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CHAPTER 8: RESISTANCE

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Resistance is a well-recognized phenomenon in social work. The prevailing way to understand it in professional social work discourse is to focus on clients' reactions and behaviour. As Miller (2003: 193) states, professionals tend to 'discuss troubles in their relationships with clients as evidence of client resistance'. So, it is generally assumed by social workers that clients and professionals divide into two *confrontational camps*, due to resistance on the part of the client. The most obvious professional explanation for this confrontation is that clients do not behave like professionals expect them to behave: they resist acknowledging their problems and thus they also resist change, they do not follow professionals' advice, recommendations, etc. (Miller 2003). This kind of resistance is often regarded as clients' normal responses in ambivalent situations, and the professionals' task and even responsibility is to work with it and, in the end, manage it using, for instance, motivational interviewing (Watson 2011). This line of reasoning is clearly built-in to some professional theories, such as psychoanalytically oriented approaches or cognitive self-change programmes (Vehviläinen 2008; Fox 2001). What is almost unnoticed and silenced

in this understanding of resistance is the social workers' own resistance. When clients as individual actors are categorised as resistant persons, the professionals' resistance, for instance towards clients' interpretations of their problems or towards their refusal of offered services, can be easily bypassed.

In addition to this dominant view of seeing resistance as confrontations between clients and social workers caused by resistant clients, there is another way to approach resistance in social work discourse. That is to see social workers and clients more as *allies*, being in a same boat, jointly resisting oppressive and inequality producing societal structures, ideologies and labelling. Instead of categorizing resistant clients as 'non-behaving', they are defined as strong and empowered with a right to advocate for themselves. This understanding of resistance is what we often call critical or anti-discriminatory social work practice (e.g. Payne 1997; Adams et al. 2002; Barnes and Prior 2009).

Resistance as a research topic has received increasing attention in social sciences in recent decades. However, there is no consensus about what phenomena and actions fill the criteria of resistance. Instead of an agreed definition there are various understandings, which share a view that emphasis on resistance means a move away from researching inflexible social structures and top-down social control towards the issues of agencies and practices (Hollander and Einwohner 2004). Acts of resistance are something that are produced and created in 'here and now' local practices. They are neither simple reactions to repressive power and control nor intentional acts conducted independently by other actors (Thomas and Davies 2005). Following this emphasis we examine and illustrate in this chapter how

resistance can be studied as accomplishments in interaction in social work settings. We include a focus on ways in which resistance can be produced by both clients and social workers. We discuss resistance both as confrontations between clients and workers and as resistance against common enemies, and show what interactional studies add to these two discourses of resistance. We also wish to demonstrate that whether resistance is to be understood as a positive or a negative force in social work depends on members' – social workers' as well as clients' – orientations

HOW RESISTANCE IS DISPLAYED AND WHAT IS RESISTED IN SOCIAL WORK INTERACTION

In previous literature on social work and related professional interaction, resistance has been studied as local accomplishments from multiple angles. We have classified this multiplicity into three lines of research: 1) resistance as sequential actions, 2) resistance towards stigmatized categorizations, 3) resistance towards institutional and governmental policies. The first line of research – resistance as sequential actions – focuses on studying turn-by-turn interaction and analyses how resistance can be located in it. The direction of research unfolds from 'how questions' (resistant turns of talk as sequential phenomena) to 'what-questions' (what is resisted with resistant turns). The other two follow mainly the opposite direction, starting from 'what-questions' (what categorizations, what policies) and proceeding to 'how questions' (ways categorizations and policies are resisted). In social work interaction, all these 'what and how' actions can be present within each conversation.

We illustrate this simultaneous presence through data examples that follow the literature review.

Resistance as sequential actions

Resistance as sequential actions in professional–client interaction is a well-researched area, especially in regard to clients' resistance, although so far it is less explored in the field of social work research. Studies based on sequentiality are mostly strictly conversation analytical, focusing on turn-by-turn sequences of talk in interaction, but also include pieces of work applying membership categorization analysis and discursive psychology (see the chapter 2). Data used in the studies are naturally occurring audio or video recorded interactions between professionals (doctors, therapists, counsellors, social workers, etc.) and patients or clients. Studies have been conducted in different human service contexts, like in health care (Stivers 2000; Peräkylä 2002; Ijäs-Kallio et al. 2010), therapy (Antaki 2008; MacMartin 2008; Vehviläinen 2008; Muntigl and Choi 2010) and counselling (Hutchby 2002; Vehviläinen 1999). These settings have a lot in common with social work interaction (Jokinen et al. 2001; Broadhurst el al. 2012). Hence we discuss the results of these studies relevant to social work in the following review.

In general, resistance as sequential actions can be defined as *misalignment* or as *disaffiliation*. Alignment is used in the sense of mutual co-operation among professionals and clients, where both are orientated to similar institutional tasks and interactional agendas. Misalignment is used in to mean the opposite scenario, moments of interaction in

which co-operation breaks (Zimmerman 1998: 89–90; Juhila and Abrams 2011: 286). Misalignment of clients' responses with professionals' initiations, questions, etc. (resistance towards activity in progress) have especially been defined as resistance (Stivers 2005: 43; MacMartin 2008: 81–82; Heburn and Potter 2011). Correspondingly, as Muntigl and Choi (2010: 345) write, resistance is also construed as clients' disaffiliative actions that in some ways do not conform to or support the interactional aims (or stances) of therapists or counsellors (see also Stivers 2008: 34–35). It should be noticed, however, that professionals might also produce misalignment and disaffiliation, for instance, by neglecting clients' initiations and questions.

