

The psychiatrization of our children, or, an autoethnographic narrative of perpetuating First Nations genocide through ‘benevolent’ institutions

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Abstract

I enter the discussion on madness and psychiatrization through breathing the air and walking the halls of ‘benevolent’ institutions, such as child protection and psychiatry, institutions that produce "mental illness" through the psychiatrization of the people they are meant to support. This narrative provides an example of the ways in which child welfare organizations are both sanist and racist in their organizing principles and in their interpretations of the needs and desires of Indigenous peoples. This narrative provides an example of my own shifting complicity within the relations of power in a particular ‘benevolent’ child protection agency, a narrative that uses autoethnographic knowledge and queers my lived experience in order to unwrap and make visible the normalizing connections between psychiatrization, colonialism, racialization, and adultism.

Keywords: *social work; child protection; mental health services; sanism; racism; adultism; autoethnography*

The 'I' is always to some extent dispossessed by the social condition of its emergence. This dispossession does not mean that we have lost the subjective ground for ethics. On the contrary, it may well be the condition for moral inquiry, the condition under which morality itself emerges (Butler, 2005, p.8).

If one is speaking in giving an account of oneself, then one is also exhibiting, in the very speech that one uses, the logos by which one lives. The point is not only to bring speech into accord with action ... it is also to acknowledge that speaking is already a kind of doing, a form of action, one that is already a moral practice and a way of life (Butler, 2005, p. 126).

I enter the discussion on madness and psychiatrization through breathing the air and walking the halls of 'benevolent' institutions, such as child protection and psychiatry¹, institutions that produce "mental illness" through the psychiatrization of the people they are meant to support. This narrative provides an example of the ways in which child welfare organizations are both sanist (Poole et al., 2012) and racist in their organizing principles and in their interpretations of the needs and desires of marginalized people. This narrative provides an example of my own shifting complicity within the relations of power in a particular 'benevolent' child protection agency, a narrative that uses autoethnographic knowledge and queers my lived experience in order to unwrap and make visible the normalizing connections between psychiatrization, colonialism, racialization, and adultism.

I understand autoethnography as a storytelling approach to research; it seeks to provoke meaning-making through the reenactment of a story that represents struggle and adversity. It is inherently an "ethical practice" which is political in nature (Bochner and Ellis, 2006, p. 111). Through a reflective analysis, this practice may allow us to deconstruct dominant ways of knowing and produce a space for alternative ways of being. That is, story(re)telling, through autoethnography, creates new knowledge; within its subjectivism and relativism, it allows for moral inquiry, allows "a little humanity, a little room to live and move in and around the constraints and heartbreaks of culture and categories, identities and ideologies" (Adams and Jones, 2011, p. 109).

In this narrative, the autoethnographic 'I' is queered and is reflexively positioned, with the potential to allow me to become someone new through the writing of the story. Like queer theory, autoethnography understands identities to be fluid not fixed, to be in flux not static, to be open to interpretation rather than to contain closed definitions, to be uncertain and unstable. Together with reflexivity, autoethnography and queer theory offer a (shifting) theoretical framework and (dynamic) methodology in order to trouble our discursive and embodied ways of knowing and being, with the ultimate goal of producing social change. And so, 'I' write this story, to challenge myself and to challenge you, to become something more than the socially constructed, (mostly) predetermined ways of being we understand as our identities. This story is both personal and political. As Adams and Jones (2011) contend, with the combined use of

autoethnography, queer theory, and reflexivity, we may find ways in which “selves can be used physically and discursively to disrupt insidious cultural practices and norms, all the while making an attempt to acknowledge—though not necessarily accommodate—the ways in which others are implicated by the self and the desire to create cultural trouble and change” (p. 111).

I don’t fit into any community; always off in some way, not quite right. I don’t much like identity politics because few aspects of my identity are so clear cut; I know this as my embodied lived experience, not simply because post-structuralism tells us so (or, perhaps, I am merely performing post-structuralism here?). I am told that even if I am aware that socially disadvantaged subjectivities are not real – they are, for the most part, merely truth effects of modernist discourse – I must nonetheless claim them as ‘necessary fictions’ in order to engage in effective activism and radical scholarship (Willis, 2007). Yet few aspects of my identity, as I understand them, have simple words to make them speakable. I am okay with this, comfortable inside my body, mostly; but few around me are, demanding to know who I am, how I self-identify, scolding me for not telling, for not liberating others through my tellingⁱⁱ. How can I tell with no simple words to speak?

I can tell stories, longer stories that may give you some idea of who I am, that may give you some idea of which performances I in/advertently enact (Butler, 1990), and that may give you some idea of who I may choose to become, but there are still no quick and easy words that tell you whether I should be embraced within your community, or the communities you identify with. There are no short phrases or words to signify whether I should be given access, whether I fit the definition, whether I am really a privileged intruder or not, whether I am a pretender or not; I cannot be authenticated easily. For, at the moment I write this (not tomorrow or yesterday, which may or may not change everything)ⁱⁱⁱ, I am neither straight nor bent; I am neither ‘mentally ill’ nor sane; I am neither Anglophone nor Francophone; I am neither a service user nor a social worker; geographically, I live neither in the centre nor on the margins—that is, from a Canadian perspective, I live neither in Natuashish nor in the GTA;^{iv} I have lived periods of so-called ‘tomboyishness’, and I have been intensely feminine; I am both a lapsed Catholic and a lost Jew; I cherish my working classy-ness, but the discourses associated with my education, employment status, and salary level have mapped my body as elite; I have known hunger and gluttony; I have eaten out of the garbage, and I have been served seven-course meals lit up by perfectly polished silver candelabras, with port, cigars, and chocolate to follow, at Cambridge University. I have lounged on top of and across that seventeenth-century wood dining table, after much port, smoking a cigar, disrupting gender roles and class consciousness (no one noticed, with their eyes transfixed upon their own navels.) Regardless, nothing fits; nothing is fixed.

