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Therapeutic heterotopias in social work - Discipline and deliverance of mothers in the context of child protection

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Abstract: This study investigates the role of family therapy in child protection, focusing on how it disciplines and delivers mothers by representing and contesting ideas about motherhood. Using Foucault's concept of heterotopia, the research examines therapy sessions with mothers involved in child protection services. Based on ethnographic fieldwork, interviews and observations, a detailed and rich case of group therapy is presented that forms the empirical foundation for the analysis. Results indicate that therapy creates a dual space of discipline and deliverance, where mothers confront and reframe their mental narratives. The main conclusion is that while therapy offers relief and new identities, it also imposes normative expectations of motherhood, highlighting the tension between individual mental work and broader social structures and underscoring the complex interplay between therapeutic interventions and societal norms. A therapeutic gaze risks blurring the capacity to understand, recognise and act on the structural and social causes of social problems.

Keywords: Therapeutic turn; Space; Foucault; Power; Case study

1 Introduction

The strong connection between concerns for family life and the formation of social work as a profession is generally recognised. This connection emerged out of a concern for families in disadvantaged positions and child welfare in the late 19th and in the beginning of the 20th century, and it predates the development of family therapy. It was based on the observation of processes of modernisation, industrialisation and urbanisation that led to human and family distress and social suffering (Bond, 2009). Early social work theory as described by Mary Richmond in Social Diagnosis (1917), had the ambition to move from an individualistic behavioural approach towards a contextual understanding of the person in the environment, particularly the family and the community. Jane Addams (1902) addressed the social and structural conditions for family life and advocated for a democratic-, experience-, action- and community-based interest in human life (Seltzer & Haldar, 2015) (cf. Jørgensen et al., 2022). This ambition is still present in contemporary social work. Research shows that social workers work with and on changing the lives and conditions of families both in social work agencies, but also in the community and in and around the home. Thus, social work operates in liminal spaces and is itself a liminal spatial practice connecting and navigating between different social spaces and norms (Ferguson, 2008) – in the community, on home visits or on their way from one place to another. By working relationship-based with families, social workers create caring, affective and therapeutic spaces embedded both in the context of organisational and

professional social work and in and around the context of families' lives (Fallov & Nissen, 2018; Ferguson, 2010; 2018; Jørgensen, 2023, Nissen et al., 2023).

Some have argued that early social work was the "soil" for the cultivation and growth of contemporary family therapy from the 1950s and up until today (Rasheed et al., 2010). Without entering into detailed debates about the historical connection between social work and family therapy, family therapy became a significant ingredient in the professionalisation of and claim for a particular expertise in social work in need of designated therapeutic spaces. The integration of psychodynamic, interactionist, system-theoretical and ecological approaches and, more recently, evidence-based programs for family therapy along with post-modern narrative approaches enabled this development (Rasheed et al., 2010).

Rose (1996) critically describes the development of family therapy as embedded in the invention of a new normative gaze on the family that was initially set forward by psychometrics and the emergence of developmental psychology. From a critical postmodern perspective, he describes, how developmental psychology constructs an image of the "ideal family", where mothering is seen as essential for creating and maintaining the bonds of love that are crucial for the normal development of the child:

> "(...) the group life of the family, its relational economy, the dependencies, frustrations, jealousies, attachments, rivalries, and frustrations that traversed it, became both the means of explanation of the troubles of childhood and the means of constructing the ideal family [and] perhaps more significantly, the mundane task of mothering came to be rewritten as emanations of a natural and essential state of love" (pp. 160-161).

According to Rose, the prevention of family disadvantage and troubled family lives was translated into ideas about mothering as the conduct of promoting adequate psychological conditions for a child's normal development.

One cannot overestimate the impact this idea has had on contemporary ideas of the child and the importance of motherhood in the face of family troubles and more specifically in family treatment and therapy. However, in the formation of social work, at least in a Danish context, we can also discern critical reflections on and the use of family therapy as a way of restoring relational bonds disrupted by conflict, processes of social disintegration and alienation in society (Nissen, 2005; 2016). While Rose argues that developmental psychology and 'therapies' in general contribute to normalising what is considered good and acceptable mothering and disciplining the behaviour, thoughts and emotions of individual mothers, they can also open a space for acknowledging, working with and relieving individual suffering and creating possibilities for imagining new identities and futures (Social Work Institute, 2025; Evans et al., 2012). However, particular constellations and effects of therapeutic spaces in social work have to be studied in their specific context.

This article addresses the need to know more about the space that is created in family therapy in the context of child protection. Thus, we investigate *how family therapy in the context of child protection disciplines and delivers mothers by representing and contesting ideas about motherhood*. Based on this, we discuss the dilemmas, potentials and consequences of family therapy for social work.

We use the concept of heterotopia (Foucault, 1986) as an analytical lens in the investigation of the spatial relations of family therapy in child protection; how ideas of motherhood are spatially

anchored in public and professional discourses, private homes, individual minds, as well as past and present experiences, how spatial relations are established and problematised to the effect of simultaneously delivering and disciplining mothers. We will present the concept of heterotopia in the next section. After this, we present the method and an exemplary and illustrative case of a group therapy session with six mothers. Next, we present the analysis focusing on how family therapy in this context disciplines and delivers mothers by representing and contesting spatially anchored ideas about motherhood. Concludingly, we discuss the implications of family therapy for social work focussing especially on individualisation and the ambivalence of disciplining deliverance.