Let us now look in more detail at *how* resistant actions are accomplished in professional-client interaction according the studies. The findings shift from *active to passive resistance*. The most active form is *overt resistance,* as Broadhurst et al. (2012: 526-528) put it: presenting direct verbal challenges to the professional's institutional and epistemological authority. For instance, the mother in child protection interaction might reject the professional's suggestion to discuss an action plan by saying 'what if your action plan is not right for me' (Broadhurst el al. 2012: 526). Non-affiliative responses, analysed by MacMartin (2002), are also examples of clients' overt resistance. She examined solution-focused therapy sessions and demonstrated how clients resist therapists' optimistic questions by downgrading optimism, by refocusing responses, by joking and by using sarcastic responses, as well as by complaining about optimistic questions (see also Jokinen et al. 2001). In its extreme form, overt resistance might mean shouting, quarrelling or walking out of meetings (Matarese and van Nijnatten 2012; Caswell et al. 2013). Naturally,

professionals can also respond with overt resistance to clients' turns, for instance, by directly refusing clients' suggestions related to their services, by responding to clients' suggestions and invitations with non-sharing tones, or, sometimes, even by shouting or exiting encounters.

Offering additional or alternative information is another active form of resistance, but not as confrontational as overt resistance (Ijäs-Kallio et al. 2010: 517; Peräkylä 2002). For example, professionals might counter clients' troublesome self-descriptions by producing normalising talk about the mental health symptoms presented and suspected by clients as being signs of mental illnesses (Vehviläinen 1999: 134–135). When clients use this device on their part, they do not necessarily deny professional expertise or professionals' institutional authority. Instead they provide another kind of information, often based on their own experiences, that legitimately calls into question professionals' advice, interpretations, diagnoses etc. (Ijäs-Kallio et al. 2010; Peräkylä 2002). Ijäs-Kallio et al. (2010: 511) show how the patient can challenge the doctor's diagnostic statement by providing information (such as 'how come it hurts so much?') that only the patient has access to. Clients' own experiences are often unquestioned and honoured in institutional interaction and hence are an effective means of resistance. But there are also settings in which this is not so: in psychoanalysis clients' resistance based on their own experiences can sometimes be interpreted as signs of defensiveness and thus needs to be challenged (resisted) by the therapists (Vehviläinen 2008). In some cognitive behavioural programmes, the aim of the whole programme might be to counter (resist) the experience of being a victim and replace it with the sense of being a responsible actor.

Claims of not knowing or not remembering can also be regarded as a form of active resistance in institutional settings where talking about clients' own experiences or problems is the core of the institutional agenda. Hutchby (2002) has analysed children's 'I don't know' answers to counsellors' questions in child counselling. This kind of denial of knowledge is a powerful resistance strategy in settings where counsellors expect to elicit therapeutically relevant talk. 'I don't know' is a legitimate reason not to provide such talk and inoculates children against providing accounts. Similarly, Muntigl and Choi (2010) have noticed that 'not remembering' formulations can implement resistance to exploring deep-rooted personal or relationship problems in couple's therapy.

Possible indicators of passive resistance – used by both professionals and clients – are *unmarked acknowledgements* and *minimal responses* (like 'mm', 'hm' and 'yeah') to interpretations, suggestions, advice, instructions, recommendations, etc. (Heritage and Sefi 1992: 395–402; Silverman 1997: 140–145; Broadhurst el al. 2012: 528–330). *Total silence* might indicate the most passive form of resistant responses (Raitakari 2006), which are powerful acts even though do not include words. Silence is a very strong act of resistance especially if it involves a refusal to take an appropriate turn. For instance, without getting any verbal responses from clients to their questions, social workers can end up with great difficulties in fulfilling their institutional tasks, such as finding out whether special child protection measures are needed.

What is then resisted in interaction by using sequential resistant actions? Clients display misalignment towards institutional tasks, interactional agendas or the aims of professionals. In more concrete terms clients firstly resist professional interventions in their lives or ways of life. They implement this, for instance, by resisting professionals' advice and care plans related to their parenting and health behaviour (Heritage and Sefi 1992; Broadhurst el al. 2012; Silverman 1997: 134–153; Juhila et al. forthcoming). Secondly, resistance can target professional interpretations and diagnoses, like the therapist's suggestions about the reasons for the client's mental problems (Vehviläinen 2008) or the doctor's diagnostic statements (Stivers 2005; Ijäs-Kallio et al. 2010). The third object of clients' resistance is the expectation to talk in a certain way when interacting. This includes resistance to therapeutically relevant talk (Hutchby 2002), like resisting responses to optimistic questions in solution-focused therapies and social work encounters (Jokinen et al. 2001; MacMartin 2008) or to endeavours to improve parental engagement in child protection (Broadhurst el al. 2012). Lastly, resistance can focus generally on clienthood in two opposing ways. Clients can oppose their client status (such as their need for help or intervention) and the rights and responsibilities connected to it (Juhila 2003), or they can resist professionals' recommendations to terminate clienthood and to withdraw help and support (Messmer and Hitzler 2011). When it comes to the question of what professionals resist, this is a far less researched area, but to put it simply, their resistance might target, for instance, clients 'false' understandings of their situations, resources and problems, and clients' misaligned behaviour, as regards to institutional and professional expectations.

