by enacting their identities through the therapeutic encounter. If they are willing to exit their comfort zone, however, therapists can alter this bidirectional dependence into a reciprocal relationship.

Beginning to Resist the Power-Preserving Discourse: Minor Resistances to Major Forces

Everyone thinks of changing the world, but no one thinks of changing himself.
(Tolstoy, 1900, p. 29)

Power exists in the therapy room in several modes. One mode is the rhetoric used during therapy sessions. The therapeutic narrative is constructed from words, usually professional words. The discourse dictates to us the possible expressions we can use. Following Barthes (1977), we may say that the discourse speaks the subject and defines his or her identity, and not the other way around. During the discourse an act occurs. It is an act of self-definition in which the service-user and the therapist both take part. In the absence of alternative language and images, the individual service-user has no choice but to employ the typically hegemonic professional language. In Foucaultian terms, the power reflected in the governance of the dominant discourse need not display itself in a straightforward manner, as the service-user has already internalized the power of this discourse by using its language (Foucault, 1977). Both professionals and service-users use this language, either unaware or partly aware of the rooted power structures that are inherent in it and that define them in ways that, under other circumstances, they could reject altogether or at least consider alternative, more suitable ways of relating to them. The common language, therefore, offers only a limited number of ways of describing reality.

Therapy, social order, and transformation are three major themes of critical social work. These themes interact with one another in interpersonal practices and situate the professional and the service-user as social subjects (Payne, 2002). A primary aim of critical therapeutic practice, then, is to establish new forms of discourse and to melt down concepts to create alternative ones based on new foundations of mutual relations – not on relations of power. “...when philosophers criticize each other,” explained Deleuze & Guattari (1994, p. 28),

it is on the basis of problems and on a plane that is different from theirs and that melt down the old concepts in the way a cannon can be melted down to make new weapons. It never takes place on the same plane. To criticize is only to establish that a concept vanishes when it is thrust into a new milieu, losing some of its components, or acquiring others that transform it.

The melting down of old concepts and the creation of new concepts and planes of meaning can be understood as a practice of this transformation of power relations.

To achieve this transformation, we must forge practices that help subjects define themselves, in non-pathological, non-clinical, independent ways, as social subjects who: (a) are skilled in interpreting and naming their private and social reality and living conditions on several alternative planes of meaning; and (b) are able to criticize their own interpretations, with an eye toward achieving an optimal understanding of their own needs and the paths to meeting them. This act of creating an alternative naming of reality emancipates not only the service-user but also the professional. However, “a practice of resistance,” Azoulay (1999, p. 163) noted, “is a strategy that must be differentiated from the neutralizing critical strategy”: not one that merely interprets reality in an alternative manner, but rather one that, in accordance with Azoulay’s analysis, seeks to disrupt the social order without awaiting recognition by the socially powerful and deliberately avoids entering into relationships of exchange with social forces. The practice of resistance is not a demand for a stake in existing fields of action in society, knowledge, resources, power, or wealth. It concedes all of these and surrenders the images that construct the professional field. The practice of resistance can remain resistant as long as it disregards the historical narrative the existing field seeks to promote to social actors and actions.

For example, a young woman who suffers from psychiatric illness and alcohol addiction chooses not to take her medication because of its possible adverse effects with alcohol, explaining that she has an addiction problem and does not always have the money to purchase her medications. She regards her action as a responsible one, and we too can view it as such, although such a decision is liable to be perceived and classified as one of noncooperation with the professional authorities. Her perception of the problem and her handling of her complex situation is an act of resistance based on a reinterpretation and reconstruction of the concept of responsibility. This practice of resistance threatens the existing power relations by preventing their essential *raison d’être*. In this manner, resistant practices are autonomous actions that influence the real phenomenological world.

Where Do We Go From Here?

Queen of Hearts: Your way? All ways here are my ways!

Alice: Yes, I know, but I was just thinking ...

Queen of Hearts: Curtsy while you're thinking. It saves time.