2 Theoretical framework: Heterotopia

Foucault (1986, p. 24) introduces heterotopias as "a kind of effectively enacted utopia". Utopias and heterotopias both have the dual property of representing and at the same time contesting the real sites that can be found within a culture. Whereas utopias are fundamentally unreal, heterotopias are real places that do exists. Heterotopias, then, can be understood as real spaces that are ordered differently to their surrounding spaces, and yet still are held in relation to these other spaces. We use the concept of heterotopias to investigate deliverance and discipline in family therapy in child protection. Therapy sessions take place in a secluded space in which family therapist and mothers problematise and seek to break with spatial and historical relations that are thought of as traumatic and as causing disturbances and limiting the mothers.

While heterotopias exist in all cultures, they change as culture changes and time passes. In relation to this, Foucault distinguishes between heterotopias of crisis and heterotopias of deviation and observes that the latter are replacing the former. Heterotopias of crisis are "privileged or sacred or forbidden places, reserved for individuals who are, in relation to society and to the human environment in which they live, in a state of crisis" (p. 24). Secluded from dominant society, heterotopias of crisis enable transformations through initiation rites, after which the person experiencing the crisis is able to return to society. Heterotopias of deviation are places for individuals whose behaviour deviates from cultural and societal norms, such as prisons and psychiatric hospitals. We will show how therapeutic spaces can be both heterotopias of crisis and deviation.

According to Foucault (1986), heterotopias have a vital function in relation to hegemonic spaces of normalcy, as they can expose or disclose as illusory all the sites partitioning human life. Or as Ratliff (2019, p. 652) formulates it: "the power of heterotopias is in the articulation of the flaws in the hegemonic illusion of utopia". In other words, heterotopias can lift utopic illusions and disclose how they produce and offer various subject positions conditioning the possibilities of self-understanding and action. Heterotopias, moreover, can also create a compensating space that is perfect and meticulously well-arranged. They can present an alternative that seems more perfect and ordered than the chaotic reality outside of this space. As we will explore in greater detail in the analysis, family therapy can seek to expose as illusory certain culturally hegemonic beliefs about motherhood that have been established and upheld within the individual psyche. As such, clients may feel relief, temporarily at least, from the burden of self-loathing created by trying to live up to dominant expectations of mothering. In this sense, therapeutic space can be seen as a space of acknowledgement of socially created suffering, respite and relief.

The key, here, is heterotopias' dual property of representation and contestation. Heterotopias are capable of juxtaposing in a single real place several spaces and events that are in themselves incompatible and distinct (Foucault, 1986). In other words, they can represent and contest relations between spaces and epochs that otherwise remain disconnected and distinct. As we

will see in the analysis, therapeutic space constructs personal histories and private relationships, emotions and places as semi-public and hence subject for professional intervention. Past traumatic experiences are rearticulated and interpreted as limiting the mothers in mothering and through therapy, they are emancipated by creating new relieving ideas of who they could be – as persons and mothers. At the same time, as we will show, this form of family therapy is discipling women into a particular form of emancipated motherhood.

The concept of heterotopia is useful in investigating how family therapy in the context of child protection disciplines and delivers mothers by representing and contesting culturally and spatially anchored ideas about motherhood. Foucault himself is not very explicit on the relation between heterotopias and power and concepts that we usually attribute to Foucault such as knowledge/power, subjectivity, and discipline is conspicuously lacking from the 1986 text on heterotopias. Ratliff (2019) highlights that heterotopias are separated from hegemonic or dominant social spaces, that they separate individuals who deviate from societal norms and expectations from those who adhere to these norms and expectations and that the concept of heterotopia, therefore, is useful in understanding and evaluating power dynamics, and how power operates through social work interventions in relation to space. McGrath (2012) introduces Deleuze's concept of control society and modulated control, which is itself developed from Foucault's notion of disciplinary power, to tackle the question of heterotopias and power. We argue that therapeutic heterotopias in the context of child protection potentially contain both elements of discipline and deliverance. By insisting on a discipline-deliverance duality, we provide grounds for a nuanced critique of the space for relief in therapy in social work. How discipline and deliverance is enacted depends on which spatial relations are represented in therapy sessions and how they are endorsed or contested, which we investigate empirically.

The case investigated in this article illustrates how family therapy disciplines and delivers mothers by establishing, endorsing or contesting relations between everyday events and places, past traumatic experiences, as well as public and professional normative ideas of motherhood. Heterotopias are not freely accessible. Access involves some sort of rites granting or permitting access (Foucault, 1986). The women enter into therapeutic family treatment, because the social authorities are concerned about the welfare of their child(ren) and their mothering, which is identified as problematic and deviating from social norms. At the same time, in this therapeutic space, their 'deviancy' is explained with reference to troubling beliefs and internalised but illusory expectations of themselves as mothers that is rooted in traumas. Return to normalcy – that is culturally and socially acceptable motherhood – via therapeutic treatment sets the mothers free from limiting mental constructs inhibiting them from practising accepted and normalised ways of motherhood. However, as we shall see, therapy requires certain mental capabilities as well as personal dispositions and motivations for discipling the self into a particular form of emancipated motherhood.