Resistant sequential actions in interaction are non-preferred (negative) responses in the sense that they accomplish misalignment or disaffiliation to previous turns. These actions locate participants (professionals and clients) in different camps. They produce problems for the 'here and now' interaction and are therefore oriented to being something that should be discussed and solved. However, in the long run, in the forthcoming conversations among the participants, the phases of interactional resistance might be interpreted as positive forces, such as turning points in treatment processes or moments where professionals started to understand clients' points of view better.

Resistance towards stigmatized categorizations

Resistance towards stigmatized categorizations is an area of research that has been studied thoroughly in social work and related literature. The focus has been mostly on clients' self-categorizations, but resisting stigmatized client categories can also be analysed as professionals' actions. The studies are typically based on (critical) discourse analysis, on membership categorization analysis or on narrative analysis (see the chapter 2). They most often make use of interview data (e.g. Riessman 2000; Juhila 2004; Osvaldsson 2004; Virokannas 2011), but some studies with naturally occurring institutional interaction also exist (e.g. Fox 2001; Fitzgerald and Austin 2008). Since interview data is understood and analysed as discursive and conversational talk in these studies, their findings have relevance in examining institutional social work interaction. Categories and categorizations are always inherent parts of institutional interaction (see the chapter 3 on categorization) and categorizations might carry stigmas that participants in interactions make visible, for

instance by resisting them. We now turn to look at more closely what is meant by resistance towards stigmatised categorizations. Where relevant, we also comment on how this resistance links to resistance as sequential actions.

Goffman's work (1961 and 1964) about stigmatised or spoiled identities is important here. He studied the moral careers and identities of people living in total institutions, such as prisons or mental hospitals, in a way that is very useful when studying social work settings. Life in institutions and their residents are culturally linked with negative characteristics; people who have ended up there are thought to have failed in their lives in one way or another. This is how stigmatized categories of places and their residents emerge. In his essays on stigma, Goffman underlines that persons as such are not be understood as stigmatised, but stigma is always generated in social situations, in interactions between people in certain contexts (Slembrouck and Hall 2003: 45). Hence, the focus of research should be on interactional categorization processes.

The categorization of people always has two aspects. On the one hand, it preserves harmony in society and facilitates orientation to and encounters with people in different situations. On the other hand, categorization can just as easily maintain discrimination in producing 'identity prisons' charged with negative characteristics for some people (Silverman 1998: 88). Those assigned to the negative, stigmatising categories cannot ignore them. When people refer to themselves in different contexts, they tend to comply with the expectations of other people. In other words, they use identities that others can recognise (Gubrium and Holstein 2001: 7). Matters become complicated if co-participants expect and

offer a stigmatised categorization membership to a person, which is often the case in social work interaction. It is understandably difficult to accept such identity categorizations totally, without any acts of resistance (Juhila 2004).

What categorizations do social work clients then recognise as stigmatised and needing resistance? Those that define them as deficient, incapable, deviant or troublesome, such as those of homeless or unemployed persons, inadequate parents, substance abusers, or problematically behaving and delinquent young people (Juhila and Abrams 2011: 286–287). Studies show *how* people resist these kinds of negative and stereotyping categories being associated with them in several ways. In social work interactions resistance can be realised in and through sequential actions, using both active and passive forms of resistance. But there are also special devices related to resisting stigmas.

An important resisting strategy towards stigmatized categorizations is what Sacks (1984) calls '*on doing being ordinary*'. When using this strategy, clients' talk counters the stigma ascribed to them by presenting themselves as normal and displaying normal interaction, thereby downgrading problem categories (van Nijnatten 2013). For instance, Osvaldsson (2004) shows how female residents in youth detention homes specializing in assessments and/or treatment use the notions of normality when describing their presumably deviant behaviour. They do this typically by relocating the notion of deviance from the subject herself to the social circumstances. Similarly, Juhila (2004) demonstrates how homeless persons living in a shelter stress the ordinary quality of the shelter and its residents (this is the place where quite ordinary, although unlucky, citizens live) or their own ordinariness

(although I live here, I am an ordinary person). In social work interaction the strategy of doing ordinariness or normality might be in use by professionals too. They can for example diminish clients' problem talk by emphasising the normality of the described matter, for example, 'sometimes we all have concerns of not fulfilling the criteria of good motherhood'.

Another way to resist categories is to describe oneself with *competing categories* that makes the membership of stigmatized categories questionable or irrelevant. For instance, persons who have been defined as long-term unemployed can present themselves as permanently sick persons and thus eligible for a pension and membership in the category group of retirees (Välimaa 2011; Caswell et al. 2011). Professionals can also use stigma reducing categories, such as to refer to more empowering categories instead of problem-based client categories when describing and evaluating clients' situations.