(Carroll, 1871, p. 14)

Becoming autonomous requires the professional and the service-user to develop alternative prisms for observing reality and to develop alternative possibilities for decoding it. It also necessitates perceiving the social, personal, and ethical world, as non-unitary (Braidotti, 2006). Following Deleuze and Guattari (1987), this course of action dictates a nomadic consciousness that has no “home,” a consciousness that endows neither truth nor finite knowledge, and which is not grounded in a finite basis but, rather, a consciousness that consists of knowledge in a state of becoming, created and owned by people in a state of becoming. It is a process of the creation of a negative utopia. This absence of absolute, definite truth is embedded in the nomadic philosophy, or the philosophy of Diaspora, as Gur-Ze’ev (2010) termed it. The nomadic philosophy is an “enduring self-rebirth each moment anew, with others, with and against *the alterity* of their otherness” (Gur-Ze’ev, 2010, p. 13). External to state rules, nomadism is typically not valued and is even rejected by society. The state cannot contain

the nomadic idea, action, and consciousness, as it exceeds the rules, practices, and internal logic of the state, which dictates rational movements from one defined point to another (Gur-Ze'ev, 2010). The nomadic stance is poly-centered and enables a space for multiple sets of values, as well as alternatives and resistance to the power structures (Braidotti, 2006). Hence, the nomadic journey is unpredictable and its outcomes uncontrollable, and it is therefore perceived as threatening the existence and the *raison d'être* of the professional as well as the state. The strategy for producing this knowledge and language involves a deconstruction of the personal causes of social exclusion and of the social definitions and constructions that people experience and identify, based on their personal experiences. It requires asking questions concerning the validity of these social definitions and constructions. In this way, the professional system has the potential to become [a system yet to come, as a parallel of "a people yet to come", (Deleuze, 1998, p. 303)] relevant and personal, enabling it to promote individuals in accordance with their tailor-made course of action and becoming. We often face situations in which a particular solution is suitable for some and destructive for others, or suitable at a certain point in time and destructive at another.

Critical thought suggests posing hypotheses regarding social realities and challenges, and investigating them together – professional and service-user – side by side. However, one must take care to avoid falling into a-priori conclusions and other social constructions that might obstruct genuine thought and investigation. Thus, even when the dialogue begins from a sincere sentiment of mutual caring on the part of both parties to the interaction, we are still vulnerable to the risk of developing an unequal relationship. Our point of departure, therefore, must be one of empathic identification with our partners' feelings; that is to say, identification not necessarily with their actions or opinions but rather with their feelings of being, or perceiving themselves as being, members of a socially excluded segment, or individuals at risk of potential social exclusion. Moreover, social exclusion may be a facet of only some aspects of their lives. Both parties to the dialogue must understand that they are initiating a mutual process that is not simply a theoretical discussion but one that generates a description of an actual condition and defines action to be taken on this basis.

As Beresford, Green, Lister, and Woodward, (1999) succinctly explained, while the clients of social services routinely raise their voice, the problem is that their voice is not heard by the services. Therefore, the training process of the evolving professional who evolves together with their service-users – a professional in the process of becoming – consists only of a prism or a theoretical framework. The final segment of every skill and body of knowledge should raise questions regarding the knowledge itself. In order to develop a critically interpretive prism, professionals must be provided with critical pedagogical training (Dominelli, 1996). The professional in the state of becoming must be skilled in deconstructing conversations and baring potential alternative meanings, ideologies, and philosophies concealed in apparently objective messages that actually portray a certain social reality (Semetzky, 2011). First, conscious and mindful evolving professionals must renounce their narcissistic need for the reliance and dependence of the service-user. They must also be conscious of the ethical values and philosophies that guide them in their professional daily practice and the socially constructed context in which they work and interpret their existential experience (Guilfoyle, 2006). This form of learning progresses from theory to practice in the social realm, toward the translation of theories into the field of action and everyday reality.

Since the therapeutic purpose of the professional in the state of becoming is to achieve a situation in which autonomous subjects communicate in an egalitarian manner, loss of control over the process as a whole is structured into the process. This loss of control is a natural condition and the only possible reality that can exist when a service-user ceases being the object of treatment and achieves subjectivity, becoming a person “yet to come” (Deleuze, 1998, p. 308). It is a process of deconstruction and deterritorialization of the structure known as the *therapeutic process* (Deleuze & Guattari, 1987) – a process of reciprocal personal and professional transformation that the professional and service-user undergo together.