3 Method

The empirical material for the article was generated in the research project *Does Social Work Care?* (2018-2023), which focused on care in social work with children and families in vulnerable positions. Families involved with child protection services are generally in disadvantaged positions – economically, culturally, and spatially – and often lack the resources, support, and social relationships that enable them to live up to normative expectations of parenthood (Nissen et al., 2023). This is also the case for the women in the case example. The project was designed as an ethnographic field study in two Danish municipalities, where we employed mobile methods (Ferguson, 2016) and closely followed and observed how social

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workers practice and reflect on forms of care in statutory social work, home based counselling and family treatment. Inspired by institutional ethnography (Smith, 2006), we explored professional and institutional discourses and practices to identify ruling relations that organise them, as well as the forms of knowledge and experience that the ruling relations silence or exclude. In this article, we focus on 'psy-informed' family therapy (Rose, 1996) as an example of the creation of a therapeutic space in social work with children and families. The ethnographic field work yielded rich empirical data in the form of single and group interviews, informal conversations, observation and field notes and documents. While this wide backdrop of empirical material has impacted our analytical gaze, in this paper we focus and draw upon empirical data about therapy with women, who are all involved with child protection services and have been referred to the family treatment centre, because their children need special support. According to the family treatment centre's manager, they work with "the most vulnerable families [...] where all other advice and guidance have been insufficient" (interview, manager, 2019-12-04). The first author observed two therapy sessions – a 1½ hour session with one woman and a 2½ hour group session with six women that will be used as an exemplary case – and interviewed the family therapist before and after each session. In the analysis, the concept of heterotopia adds to the original inspiration from institutional ethnography, focusing on ruling spatial relations and relations that are excluded, silent or absent in therapy; it allowed us to interpret how therapy shapes deliverance and discipline by creating, endorsing or contesting spatial relations.

The family therapist ensured that all participants approved of being observed and informed consent was obtained in writing from all participants at first opportunity. All data has been anonymised. Due to the sensitive nature of the subject matter and the fact that the observing researcher is a male, great care was taken to act respectfully, at eye-level, and minimise interference. Before sessions, the researcher introduced himself and the reason for his presence. In the group session, the researcher was invited by the women to sit among them in the circle. When asked during debriefing, no-one expressed that the presence of the researcher had been intrusive. Some said they forgot about him during the therapy session and others jokingly nodded to the researcher's gender commenting that he could not possibly relate to the feeling of freedom from "removing the bra and jumping into sweatpants" (field notes, 2019-11-07). The family therapist also commented during an interview that the presence of witnesses, including an outside researcher, can be comforting to the women. Despite such reassurances, ethical questions arise that are not easily resolved. Often families are involuntarily involved in child protection services. Due to this, parents may think that declining suggestions will be interpreted as a sign of unwillingness to cooperate potentially affecting their position negatively. Therefore, the researcher explicitly made it clear that consent as well as refusal to participate in the research project was not connected to their case. Still, it is difficult to assess how they women regarded their possibility to say 'no'. For example, while no-one voiced discomfort during the session or afterwards, silence can also be a sign of discomfort. Even though all participants provided consent, they do not necessarily know what will happen during therapy and, hence, cannot fully know what they consent to and withdrawal of a consent may be difficult since it exposes vulnerability and regretted trust. Consent, in other words, is not just about providing suitable information about research purposes and participant rights. It is also a leap of faith based on trust.

4 Exemplary case

Karen is a social worker and family therapist in her mid-fifties who has worked at the family treatment centre for ten years. Karen uses a method, known as *The Work* (Katie & Mitchell,

2021). The method is based in the conviction that human suffering comes from our thoughts about certain events rather than those events themselves. By questioning our thoughts, we can let go of the mental stories that cause us pain and find peace. The method "involves asking four simple questions about each belief that causes us pain: Is it true? Can you absolutely know that it's true? How do you react when you believe that thought? Who would you be without the thought?" After answering these questions, respondents are asked to come up with a 'turnaround', a sentence expressing the opposite of what one believes (Katie & Mitchell, 2021). As Karen explains, in the group therapy session "we examine the thoughts that we've learnt through our upbringing" and look for "alternative truths", so that we can "reach love – the primal state, the ground condition. We inspect the negative thoughts, shame and guilt, and how they affect the way we see and act towards our children. It is about freeing others and one-self too". Karen describes the group as a "sisterhood" and explains that witnessing each other's testimonies and working on discourses of traumatic experiences can lead to recovery.

The group therapy session takes place in a secluded "conversation room", since "it is not possible to have confidential conversations in the common office space", as Karen explains. In the conversation room there is a white board, a coffee table, and wicker chairs with furs and pillows. There is candle lights, coffee, tea, cups and plates on the table and cake in the window still.

I will be observing a group therapy session with Karen and six mothers. We sit in a circle around the coffee table. Karen sits next to Eliza, the mother who the session will be focussing on. Prompted by Karan, Eliza starts elaborating: "I don't know how I feel right now. I'm in a bubble… My daughter needs glasses… has really bad eyesight… How could I not have noticed?… It surprises me… I'm in shock". She also tells that her son has difficulty eating because of some pads on his molars and that she has been told that she has neglected her son because she has been too occupied with her daughter. "I have neglected my son", Karen repeats. "Would you like us to delve into that statement?", she asks. Eliza is silent.