Resistance toward stigmatized categorizations in its extreme mode can be termed *fighting back*, meaning a total *rejection* of the ascribed spoiled identities. In the course of social work interaction, rejection is done with active and overt turns of resistance. Virokannas (2011: 338–340) uses the concept of fighting back in her analysis of the categorization of motherhood in the context of drug abuse and child welfare services. She shows how the client, who sees her identity as a mother being totally and wrongly undermined by the social worker, demands that this categorization should be retracted. Simultaneously, she rejects the category membership of a child welfare client. In practice, social work settings are sometimes based on involuntary clienthood. This means that 'just walking out' and

rejecting one's category as a client is not possible, or has at least serious sanctions and consequences for the person in question. So far there seems to be very little research evidence of this kind of 'walking out' resistance occurring in social work interaction. Correspondingly, there is a lack of research on 'not walking in' or not selecting clienthood in more voluntary based social work settings, which could be interpreted as resistance towards the anticipated stigma associated with clienthood.

Resistance towards clients' stigmatized categorisations can be shared actions by professionals and clients and thus be oriented as a positive force in social work interaction. Through resistance these two parties might construct themselves as allies in fighting against cultural stigmas. However, another option is that resistance divides them into different camps, especially in such institutional interactions where professionals persuade or insist clients to accept such categories, which clients resist as spoiled and stigmatised.

Resistance towards institutional and governmental policies

Resisting stigmatized identities, as discussed above, relates to negative characteristics linked culturally to certain categorizations of people. We now move on from cultural issues to policy level issues dealing with resistance towards institutional and governmental policies, although these two dimensions of resistance are often connected to each other. The policy level line of research draws commonly on critical discourse analysis founded on Foucault's (1981) work on power, knowledge and resistance, and on his followers' writings about the analytics of government (Dean 1999; Rose 1999). The studies often have an

ethnographic orientation and use multiple ways of gathering data (observations, documents, interviews), including naturally occurring social work interaction. Unlike studies about stigma, this research focuses more on professionals' than on clients' resistance. Resistance towards institutional and governmental policies fits well with what Thomas and Davies (2005: 683) call the *micro-politics of resistance.* They strive to break the dualistic debate of 'compliance with' versus 'resistance to'. Professionals and clients cannot totally ignore or reject institutional and governmental policies, but they can resist them with multiple subtle means, and sometimes in more overt ways, in everyday institutional interaction. We see the micro-politics of resistance as something that can be accomplished in social work interaction. Similarly, as is the case in resisting stigmatised categorizations, this resistance can be displayed in interaction by using sequential resistant actions.

What institutional and governmental policies have then been perceived as targets of the professionals' micro-politics of resistance? To summarize, the targets of resistance are various governmental or institutional policy changes. In other words, new policies that are implemented, and to which professionals and clients must respond. The most studied area of the micro-politics of resistance has been different managerial endeavours that are seen to limit professionals' discretion and hinder client-led work, and therefore calls for resistance (Hjörne et al. 2010). For instance, researchers have demonstrated that professionals resist managerial reforms in psychiatric care (Saario 2012), performance management models that are implemented through new information technologies in child care (Wastell et al. 2010; White et al. 2010), 'punitive managerialism', that is the managerial mode of practice

and the control of risky populations in probation practice (Gregory 2010), and the demands of economic effectiveness in the context of supported housing (Saario and Raitakari 2010).

Clients can obviously also resist policy changes and managerial endeavours. Caswell, Eskelinen and Olesen (2013) have analysed clients' responses to the activation policy in the context of active employment policy in job centres. Some of the clients openly resist the activation demands and positive narrative framework related to it. Since the goals of creating active, participating and responsible clients are emphasized in many organizations and in governmental policy papers, similar demands are present, and possibly resisted, in other social work settings (e.g. Eskelinen et al. 2010; Willinska and Henning 2011; Solberg 2011; Caswell et al. 2013). For example, Broadhurst et al. (2012) examine how the goal of engaging parents in child protection practice is not always shared by the clients and is sometimes even confronted.

How do professionals and clients resist policies in institutional interaction? Professionals often use *subtle strategies* that do not totally reject suggested policy changes. This resonates well with Foucault's (1981: 95) understanding of resistance: 'where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power'. As Saario (2012: 1) states: 'instead of strongly challenging managerial reforms, practitioners keep them alive and ongoing by continuously improvising, criticizing and dismissing reforms' non-functional features'. Using humour to challenge instructions coming from above can also be one form of subtle resistance (Griffiths 1998). So, focusing on everyday encounters, resistance towards institutional and

governmental policies can be observed as less of a dismissive and oppositional activity, and more in terms of being 'routinized, informal and inconspicuous' (Thomas and Davies 2005: 686). In the course of institutional interaction this means the use of less active and less overt actions of resistance. Similar forms of subtle resistance might be present when analysing clients' ways of using the micro-politics of resistance. For instance, Solberg (2011) has noticed that although the clients in activation encounters do not have the explicit plans for their future that are demanded of them, they manage to give relevant accounts for not having them. So they do not totally reject the expectations to make a plan, but resist it by explaining why making it is not now possible or reasonable for them (cf. offering additional information as resistance).