Minority is such practice, which suggests deconstruction and deterritorialization. According to Deleuze and Guattari (1987), a political act seeks to undermine the action of an oppressive power and to resist its vigorous authority. Minor persons seek to dismantle the forces they exercise on others and to neutralize the violence, which the ruling norms practice on them and on others. In this way, they become minor, push themselves into the margins of society, and transform themselves into the weaker ‘other’ (Arrigo & Milovanovic, 2009). We must beware of confusing the concepts of ‘minority’ and ‘social equality.’ Minority rejects the practice of maintaining the rights of minorities because it is an idea rooted in majoritarian thought and logic, which is based on a dualistic definition of majority versus minority – normative versus deviant. A minor approach seeks a genuine outlet from a model that coerces relationships of confrontation (Zehavi, 2010). It seeks to develop a movement that escapes the major ruling institutions toward minor zones that are not based on unresolved contradictions and a multiplicity of singularities. It maintains a politics that does not exist in a restricted zone but on the border itself, in the margins of the sphere, which are infinite (Deleuze & Guattari, 1987). Whereas the actual reality we act upon is a major reality occurring in steady immobile patterns, minority is a movement from the actual toward the virtual and the potential. While major politics are based on identities that are closed-ended, determined, and defined and are created in a social space that is total and closed, in a minor reality nothing is definitely determined or defined (Zehavi, 2010). Using minor practices necessitates our self-exile toward the edges of the discourse, and towards the margins of the territory. This exile aimed at deconstructing concepts of the border, the edge, and the margins, and it is aimed at deconstructing the border itself and creating a zone of non-distinction between distinct major identities (Arrigo & Milovanovic, 2009). This nomadic consciousness is not an oppositional one, rather one that seeks to blur the border between the professional and the service-user. It resists the dualistic perspective that emphasizes and rests on the contrast between differing social positions and interrogates the accepted division of knowledge. In her article “From Voice to Knowledge,” Krumer-Nevo (2008) presented a participative action research in which, together with people who live in extreme poverty, she co-composes a policy paper concerning services for people in poverty. In this case, she created a platform for discussion but did not know what experiences, voices, and knowledge her partners will introduce in their encounters. She needed to remain open-minded regarding their perceptions and definitions of reality and to become an equal member of the discussion group. In this way, she became minor.

The practice of minority, like the nomadic approach, blurs the margins of society and distorts the social map of the territories that signify center and periphery. This shared discourse of becoming is not confined to the therapeutic session, but rather can create new societal margins

that do not comply with the rules of the social power structure and have the potential to become a new center (Hooks, 1984).

The Women's Court in Jaffa, Israel, is an example of a service built with minimal reference to the hegemonic center (Sidi, 2009). The Women's Court is a house-like center for girls and young women, managed by social workers and located in one of the poorest and most violent neighborhoods in Israel. It offers free food and hair styling and a living room-like leisure space and does not condition any of these services on a requirement to accept rehabilitative or therapeutic service. The clients choose whether they wish to be assisted by the professional staff and can choose with whom they wish to share their troubles. The facility uses neither formal nor normative measures of progress and its practices are based on the knowledge produced by the personal relationships between the staff and the girls and women themselves. Nonetheless, it succeeds in assisting extremely marginal women (Sidi, 2009).

Following Deleuze and Guattari (1987), Arrigo and Milovanovic (2009) maintained that producing a minor discourse could facilitate acts that enable the penetration of alternative signifiers into the existing semantic field, in a manner that returns social problems to society as a whole as opposed to the existing situation in which social problems are the domain of professionals. According to Arrigo (2011, p. 411), "...the prevailing discourse spoke the subject, not the other way around. Consequently ... the self is divided and de-centered, not fully purposeful, rational, or autonomous." A society that reclaims these problems can then contend with and confront the social forces that created them in the first place. Here, professionals play the role of catalyst by rousing the evolution of a dialogical co-dance between them and their service-users by presenting cultural artifacts and codifications and beginning to question their validity as truths (Ledwith, 2011). Building on these assertions, the partners in the dyadic discourse can be understood as creating their own minor discourse and communicating with one another in order to create power capable of implanting foreign elements into the major discourse – the master discourse.