Karen asks Eliza if she can tell about the "time and place" when she thought she was neglecting her son and turns her chair so that she and Eliza are facing each other. Eliza starts: "It's one or the other… They do not get the same amount of love and care… One falls over and while I am picking that one up, the other falls over… I am not able to give them both the same amount of love and care". Karen asks what advice Eliza would give herself. "I should pull myself together", Eliza answers. Silence for a while. "What do you think of yourself?", Karen asks. "Incompetent", Eliza says. "Can you elaborate?", Karen asks. Eliza sighs. Silence. "I shouldn't have children," Eliza finally says. After a short pause, Karen says: "You feel the way you do. And it's okay. Is it okay, we move on to the next question?". Eliza nods. "Is it true that you neglect your children? Do you really know it's true?", Karen asks reminding Eliza that "it's a meditation exercise". "Yes," Eliza says after a while. Karen continues: "What do you do when you believe that you neglect one of your children? How do you treat your children?". "I snarl," Eliza replies. "Yes. That's what we do", Karen says and asks: "How do you treat yourself?". "I'm after myself… Why can't I just pull myself together?" Eliza replies. "Who would you be if you couldn't think that thought?" Karen asks. "I would be a bad mother, because that's when I find out that I'm neglecting my children", Eliza says. "We're getting into some basic beliefs," Karen remarks. A long pause ensues. Sighs around the table. Karen says: "It's okay, let's sit here for a while". None of the others look at Eliza. They look at the floor or at their own folders with personal statements.

Karen continues, “Now I interpret: If I don’t judge myself, then I won’t notice my children’s needs.” “I’m able to perform better,” Eliza elaborates. “Let’s try to dwell on that again. If you couldn’t think that thought at all, who would you be?” Karen asks. “I would be myself more… I wouldn’t be in the bubble”, Eliza says.

Karen: “Do you want to hear what I’m thinking? You’re a woman who’s good at figuring out which of your children needs you”. “Perhaps, but I only see that my children need help when things go completely wrong... I get images of my father telling me to pull myself together“, Eliza says and explains that she is “drained of energy”. “Who would you be if you couldn’t even think about pulling yourself together?” Karen asks. After a while, Eliza says: “I relax more… I become myself more”. The others, who until now have been silent and attentive to Eliza, start moving around, shuffle their feet, read in their folders. "I've never been able to live up to my father's expectations," Eliza continues. After a short pause, Karen says with a smile: "Hi Eliza. There you are! When you let go of your father [who abused Eliza as a child, Karen later tells] and the idea that you have to pull yourself together. 'I'm not going to pull myself together at all'. Could that be just as true?" Karen asks. Eliza quickly and somewhat relievedly confirms. Until now, Karen seems to have been completely immersed in her conversation with Eliza. Now, she looks up and asks the others while smiling, "Can you follow it?". She opens the window. The room is hot and stuffy.

“There was a shift,” Beth, one of the other mothers, notes and elaborates “I’ve felt the same. But I’ve come to the point where I love my children in different ways”. “That’s beautifully said,” Karen says, “and maybe it can be used… uniquely and differently”. One of the others says: “You get so many revelations. But then a day and a half go by, and they disappear like sand between your fingers”. Another adds: “I can keep it for my children, but not for myself”. “I know what it's like to fall back again and again. It takes a long time… the mind wants to go back to its habitual ways of thinking”, Karen says.

The session ends. It has been intense. They look exhausted and tired. The now open door allows brighter light and fresh air to enter the room. It feels like they are exiting an enclosure providing a sanctuary of the mind and entering everyday life. They chatter cheerfully as they break up.

5 Analysis

5.1 Enveloped spaces of crisis and deviation

The therapy session envelopes spaces that are both other to, secluded from and closely related to normal everyday spaces. The family treatment is located in the family treatment centre, a special welfare institution in its own right exclusively for families experiencing some sort of crisis most often in relation to the wellbeing of children. Entrance requires that a statutory family case worker estimates that a family is in a state of crisis and refers the family to the family treatment centre expecting that it will benefit from family treatment of one sort or the other. The family treatment centre is expected to help families transform and return to normalcy and as such it is a reminder that family homes are not necessarily utopic. Karen is a trained social worker with continued education in depth therapy regarding grief and crisis and works primarily with group therapy sessions adhering to the Work (interview, 2019-09-26). In her practice, the mothers are understood as being burdened and incapacitated by problematic mental narratives and beliefs. This creates problems for their children, because it disturbs the mothers’ capacities for entering into a relationship with them that is authentically loving and accepting.

Karen constructs a space in "the conversation room" for group therapy sessions that is secluded from the hustle and bustle of the general office space. She takes great care in arranging the conversation room with the intention of sustaining a safe space, trust and confidentiality among the participating mothers. Entrance requires, in addition to a defined deviation in relation to mothering and caring for children, also a certain gender – only mothers are allowed to enter the "sisterhood" – and specific mentalisation capabilities. Karen tells that the women need to "have an open mind" to be able to "create freedom through flexibility in the psyche" and "examine the thoughts that they've learnt through their upbringing… the negative thoughts, shame and guilt and how they affect the way they see and act towards their children", to break with "habitual ways of thinking… create air… see the other person more freely and yourself as well" and construct "alternative truths" (field notes, 2019-09-26; 2019-11-07).