In the previous section we addressed the lack of research on clients' *'walking out' or 'not walking in'* resistance. When it comes to resisting institutional or governmental policies some research can be found. A recent Danish study of the use of economic sanctions towards cash benefit recipients shows how these clients sometimes walk out of the welfare system for a period of time as a consequence of the sanctions (Caswell et al. 2011). Research on homeless people living on the street (bag-people) has shown that some of these very marginalised people resist the demands of the system, not necessarily as a reflected, deliberate choice, but nevertheless resistance towards demands in terms of being registered, talking to professionals, having to enter offices, etc. (Caswell and Schultz 2001). This resistance tends to be in the shape of 'not walking in'.

In spite of the fact that there seems to be little research on *overt resistance* toward polices, the possible existence and relevance of this should not be dismissed. However, as more than an empirical issue accomplished in institutional practices, this topic has been approached as a 'should be' issue. For instance, Carey (2008) argues that professionals' resistance toward prevailing ideologies (like neoliberalism and New Public Management) tends to be individualistic, dispersed and sporadic, and thus there is a need for greater exposure to 'emancipatory' ideologies, for instance in professional education.

As was the case with actions resisting stigmas, resistance towards institutional and governmental policies can unite professionals and clients as allies (with common enemies) or as being in different camps (one persuading and demanding that the other accepts and follows polices, the other resisting them).

RESISTANCE IN SOCIAL WORK INTERACTION: DATA EXAMPLES AND ANALYSES

We will now proceed to analyse the concept of resistance through the use of naturally occurring interaction in social work. The empirical data will illustrate a wide variety of the 'whats' and 'hows' of resistance displayed in the previous part of this chapter. It should be noticed, however, that the most extreme and also rare forms of resistance, like shouting, overt quarrelling and walking out, are not present in the data. The data is located at two different institutional contexts: social work with sick benefit recipients in a Danish job

centre and mental health and substance abuse work in a Finnish supported housing unit targeted at service users suffering from both mental health and substance abuse problems.

A professional–client meeting in a job centre

The first empirical example stems from a meeting between a social worker (SW) and a client (C) in a Danish job centre. The institutional task of the centre is to activate clients who are unemployed or are otherwise outside the labour market, but also to assess their ability to work. The client, Peter, is a sick benefit recipient, who has a long history of clienthood in the centre. He is around 50 years old and has a wife and two children. He has serious back pains and has recently had an operation. He uses a lot of medication to handle his pain and is visibly uncomfortable during the interaction. He has previously worked as a truck driver and talks about having a strong labour market identity. The interaction of the meeting between the social worker and the client is, overall, positive and constructive. The participants have met each other several times in the centre before this meeting.

Extract 1

1	SW:	but Peter what I have to (.) if I shall help you through this
2		legislation because we will be: faced with (.) that it is probably
3		(.) that we have to think about (.) maybe some other forms of welfare
4		support than sick benefit
5.	C:	°yes°
6	SW:	then I need some documentation (.) I simply <u>have</u> to have your
7		ability to work (.) described (.) described more thoroughly
8		than what we have now (1) what you can do [and

9	C:	[°yes°
10	SW:	and what it is [that
11	C:	[yeah
12	SW:	and I have <u>some</u> suggestions I just want to talk to you about
13		what I can see as possibilities right now that I can try to include (.)
14		these are <u>not</u> in a work place but will enable assessment nonetheless
15		(1) but one way to put it (2) I have the option that I can (.) send
16		an occupational therapist to your home to follow you for a whole
17		day and describe your functioning level I know you have already
18		told me this but to have a professional person documenting this (.)
19		then you can say (.) then maybe she will (.) follow you for half
20		of the day (.) in the morning in your home and say what is (.)
21		what is your functioning level (1) you can say (.) that is an option (1)
22		another option [is
23	C:	[no that is too bloody <u>embarrassing</u>
24		((laughs a bit)) no I simply won't (.) [no
25	SW:	[you can't think like that Peter
26	C:	no ((laughs a bit)) no but honestly (1)
27	SW:	another option could be ((goes on to explain possible
28		activation/rehabilitation measures))

The client, Peter, resists the attempt by the social worker to have his functional level evaluated. His resistance is directed towards being a client, who is continuously evaluated in relation to his (lack of) ability to work. This is a central issue of clienthood when it comes to clients in job centres. Firstly he resists by using minimal acknowledgements, speaking with a low tone of voice and only using monosyllabic responses (lines 5, 9, 11). At the end of the extract he uses overt resistance, saying straight out that he simply will not accept the option proposed by the social worker of having an occupational therapist visit his home in order to describe his functional level: it is too embarrassing (lines 23–24, 26). He does not only resist the idea of having his functioning level described (although the

interaction indicates that both the social worker and the client find that the demand for further documentation is a strong institutional demand) but he also resists the idea of having someone come to the intimacy of his home in order to describe his functioning level. He uses a swear word to underline his resistance (‘bloody’). The emphasis of the word ‘embarrassing’ and laughing are also signs of resistance. He does not get angry with the social worker, but rather appeals to her understanding by saying ‘honestly’. She responds to this by coming up with an alternative option.