In his novel *Only Yesterdays*, Israeli author S. Y. Agnon (1945, p. 289) weaved a secondary plot about Balak, a dog on whose skin a painter writes the words "mad dog." Although this charge is fabricated in writing the words quickly, become reality, as the dog contracted rabies, went mad, and bit the painter. The painter died because of the bite of the dog, which "went mad" only after the painter, declared his craziness, which did not exist prior to the painter's act. It is an account of an act that created, quite literally, a biting reality. Balak, the stray dog who proclaimed his madness on his skin, became a target for banishment. He endeavored to open the eyes of the people around him in the neighborhood, but their lack of awareness not only goes unresolved but also emerges as a main character – the true and essential focus of the novel (Arbel, 2006).

We have already considered the cultural foundations of the therapeutic idea, particularly that of verbal therapy (Illouz, 2008). Many socially excluded populations are not accustomed to verbalizing themselves as a means of self-understanding, as the very notion of relativism and multiculturalism is a Western idea. Moreover, the excluded are situated in a reality that already consists of certain namings and orders of knowledge (Cohen, 1985) and may be suspicious of any attempt to establish an active partnership. This is a welcome and desirable form of resistance

and the place to begin our shared odyssey. These resistances are constructive for the mutual journey and constitute a site at which a dialogue between differing perspectives can begin. Weiss-Gal, Levin, and Krumer-Nevo (2012) presented a fictitious social report, written jointly by a social worker and a client, which reflected the client's condition and position through her own eyes and experiences. The report exemplified how professionals can alter their use of language from an instrument for preserving and justifying oppressive social structures to a means of resisting and combating them.

A co-action offers a good starting point for this evolving dance. Although the therapist assumes the role of initiating and inviting and the service-user begins the encounter by merely accepting the invitation (Krumer-Nevo, 2008), it is nonetheless an invitation into an equal partnership. It is beginning of a dangerous, fascinating, and rejuvenating journey of minority experiences that the professional and the service-user are about to create together. In this sense, the progression of the co-dance is neither linear nor logical, and the dancing couple finds themselves prancing back and forth, into and out of their social power relations and their own interpretations of reality. Major significance must be assigned to the construction of social networks of substantial social and emotional support, as we have seen when dealing with self-therapeutic forces (Suter & Bruns, (2009). However, even the introduction of relevant and effective practices of resistance to sustainable therapeutic systems cannot ensure the path to redemption or salvation. It merely ensures an opportunity to blaze a trail that has not yet been travelled. By using practices of minority, we are embarking upon a nomadic quest without a promise of a holy grail or an end-point in the sense of resolution. All that can be promised is a "creative and peaceful acceptance of the unknown" (Gur-Ze'ev, 2004, p. 199).