Karen works on mental images and beliefs and tries to free the women's minds. This involves that private inner realms are made public to a "sisterhood". As exemplified above, by a bodily gesture – Karen turns towards and faces Eliza as they speak – a semi-private space between her and Eliza emerges within the circle. Privacy supports disclosure. Within this semi-private space, Eliza's mental images of herself as an "incompetent" and unworthy mother that 'neglects her children' are exposed, explored, questioned and circumvented. The publicity supports witnessing. Thus, the sisterhood bears witness to Eliza's unfolding testimonies and potential redemptive transformations. They provide support, comfort and, perhaps most importantly, they attest to individual and mental transformations. Thus, individual mental transformations become semi-public rather than just personal. For example, in the example above, Beth, one of the witnessing 'sisters' places herself next to Eliza by saying that she too has "felt the same" as Eliza does towards her children. Moreover, she confirms Eliza's emancipation by noticing a "shift" in Eliza, when Eliza mentally severs the incapacitating bond to her father. Sharing self-doubts and shame of being a bad mother can provide relief and free the individual mothers of feelings of being alone and unworthy. They are provided with the support of the group and made aware of other possibilities of thinking and feeling about themselves – if they choose to. This is the heterotopian aspect: the mothers are presented with other ways of thinking about motherhood that contest dominant and internalised understandings of them as 'deviant', 'insufficient' or 'bad mothers'. Thus, they are offered deliverance from crisis and deviation. However, the explanations for their crisis and suffering are anchored in their individual relationships – including relationship to self. The solution becomes to choose to 'think differently' about self and relationships with others and thus to discipline the self into a particular form of emancipated motherhood that is delivered from habitual thinking.

5.2 Mentally juxtaposing spaces and events

Exposing and exploring mental images of mothering involves disclosing or constructing spatial and historical relations far beyond the spatial confines of the conversation room and the family treatment centre. During therapy, mothers are asked to elaborate on concrete everyday situations where 'negative thoughts, shame and guilt affect their relationship with their children'. For example, Karen asks Eliza to exemplify when and where she believes she neglects her children. Feelings of guilt, shame and incompetence are, moreover, explained with reference to past experiences and places. For example, Eliza's self-loathing is ultimately anchored in her past relation to her father, whom she believes she never could satisfy. In another session, a woman narrates how she became angry with her mother at a particular birthday party, and this leads to an exploration of personal beliefs in the mother's neglect in the woman's childhood (field notes, 2019-09-26). As such, several incompatible and distinct spaces and events are juxtaposed, and historical events are understood as causing trauma leading to present

experiences of crises and deviation by constraining the psyche and instilling problematic mental images of mothering. The idea is that the mothers are prevented from loving themselves fully (their original state), because they have internalised these negative beliefs, which hinders them from expanding unconditional love to their children.

During therapy sessions, relations are established to spaces and times well outside the confines and present of the conversation room and the family treatment centre. Some of these relations – the most private – are represented as problematic; as causing traumas and mentally disabling the women from being themselves as caring and loving mothers. Other images of motherhood are endorsed and presented as alternative positive subject positions. For example, Karen converts Eliza's self-loathing for not being equally devoted to both children all the time into an image of "a woman who's good at figuring out which of your children needs you" and later, aided by one of the witnessing sisters, someone who loves each child "uniquely and differently". This brings us to the question of how therapeutic spaces both deliver and discipline mothers.

5.3 Deliverance and discipline

The purpose of the group therapy according to the therapist, Karen, is to break with mental stories and associations that cause pain, shame and guilt and hinder motherhood. Thus, she works to free the mind and look for alternative truths enabling and recovering motherhood. This involves the construction of multiple enveloped spaces as well as juxtaposing places and events that otherwise remain distinct. Problems in the family are explained with reference to troubling beliefs and internalised but illusory expectations of themselves as mothers that is rooted in traumas. In freeing the mind, "an underworld, or a sea, of thoughts and convictions" (field notes, 2019-11-07) are disclosed as illusory and potentially severed, as Karen explains. By severing ties to past events and places the women can become "newborn on earth" and women "without a history" (field notes, 2019-09-26). They are offered deliverance in the form of relief from thoughts of self-loathing, shame and guilt that negatively affect their mothering.