The client uses resistance in the interaction, but resistance can also be seen on the part of the social worker. Her use of resistance is very subtle, but shows resistance towards the institutional procedures she is expected to follow and to demand the client to follow too. In her long turn in the middle of the extract (lines 12–22) she uses pauses and restarts sentences often, showing her resistance towards the message she is trying to get across to Peter, namely that he needs to have his lack of ability to work described and documented in order to move the case forward. Furthermore, the extract shows how resistance is also something that is used actively in the interaction, as the social worker addresses the anticipated resistance from the client (‘I know you have already told me this, but’, lines 17–18).

Further on in the meeting the conversation addresses the length of time needed in order to gain sufficient documentation to proceed with the possible application for early retirement / a disability pension. We will look closer at the resistance involved in this below.

Extract 2

1	SW:	and well (.) I am thinking a bit along the lines of (.) of course
2		you have to have until the end of May to finish your
3		[rehabilitation training and at present we are in late April
4	C:	[yes
5	SW:	what I would <u>like</u> is that when the rehabilitation training
6		((physical training at the hospital)) ends (.) we will (1) then
7		[we will do (.) the occupational (3) assessment
8	C:	[yes
9	SW:	at the same time as we gather the medical documentation
10		because there is no point in protracting it
11	C:	no
12	SW:	we might as well say that while we do the assessment we
13		will get the papers concerning health issues so that we have
14		medical statements and an occupational assessment from
15		the ((name of activation offer)) (.)
16	C:	but well yes [yes I see your problem (.)
17	SW:	[yes
18	C:	but really (6) we can't <u>avoid</u> it being protracted
19	SW:	yes that is really what we should do Peter
20	C:	I see (.)
21	SW:	when you think protracted what is on your mind
22	C:	it is because (.) because (.) I think (.) I think (.) well I think
23		that it is a bottomless pit always (.) it is as if it has been
24		going on for a long time now so (.) in one way or another
25		one sort of (.) one sort of has come to the point now where
26		one (.) would really like some peace and quiet (.)
27	SW:	yes
28	C:	I feel as if one keeps being chased around you know (.)

In this extract we see resistance also directed at demands that stem from institutional and governmental policy level. The social worker addresses the need for specific types of documentation (lines 12–15) and the client responds to this by placing the need for

documentation on the social worker as part of the institutional set-up by saying ‘I see your problem’ (line 16). However, they continue straight onto addressing the danger of the process being protracted, which they both resist. The social worker’s resistance is focused on getting the necessary documentation quickly and with the right timing in order to avoid protraction. The resistance of the client – which can even be characterized as fighting back – is directed at the very concept of clienthood, which he talks about as never-ending (‘a bottomless pit’, ‘has been going on for a long time now’, lines 23–24) and as something that includes being chased around – a stigmatized category he does not wish to continue being placed within. Peter displays hesitance (and resistance) in his responses starting with ‘but’ (line 16) and including a long pause (line 18) regarding whether they can really avoid protraction and the ‘bottomless’ clienthood with the strategy offered by the social worker (lines 12–15).

At the same time, however, Peter also resists the idea of being ‘a pensioner’, which is addressed in the following extract from the last part of the interaction.

Extract 3

1	C:	yes (1) well (.) every now and then (1) we have talked about
2		this at home (.) every now and then (.) you know (.) living
3		the life of a pensioner is just not worthy because (2) when
4		you don’t feel well what should you do with your time (.)
5		other than feel poorly
6	SW:	°no° (.) Peter you have to try to understand it is also
7		important for your family that maybe also that you can have
8		some peace and quiet regarding the financial [side of things

9 C: [yes yes there is of
10 course that [yes
11 SW: [and even if one becomes a pensioner Peter then it
12 is not the same as saying that one cannot have a job of some
13 sort (.) one is allowed to earn a certain amount even if
14 one is on an early retirement pension

The client resists the category of 'a pensioner' (someone who receives early retirement / a disability pension), as he defines it as a life without value, an unworthy life (lines 2–5). He resists this category, while simultaneously working on 'doing being ordinary' (Sacks 1984) – being someone who can still participate in the labour market (competing categories). However while resisting the category of a pensioner he also agrees with the positive aspects of 'peace and quiet' anticipated by the social worker (line 8), which are essentially part of the very same category within the active labour market policy framework. The social worker addresses his resistance by attempting to redefine the very category of a pensioner. Rather than being a category for those with an unworthy life, she highlights the category as being one in which the financial situation is clear and one that does not exclude participation in the labour market of some sort (lines 11–14). Thus she works at building a bridge between the category resisted by Peter and those addressed positively by the client throughout the interaction.

A case conference in a supported housing unit

We now turn to our second empirical example that comes from a case conference held in a Finnish supported housing unit targeted for service users suffering from both mental health

and substance abuse problems. The objective of the case conference is to assess how the client is coping with her housing and with her methadone treatment. The participants at the case conference are the client, Erica, two professionals from the supported housing unit (who don't talk in the extract) and two municipal commissioners; one who is responsible for coordinating special housing services and the other who is responsible for coordinating methadone treatment. Erica is a woman under 30 who has used drugs for several years. Due to her substance abuse she also occasionally suffers from psychotic and physical symptoms.