References

- Adams, R., Dominelli, L., & Payne, M. (2002). *Social work: Themes, issues and critical debates*. Basingstoke, ENG: Palgrave.
- Agnon, S. Y. (1945). *Only yesterday*. Oxfordshire, ENG: Princeton University Press.
- Arbel, M. (2006). *Written on the skin of a dog*. Jerusalem, Israel: Keter.
- Arrigo, B. A. (2011). Madness, citizenship, and social justice: On the ethics of the shadow and the ultramodern. *Law & Literature*, 23, 405-441.
- Arrigo, B. A. (2013). Managing risk and marginalizing identities: On the society-of-captives: Thesis and the harm of social Dis-Ease. *International Journal of Offender Therapy and Comparative Criminology*, 20, 1-22.
- Arrigo, B. A., & Milovanovic, D. (2009). *Revolution in penology: Rethinking the society of captives*. New York, NY: Rowman & Littlefield.
- Azoulay, A. (1999). *TRaining for ART. Critique of museal economy*. Tel Aviv, Israel: Hakibbutz Hameuhad, The Porter Institute for Poetics and Semiotics, Tel Aviv University [Hebrew].
- Azoulay, A. (2010). *Civil imagination: Political ontology of photography*. Tel Aviv, Israel: Resling [Hebrew].
- Baines, D. (Ed.). (2011). *Doing anti-oppressive practice. Social justice social work* (2nd ed.). Black Point, NS: Fernwood.
- Barthes, R. (1977). *The death of the author. Image / Music / Text*. Trans. Stephen Heath. New York, NY: Hill and Wang, (originally published in French in 1967).
- Beresford, P., Green, D., Lister, R., & Woodward, K. (1999). *Poverty first hand! Poor people speak for themselves*. London: ENG, Chile Poverty Action Group.
- Braidotti, R. (2006). *Transpositions: On nomadic ethics*. Cambridge, ENG: Polity Press.
- Brown, C. G., (2012). Anti-oppression through a postmodern lens: Dismantling the master's conceptual tools in discursive social work practice. *Critical Social Work*, 13, 34-65.
- Campbell, J. (1949). *The hero with a thousand faces*. Novato, CA: New World Library.
- Carroll, L. (1871). *Through the looking glass*. Minneapolis, MN: Lerner Publications Company.
- Cohen, S. (1985). *Visions of social control*. Cambridge, ENG: Polity Press.
- Cohen, S. (1997). Revenge of the Null Hypothesis. *Critical Criminologist*, 8, 21-25.
- Deleuze, F. (1998). *Essays: Critical and clinical*. London, ENG: Verso.
- Deleuze, G. & Guattari, F. (1987). *A thousand plateaus*. Minneapolis, MN: University of Minnesota Press.
- Deleuze, G. & Guattari, F. (1994). *Anti-Oedipus: Capitalism and schizophrenia*. Minneapolis, MN: University of Minnesota Press.
- Dominelli, L. (1996). Deprofessionalizing social work: Anti-oppressive practice, competencies and postmodernism. *British Journal of Social Work*, 26, 153-176.
- Dostoevsky, F. (1914). *Crime and punishment* (C. Garnett Trans.). London, ENG: Heinemann (originally published in Russian in 1866).
- Dreyfus, H. L., & Rainbow, P. (1982). *Michel Foucault: Beyond structuralism and hermeneutics*. Chicago, IL: The University of Chicago Press.
- Dudley-Marling, C., & Paugh, P. (2010). Confronting the discourse of deficiencies. *Disability Studies Quarterly*, 30. Retrieved from <http://www.dsqu-sds.org/article/view/1236/1281>
- Farrall, S., & Calverley, A. (2006). *Understanding desistance from crime*. Berkshire, ENG: Open University Press.