Deliverance and discipline are closely related. Deliverance is brought about by disciplining techniques and in this heterotopia, it is made possible only by abiding and adhering to the strict methodology of The Work (the four questions through which mental convictions are established and contested and the 'turnaround' sentence expressing the opposite of firmly held beliefs) and by succumbing to the designated subject positions implied by the method. The method, as it is put to practice above, involves a therapist, a client and a "sisterhood" each with different purposes and possibilities for acting. The therapist, Karen, asks questions, makes sure clients do not stray from the method and occasionally offers interpretations and comfort. The client, Eliza, confesses, narrates and delivers herself by establishing and severing problematic mental images. The sisterhood bears witness to the client's confessions and transformations. All need to play their designated part, if the client is to be delivered. This is not an easy task. It can be discomforting, painful and exhaustive being a witness. In the example above, in the start the witnessing 'sisters' are attentive to and emotionally moved by Eliza's story. They sigh and break out in tears, possibly also recognising themselves in Eliza. At some point, however, they start moving around in the chairs, shuffle their feet, read in their folders and so forth – bodily gestures suggesting discomfort and restlessness. Karen trains the women in expressing deep rooted beliefs in short statements that enables therapeutic interventions. Thus, the women ask Karen if their statements are "correct" and possible to work with and they correct themselves, when they respond inappropriately to Karen's questions (field notes, 2019-09-26). Being a trained family therapist, this is Karens's turf, and she remains in charge of the session even

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though she maintains that there is no "right and wrong" (field notes, 2019-09-26) in the "sisterhood". This therapeutic technique turns the attention 'inwards' to the women's individual relationships to self and closest family and the possibility of deliverance from crisis and deviance is dependent upon the women's mental and emotional capabilities for recognising the limitations of their habitual ways of thinking and feeling and experiencing relief as a pathway to transformation.

Thus, deliverance and discipline are closely related and enacted by affective techniques. The women are carefully led to construct "alternative truths" and mental images of culturally and socially acceptable forms of mothering that may transform their way of thinking and feeling as mothers. This may involve such things as acknowledging and accepting that you love your "children in different ways" – that you love them "uniquely and differently". It may also involve more down to earth behaviours such as having "eye contact, full contact, during dinner" instead of "withdrawing into my thoughts", as one of the witnessing sisters explains she has learned from therapy (field notes, 2019-11-07). The objective, in other words, is not just to free the mind, but to free the mind from decapacitating thoughts so that culturally and socially acceptable forms of motherhood become more possible. This therapeutic heterotopia, in other words, enables relief and promises deliverance through discipline.

5.4 Beyond and after therapy

In therapy, mental constructions, images and convictions are explored and potentially circumvented. The premise is that it is not life but our thoughts about life that stress us, as Karen explains (field notes, 2019-09-26). Freeing the mind within the enclosed and secluded heterotopian space offered during therapy sessions can provide the women some relief, at least temporarily. Relief materialises in many ways. After a session one mother, for example said in a relived tone: "It makes so much sense now… Wow!". Elsewhere, relief materialises as sighs, "revelations", relaxed muscles and bodily gestures, and in mental "shifts".

Therapeutic space, however, is a very particular and secluded space and its link to the women's everyday lives and homes is frail. The women are expected to bring therapeutic revelations with them as they cross the doorstep, leave the secluded enclosure, and enter everyday life once again. It is one thing to engage in mental exercises freeing the mind by severing incapacitating convictions in a therapeutic space carefully constructed to support exactly this type of exercise. It is something else to engage in the same sort of mental exercise or carry out revelations learned through therapy in a chaotic everyday life with kids in trouble, abusive relationships, unpaid bills and sleepless nights. In everyday life, it can be hard to overcome and oversee everything and simply pull oneself together. The women, who internalise guilt and shame, see themselves as living in an incapacitating "bubble", as Eliza expresses it, being unable to face up to normal hardship and care equally for their children. The limited reach of the therapy helps explain why revelations embedded in this space "disappear like sand between your fingers after a day and a half", as one of the women says. Because material, structural and economic relations are beyond the scope and reach of therapy, a particular construction of motherhood is demanded. Thus, the women are constructed as individual mental powerhouses that can become socially and culturally acceptable mothers and take responsibility by the will of the minds. This is of course a very empowering subject position believing fast in the individual and mental capacity to handle whatever life throws at you. But it is also very limited in scope, it does not give extra-individual mechanisms and factors any explanatory power, and it places a great responsibility – also for potential failure – on the women. Moreover, it does not offer them material or direct personal support in the context of their everyday lives. They are understood as being in crisis,

not because of troubling lives, neglect and abuse or because they are structurally disadvantaged. They are depicted as being in crisis as mothers, because their minds have been habituated into constructing incapacitating images of themselves.

6 Discussion and conclusion

In this article, we have shown how family therapy in the context of child protection constructs a heterotopian space that offers relief from individual suffering by recognising and embracing difficult emotions connected to crisis and deviation from powerful hegemonic beliefs about motherhood. Within this heterotopian space, mothers are offered other ways of thinking about motherhood that contest dominant understandings of them as 'deviant', 'insufficient' or 'bad'. The 'good mother' myth is a powerful social construct in Western societies, where women are perceived as mothers, whose sole purpose is to cater for their children, and maternal instinct and care are portrayed as natural and innate qualities (Chodorow, 1978; Smith, 1993; Sinai-Glazer & Peled, 2017). Family therapy opens a supportive space, where the women can share feelings of shame and guilt as well as incapacitating thoughts about not living up to this mythological construct. They are encouraged to contest this utopian idea and 'find their own truth' about who they are – as mothers. Thus, a new version of emancipated motherhood is presented to the women. The therapeutic rites open possibilities for imagining new identities and futures of more acceptable forms of motherhood; they hold the promise of transforming and delivering the mothers from their current 'deviant' position and into emancipated motherhood. This requires, however, that they have mental capacity to reflect upon and are able to identify and recognise events in their past as causing trauma leading to present experiences of crises and change the ways they think and feel about themselves and their children in the face of the everyday "group life of the family, its relational economy, the dependencies, frustrations, jealousies, attachment [and] rivalries" (Rose, 1996, pp. 160-161). Thus, the possibility of deliverance is conditioned by discipline with regards to the reality of family life and vice versa – one is not possible without the other. Since the context is child protection, this also means that the women must accept parallel interventions into their everyday lives and parental practices, not seldom in the face of future involuntary interventions if they cannot deliver the changes that the authorities see as necessary for their children. Accordingly, family treatment in the context of child protection manifests a normative gaze (cf. Rose, 1996) with a dual aim of emancipation and normalisation - the latter not separable from the possibility of coercion, if parents do not align with expectations of 'good enough parenting' (Nissen & Engen, 2021).