Erica talks in a quiet voice and rather little at the conference, but still, she takes and is also given a strong position to state her perceptions and opinions. This does not mean, however, that the professionals are not the ones setting the agenda of the conference, leading the talk and having the ultimate power to make decisions concerning Erica's housing and treatment. The conference interaction is similar to an interview format (Silverman 1997), where the professionals (mostly the methadone treatment coordinator) pose the questions and Erica is expected to provide answers. In the course of the conference both professionals and Erica resist each other's stances and views in a subtle manner – so that the conference may continue without an overt dispute. This can be seen through a cautious and delicate way of talking and interacting (see the chapter 9 on delicacy). In the following extract the methadone treatment coordinator (P1), the commissioner (P2) and Erica (C) discuss Erica's drug use and the proper dose of methadone in her treatment. Erica resists a suggestion to lower the amount of medication. In methadone treatment clients are expected to follow strict treatment plans, to be willing to gradually lower the amount of medication and not to use other drugs during treatment. The professionals are talking these institutional policy

level expectations into being whilst Erica shows some resistance towards them. The extract also demonstrates what tricky and delicate issues drug use and methadone treatment are both culturally and morally.

Extract 4

1	P1:	were you then when we last met (.) about that time
2		using lyrica or benzos
3	C:	no (2) that (.) merely methadone (.) it makes me like (.)
4		sleepy and (2) I often start to nod off in afternoon (.) even
5		though the dose is so small 65 so still
6	P1:	when was it last assessed [your dosage (.)
7	C:	[well
8	P1:	if you describe symptoms like that
9	C:	(6) erm (6)
10	P1:	when have you remembered to talk about it to doctor
11	C:	I haven't talked about it since (2) it doesn't bother me that condition
12	P2:	would it be worthwhile now when you go to hospital to talk about it
13		to Anna Mannila ((name of the doctor))
14	C:	so I need to observe if I still have that (2) that wooziness
15	P1:	because yes it also (.) also then it disrupts [how much you are able to
16	C:	[°hmm°
17	P1:	participate in activities or to do things you wished to do here
18		((at the supported housing unit)) or [elsewhere (.) that about
19	C:	[yes
20	P1:	and then of course the doctor will tell you honestly if she does not
21		want to lower that dose for the reason (.) that it takes it to risk limits
22		(.) that it exposes you to getting more drugs by yourself
23	C:	°yes°
24	P1:	those (medicine) changes are done very slowly (.) but yes usually
25		then after certain time they start to drop off little by little the [°dose° (.)
26	C:	[°hmm°
27	P1:	but of course not so that (.) that (.) [you should have to go and replace it

28	C:	[°hmm°
29	P1:	with some other drug this thought may be there in the background (.) they
30		haven't yet started to discuss (.) the dose with you
31	C:	hmm
32	P2:	how about (.) ((the name of supported housing unit)) supervisors' (.)
33		point of view on this (.) now that Erica has been here for a month
34		how has Erica managed and acted here (2) in the community
35		and (.) has she been able to join the group

The professional (P1) starts the sequence with a straight question (lines 1–2), which includes a suspicion and indirect accusation that the client had used other drugs during the treatment period. Erica overtly resists the suspicion (and thus the professional's interpretation) by saying no and offering additional information and alternative explanation for her condition in the previous meeting (lines 3–5). Her experience is that the small dose of methadone makes her sleepy, not sedatives. The professional assesses the condition the client has just described as undesirable and suspects that the size of the present dose is not right. This can be read through her question and remark ('when was it last assessed your dosage (.) if you describe symptoms like that', lines 6 and 8). The client resists the prospect embedded to the question (that the dose should perhaps be lowered) in a subtle manner by a minimal response (line 7) and an extraordinary long total silence (line 9).

The professional responds to Erica's passive resistance by making a follow-up question that still indicates that the dosage should be checked (line 10). The client's answer and way of talking include resistance; she gives an answer that reveals that she has not been active in bringing up the need to lower the dose (line 11). Thus her responses are not in line with the expectations related to a 'proper' client identity in methadone treatment program. Erica

justifies ‘not talking’ to the doctor by appealing to her experience and will; for her the current condition is not a problem. Next, another professional (P2) takes a turn and resists the client’s justification by also suggesting a discussion with the doctor (lines 12–13). Thus alignment between the two professionals is created.

The last suggestion is done in the form of personalized advice (see the chapter 7 on advice giving), the function of which might be to soften professional intervention. The advice turn shows that the professional takes into account the client’s resistant stance and tries to persuade the client to reconsider her opinion. But the turn is not successful in persuading her. Instead of reconsidering her opinion Erica continues resisting by offering additional information. This time she does it by undermining her own previous assessment that methadone would make her sleepy (line 14). Maybe the reported symptom has disappeared, and if it has, there is no need to make any changes to the amount of dose.