- Foucault, M. (1977). *Discipline & punish: The birth of the prison*. New York, NY: Vintage Books.
- Foucault, M. (1978). *The history of sexuality volume 1: An introduction*. New York, NY: Random House, Vintage Books.
- Guilfoyle, M. C. G. (2006). *Concealing and revealing power in the therapeutic relationship*. Unpublished doctoral dissertation, Utrecht University, Utrecht, The Netherlands.
- Gur-Ze'ev, I. (2004). *Toward a diasporic education: Multi-culturalism, post-colonialism, and counter-education in a post-modern era*. Tel-Aviv, Israel: Resling [Hebrew].
- Gur-Ze'ev, I. (2010). *Diasporic philosophy and counter-education*. Rotterdam, The Netherlands: Sense Publishers.
- Hegel, G. W. F. (2001). *Hegel's preface to the phenomenology of spirit* (Y. Yuval, Trans.) Jerusalem, Israel: Magnes Press, the Hebrew University (original work published in German in 1807).
- Halsey, M. (2006). Negotiating conditional release. *Punishment and Society*, 8, 147-181.
- Hanisch, C. (1969). The personal is political. In: B. Crow (Ed.), *Radical Feminism: A Documentary Reader* (pp. 113-116). New York, NY: University Press.
- Herz, M., & Johanson, T. (2011). Critical social work – Considerations and suggestions. *Critical Social Work*, 12, 28-45.
- hooks, bell (2000). *Feminist theory: From margin to center*. Cambridge, MA: South End Press
- Ife, J. (2005). What is critical social work? In S. Hick, J. Fook, & R Pozzuto (Eds.), *Social work: A critical turn* (pp. 3-8). Toronto, ON: Thompson.
- Illouz, E. (2008). *Saving the modern soul: Therapy, emotions, and the culture of self-help*, Tel-Aviv, Israel: Hakibbutz Hameuchad. [Hebrew].
- Kivipelto, M., & Yliruka, L. (2011). Mirror method as an approach for critical evaluation in social work. *Critical Social Work*, 13, 101-118.
- Kirschner, S. R. (1996). *The religious and romantic origins of psychoanalysis: Individuation and integration in post-Freudian theory*. Cambridge, ENG: Cambridge University Press.
- Krumer-Nevo, M. (2008). From voice to knowledge: participatory action research, inclusive debate and feminism. *International Journal of Qualitative Studies in Education*, 22, 279-295.
- Krumer-Nevo, M., & Barak, A. (2006). Participatory action research: The social welfare system from the viewpoint of its customers. *Hevra Ve Revava*, 72, 11-38.
- Ledwith, M. (2011). Community work as critical pedagogy: Re-envisioning Freire and Gramsci. *Community Development Journal*, 36, 171-182.
- Lustig-Gants, S., & Weiss-Gal, I. (2015). Why do social workers become policy actors? *Journal of Policy Practice*, 14, 171-190.
- Lynch, M. J., & Michalowski, R. J., (2010) (Eds.). *A primer in radical criminology: Critical perspectives on crime, power, and identity* (4th ed.). Monsey, NY: Criminal Justice.
- Matthews, R. (1999). *Doing time: An introduction to the sociology of imprisonment*, Hampshire, England: Palgrave MacMillan.
- Messerschmidt, J. W. (2009), "DOING GENDER": The impact and future of a salient sociological concept. *Gender and Society*, 23, 85-88.
- Pagels, E. (1979). *The gnostic gospels*. New York, NY: Random House
- Payne, M. (2002). Social work theories and reflection practice. In R. Adams, L. Dominelli & M. Payne (Eds.), *Social work: Themes, issues and critical debates* (pp. 123-137) Basingstoke, ENG: Palgrave.

- Ringrose, J. (2012) *Post-feminist education? Girls and the sexual politics of schooling*, London, ENG: Routledge.
- Sartre, J. P. (1993). *Being and nothingness* (Hazel E. Barnes Trans.), New York, NY: Washington Square Press (originally published in French in 1943).
- Semetzky, I. (2011). Becoming-Other: Developing the ethics of integration. *Policy Futures in Education*, 9, 138-144.
- Sidi, M. (2009). *The Women's Court: A documentation and conceptualization of crucial social work practice with young women in Jaffa*. MA thesis submitted to the Spitzer Department of Social Work, Ben-Gurion University of Negev, Beer-Sheva, Israel. [Hebrew].
- de Shazer, S., & Berg, I. K., (1992). Doing therapy: a post-structural re-vision. *Journal of Marital and Family Therapy*, 18, 71-81.
- Suter, J. C., & Bruns, E. J. (2009). Effectiveness of the wraparound process for children with emotional and behavioral disorders: A meta-analysis. *Clinical Child and Family Psychology Review*, 12, 336-351.
- Tolstoy, L. (1900). *Pamphlets*, Ann Arbor, MI: University of Michigan.
- White, M. (2007). *Maps of narrative practice*. New York, NY: W.W. Norton & Company
- Weber, M. (1930). *The protestant ethic and the spirit of capitalism* (T. Parsons Trans.). London, ENG: Unwin Hyman (originally published in German in 1905).
- Weis-Gal, I., Levin, L. & Krumer-Nevo, M. (2012). The criticizer, the criticized and the critical: An observation on a critical social report in social work. *Hevra VeRevaha*, 95, 89-119. [Hebrew].
- West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender and Society*, 1, 125-151.
- Yehoshua, A. B. (2014). *The retrospective* (S. Schoffman Trans.). New York, NY: Mariner Books (originally published in Hebrew in 2011).
- Young, J. (1999). *The exclusive society: Social exclusion, crime, and difference in late modernity*. London, ENG: Sage Publications.
- Zehavi, O. (2010). Minority. *Mafteah*, 1, 91-103.