In the light of this, one can argue that this type of therapeutic heterotopia has ideological functions. According to Bowker (2016, p. 6): "The primary function of any ideology is to defend against knowledge of reality by replacing it with a mythical or fantastical (i.e., wished-for) reality that better supports the ideologists' objectives". The therapeutic heterotopia constructs a physical, emotional and relational space for imagining new empowered identities and better futures that represent a particular kind of 'treatment' of the harsh realities of living disadvantaged lives as well as of child protection services. In the example analysed in this article, this is conducted with a high degree of ideological fidelity. The women's experiences and everyday struggles are conceptualised and methodologically interpreted through the lens of The Work and accordingly, this is how the women are encouraged to understand themselves. Within this gaze, contesting or 'treating' dominant understandings becomes primarily a matter of mental work relying on the women's capacities to think differently about their identity as mothers. It represents a 'therapeutic turn', where the primary mechanism for achieving the wished-for reality is located in the individual clients' abilities for introspection and search for

answers in personal history. Social suffering is understood as individual trauma, which runs the risk of reducing complex social issues to emotive personal narratives (Smith & Monteux, 2023). Besides creating a limited space for how the women can understand their pasts, their present and tell their stories (cf. Smith & Monteux, 2023), this ideological detachment from reality can also blur the capacity to understand, recognise and act on the structural and social causes to their situation, including forms of social suffering, which may inadvertently increase (Madsen, 2014; Smith & Monteux, 2023). Importantly, this critique does not dismiss the relief that this form of family therapy in child protection can provide, but it does question the capacity of this therapy in terms of relieving everyday troubles in the family. As one woman says, what was shared in the therapy "disappears like sand between your fingers after a day and a half". A narrow therapeutic focus risks failing to name the structural causes of social suffering, but also of diminishing the importance of collective solidarity and action as well as access to resources.

This article does not provide any solutions but can be viewed as an invitation to question and rethink the idea of therapy in social work. Social work has a long history of creating affective relationships and therapeutic spaces in close connection to the material and social lives of disadvantaged families for the purpose of understanding the person in an environment of social and structural conditions. As noted in the introduction, such practices were anchored in a struggle for investigating and contesting simplified perceptions of 'deviant behaviour' and for developing approaches and methods for connecting and supporting people in and across families, communities and societies. Today, social workers still and often struggle to work relationship-based with families creating caring, affective and therapeutic spaces and support in the context of families' homes, lives and communities (Fallov & Nissen, 2018; Ferguson, 2010; 2018; Jørgensen, 2023, Nissen et al., 2023). One can argue that in the context of such practices, alternative heterotopian spaces of therapy are possible. Being closer connected and exposed to the everyday lives, experiences and realities of families, therapy would not be free of discipline but may offer more meaningful and sustainable relief while being more open to critical reflections on the ideologies and utopias it entails. In the spirit of Mannheim, this could involve a sociological and relational understanding of ideology as embedded in political struggles and conflicts between ruling and oppressed groups reproduced by utopias, social neglect and reluctance to know about certain aspects of reality (Nissen, 2022). The social workers' position would be to explore and make visible different modes of experiencing the 'same' reality for creating social deliverance and mutual understanding, including of the discipline and normative gazes that hinders solidarity or "sisterhood" across different positions. In this way, human experience and social suffering are located in a historical, societal and political context and acted upon collectively. Furthermore, it brings to the fore the importance of everyday supportive social networks and care relationships; of being in the world with others in the spaces of everyday life rather than primarily secluded therapeutic spaces (Smith et al., 2021).

References:

Addams, J. [1902](2002). *Democracy and social ethics*. University of Illinois Press.

Bond, S. (2009). Couple and Family Therapy: The Evolution of the Profession with Social Work at is Core. *Intervention*, 131, 128-138.

Bowker, M.H. (2016). *Ideologies of Experience: Trauma, Failure, Deprivation, and the Abandonment of the Self*. Routledge. https://doi.org/10.4324/9781315646268.

Chodorow, N. (1978). Mothering, object-relations, and the female oedipal configuration. *Feminist Studies*, 4(1), 137–158. https://doi.org/10.2307/3177630.

Evans, P., Turner, S., & Trotter, C. (2012). The Effectiveness of Family and Relationship Therapy: A Review of the Literature. *Psychotherapy and Counselling Journal of Australia*. 1(1). 10.59158/001c.71127

Katie, B., & Mitchell, S. (2021*). Loving What Is: Four Questions That Can Change Your Life; The Revolutionary Process Called" The Work"*. Harmony.