The professionals bypass the client’s additional information – they resist it passively – and instead Professional 1 starts to talk about the downside of the wooziness (lines 15, 17–18). The resistance is challenged by reminding the client that she herself had previously wished to be able to participate more in activities. As a response to the client’s resistance, Professional 1 also provides further information about methadone treatment, by ensuring that the reduction of the dose is done little by little and not in such a way that she would be pushed to relapse (lines 20–22, 24,–25, 27, 29–30). Erica responds to this talk with minimal responses (lines 23, 26, 28, 31). She does not overtly reject the assumption that she would be in risk of being driven to the simultaneous use of other drugs. However, subtle resistance

and discomfort with the topic, the client category on offer and the expectations related to it seem to still be present in the client's talk. Her responses are minimal and she does not disclose or elaborate her thoughts in such a manner as might be expected from a 'good' methadone treatment client (Juhila 2003). After the client's last minimal response, Professional 2 changes the addressee of the talk (and the topic) and asks from the professionals working in the supported housing unit how the client has coped there.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

In this chapter we have demonstrated that resistance has multiple targets, forms and functions ('whats' and 'hows') in everyday social work practices. Resistance is common and constantly present but not always easily recognisable in social work practice. We suggest that it deserves careful attention when developing social work as human interaction work and research. Resistance comprises many meanings and messages – there is always a reason for resistance.

In professional social work discourse, resistance is commonly seen as being the clients' fixed, problematic attitude and behaviour. In this chapter we have argued for the importance of understanding how confrontation based on clients' resistance is present, produced and dealt with in naturally occurring social work interaction. The focus then is not on resistant clients as a readymade category but on the processes where certain categories, as well as resistance, are talked into being. Resistance and client categorization are accomplished in actions, and it becomes a possible resource in a particular interactional

setting. For instance, in our example in which Erica's situation is discussed, the client can be seen to be categorised both as non-adherent, 'non-behaving' (not agreeing with or following the idea of treatment programme) as well as a 'strong' actor (presenting her own assessments and experienced needs) due to her resistance.

Interactional analysis also reveals that both clients and professionals display resistance, and this is done in situ during interaction. In Erica's case the professional does not approve of the client's point of view but resists it by giving new information and persuading her to follow the treatment programme and agree to lower the amount of medication. This self-evident and simple finding is important, since it calls into question some presumed premises of the social work profession. Social work is based on certain normative expectations of a good life and how it can be reached. If clients seem to disagree with these expectations, they are easily categorised as being on the wrong track. When professionals 'guide' clients back to the right track in these kinds of situations, it is not usually understood as resistance toward clients' way of life but just as a morally correct way to act.

Seeing resistance through the lens of confrontation between clients and professionals is not the only way that professional discourse makes sense of resistance. Understanding these two parties as possible allies is another option. The flavour of this kind of joint resistance can be identified in our first example, in which Peter resists frustrated documentation demands in a job centre and the social worker displays understanding toward such resistance. Although the social worker argues that they have to follow the institutional rules and procedures, she still does not defend them strongly, but rather implies that she regards

them frustrating as well. Joint resistance can be easily targeted at these kinds of institutional and governmental policies but also at culturally stigmatized categorizations. As Peter's case demonstrates, joint resistance is commonly produced in subtle ways during the course of interaction, and thus only a detailed study of social worker–client encounters makes it visible. There is a risk that we miss and bypass the possibilities that subtle resistance sequences have in strengthening client–professional relations and in questioning existing procedures, policies and power structures.

As we mentioned above, professional social work discourse usually associates resistance with clients' identities or actions. The same emphasis is found in research on client-professional interaction. Similar to this, our two examples and their analyses start from the clients' resistant acts. 'A resistance sequence' is commonly seen to proceed like this: the professional makes a suggestion/interpretation/intervention, gives advice, etc. -> the client resists -> the professional responses to the resistance (often by resisting it). However, this emphasis alone is not enough, since it *'hides' professionals' resistant actions and clients' suggestions*. The resistance sequence can also proceed in the opposite direction: the client makes a suggestion/interpretation/intervention, gives advice, etc. -> the professional resists -> the client responds to the resistance. For instance, Erica's case could be read from this 'other way around': she suggests that there is no need to talk with the doctor about the dosage but the professional resists the suggestion, which is followed by Erica's response, defending her suggestions. This kind of 'other way around' analysis (concentrating on the professionals' resistant actions) is important, especially from the point of view of client

participation/involvement/centeredness as emphasised strongly in professional social work discourse (cf. Matarese and van Nijnatten 2012).

Resistance in social work interaction is bound to the moral and ethical issues unavoidable in any social work practice. It is a matter of local negotiation whether resistance is assessed as morally right or wrong, or as a positive or negative force. Is resistance seen as justified (and for whom?) towards certain managerial endeavours, towards administrative documentation demands or towards expectations to follow the plans of treatment/recovery programmes? How about resistance towards accepting one's guilt or responsibilities in violent or criminal behaviour, or towards helping a client in need? When is it right to attempt to break down resistance, and when is the other person's resistance interpreted as a feedback, leading one to correct one's actions and behaviour?

To sum up, resistance is neither just bad/good or a problem/resource in social work interaction but can be both, depending on how it is produced, discussed and negotiated in local practices. It is thus not possible to create general guidelines on how to deal with clients' or professionals' resistance in interaction, but instead we wish to emphasise the importance of recognising the multiple targets, forms and functions of resistance in social work practices. Resistance is meaningful and should be treated as important information in social work interaction. Resistance tells us what accounts the clients and the professionals are ready/able to accept and see as reasonable and morally justified in the particular situations. By having an open and analytic view on resistance we learn important things

about professional culture and the clients' ways of defining and understanding their own situations.

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