Fallov, M. A., & Nissen, M. A. (2018). Social Work in and Around the Home: Using Home as a Site to Promote Inclusion. In M. A. Fallov & C. Blad (Eds.), *Social Welfare Responses in a Neoliberal Era: Policies, Practices, and Social Problems* (pp. 160–181). Brill.

Ferguson, H. (2008). Liquid social work: Welfare interventions as mobile practices. *British Journal of Social Work*, 38(3), 561-579.

Ferguson, H. (2010). Therapeutic Journeys: The Car as a Vehicle for Working with Children and Families and Theorising Practice. *Journal of Social Work Practice*, 24(2), 121–138.

Ferguson, H. (2016). Researching social work practice close up: Using ethnographic and mobile methods to understand encounters between social workers, children and families. *The British Journal of Social Work*, 46(1), 153-168.

Ferguson, H. (2018). Making home visits: Creativity and the embodied practices of home visiting in social work and child protection. *Qualitative Social Work*, 17(1), 65-80.

Foucault, M. (1986). Of other spaces. *diacritics*, 16(1), 22-27.

Jørgensen, A. M., Nissen, M. A., Devlieghere, J., & Gillingham, P. (2022). Social work technologies. *Nordic Social Work Research*, 12(3), 323–327. https://doi.org/10.1080/2156857X.2022.2076302.

Jørgensen, A. M. (2023). Spaces of care: Mediating practices, relationships and knowledge. In M. A. Nissen, M. Engen & A. M. Jørgensen (Eds.), *Care in Social Work with Children and Families: Theory, Everyday Practices and Possibilities for Social Change* (pp. 85-100). Routledge.

Madsen, O. J. (2014). *The therapeutic turn: How psychology altered Western culture*. London: Routledge.

McGrath, L. (2012). *Heterotopias of mental health care: The role of space in experiences of distress, madness and mental health service use*. Doctoral dissertation, London South Bank University.

Nissen, M. A. (2005). *Behandlerblikket: Om sociale problemers tilblivelse, intervention og forandring i socialt arbejde med familier og børn med udgangspunkt i analyser af behandlingskommunikation på døgninstitutioner for familiebehandling*. Institut for Sociale Forhold og Organisation, Aalborg Universitet.

Nissen, M. A. (2016). Den produktive kvinde: Kroppen, kærligheden og økonomien. *Nordiske Udkast*, 43(1), 4-20.

Nissen, M. A. (2022). The sociology of knowledge: Ideology, critical reflection and the consequences of capitalism to social work. In C. F. Svensson & P. Ringø (Eds.), *Revitalising Critical Reflection in Contemporary Social Work Research, Practice and Education* (pp. 10-23). Routledge.

Nissen, M. A., & Engen, M. (2021). Power and Care in Statutory Social Work with Vulnerable Families. *Ethics and Social Welfare*, 15(3), 279-293. https://doi.org/10.1080/17496535.2021.1924814.

Nissen, M. A., Engen, M., & Jørgensen, A. M. (2023). *Care in Social Work with Children and Families: Theory, Everyday Practices and Possibilities for Social Change*. Routledge.

Rasheed, J. M., Rasheed, M. N. & Marley, J. A. (2010). Chapter 1: The history of family therapy. Conceptual and Clinical Influences. In J. M. Rasheed, M. M. Rasheed & J. A. Marley (Eds.). *Family Therapy. Models and Techniques* (pp. 3-44). Sage.

Ratliff, G. A. (2019). Social work, place, and power: Applying heterotopian principles to the social topology of social work. *Social Service Review*, 93(4), 640-677.

Richmond, M. E. (1917). *Social Diagnosis*. Russel Sage Foundation.

Rose, N. (1996). *Inventing our Selves. Psychology, Power, and Personhood*. Cambridge University Press.

Seltzer, M. & Haldar, M. (2015). The other Chicago school – a sociological tradition expropriated and erased. *Nordic Social Work Research*, 5(sup. 1), 25-41.

Sinai-Glazer, H. & Peled, E. (2017). The Perceptions of Motherhood among Family Social Workers in Social Services Departments in Israel. *The British Journal of Social Work*, 47(5), 1482–1499.

Smith, D. (1993). The Standard North American Family: SNAF as an Ideological Code. *Journal of Family Issues*, 14(1), 50-65.

Smith, D. (2006). *Institutional Ethnography as Practice*. Rowman & Littlefield Publishers, INC.

Smith, M., Monteux, S., & Cameron, C. (2021). Trauma: an ideology in search of evidence and its implications for the social in social welfare. *Scottish Affairs*, 30(4), 472-49.

Smith, M., & Monteux, S. (2023). Trauma-informed approaches: a critical overview of what they offer to social work and social care. *Insights*, 1-24.

Social Work Institute (2025). Relevance of Social Case Work in Counselling. Family Therapy in Social Case Work: Healing Families Holistically. *Social Work Institute*. Retrieved 14th of April 2025 from https://socialwork.institute/relevance-in-counselling/family-therapy-social-case-work-healing-families-holistically/.

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