Except that I am white. I am a white colonizer. It is clear I am white, until we undo and do away with whiteness. It is clear I am white, until we do away with racism. It is clear I am white, crisp like starched sheets; crisp, but not so clean.^v *White colonizer* is speakable for me, here and now,^{vi} but I falter as I pronounce it. It is not the “right kind” of identity politics, but I must nonetheless acknowledge my complicity in the power, pain, and privilege that the white

community has produced—the power, pain, and privilege that I have produced and reproduced. There is no *pride* in this pronouncement.

And, except that I am an adult. I am a middle-aged adult. It is clear I am an adult, until we undo and do away with current constructions of childhood. It is clear I am an adult, until we do away with adulthood (LeFrançois, 2013b). Adulthood is speakable, here and now, but most will not hear it, no matter how loud I shout it. Although it is an identity from which all adults have emerged, an identity from which I have emerged, I must nonetheless acknowledge my complicity in the power, pain, and privilege which adults have produced – the power, pain and privilege that I have produced and reproduced. There is no *pride* in this pronouncement.

As such, I remain suspect, by everyone; sometimes for good reason, other times because the shifting, ambiguous, or contradictory aspects of my identity cannot be pinned down, cannot be labelled with a word or two. There is no word or two that will allow me to meet you face to face (Kaufmann, 2012).

It is 1992, 9 a.m., Monday morning. I sit at the table, upstairs where the meetings are held. This building where we divvy out cases and make decisions regarding the protection ‘needs’ of children in our community (again, whose community?). I am in this building, that many years later will become the office for local midwives. Today, I don’t know the future of this building, so I can’t appreciate the incongruity of it being the workplace of (mostly) women who either ‘snatch babies’ or ‘catch babies’. I know nothing of this but I am uncomfortable in this space nonetheless. I am waiting for the others to come to the table. I wonder if I will speak or remain silent. When I speak, we argue. I am seen as young, silly, belligerent, argumentative, wrong. I am mostly silent because they hate when I talk, when I have an opinion; they hate me. They don’t know who I am. I don’t belong on this social work team; I (don’t) want to belong. I wonder how I will pay the bills if my contract is not renewed. I wonder how I can keep doing this job, if my contract is renewed.

The others arrive. Three intakes came in over the weekend. “Who is next on the list to take on a new case?” “Brenda. Anabel. Nathalie.”^{vii} Great. The intakes are discussed. I am handed an easy one; a mother is requesting support for what has been categorized as a ‘parent–child conflict’ by the after-hours intake worker. I like these cases - the unintrusive ones, apparently. Just as the meeting is about to end, a senior social worker, Jennifer, queries my new intake. “Wait a minute. Is ‘mom’^{viii} the same person that I had in care when she was a child? ... It sounds like her ... I know her. Brenda, I’ll come with you on this one.” Great. Coming along with me, although it sounds supportive, has always meant that she will do the talking and I will write all the case notes. She will teach me how it is all supposed to be done and I will be grateful, returning to the office to submit my notes, tidy up the file, and either put into place the intervention she has determined best or close the file. I am bitter because she sees me as silly and young; I am bitter because she criticizes me to others on the team, but never openly. “We will take my car,” she announces, leaving me without the mileage to claim. We embark on the one-and-a-half-hour drive to the reserve. I listen to her talk about the importance of following

the speed limit, about the antique baubles she collects, about her new aerobics classes, and about why she enjoys working in child protection. I stare ahead at the line on the road, apprehensive about developing motion sickness. She doesn't like that I don't look at her as she speaks. I can't look at her as she speaks.

Understanding the history of the systemic abuse and violent oppression of Indigenous people at the hands of an inherently racist/colonialist child protection system (Blackstock, 2009; Chrisjohn & Young, 2006; Fournier & Crey, 1999; Jeffery, 2009), including the policies, legislation, and norms of practice that bolster it, is important in order to contextualize this referral. The referral was made by a mother who was scooped as a child, amongst so many others, in what is now commonly referred to as the "Sixties Scoop". From the mid-1950s until the early 1970s, Indigenous children were taken from their communities in an alarmingly high rate and placed in (mostly) white foster homes; buses were sent to reserves and were filled with the children from these communities. Not surprisingly, this was experienced as traumatizing for children, parents, extended family, and community members alike. For the first time, Indigenous children were over-represented in the child welfare system in Canada and continue to be over-represented today (Walmsley, 2009). There is little evidence that individual (white) social workers resisted or challenged the policy to massively remove Indigenous children during the Sixties Scoop, and that silence remains as unconscionable as the racist structure with which they colluded, the racist structure with which social workers continue to collude. White dominance, within the 'logic of genocide' as the desire for 'vanishing Indians' (Smith, 2006) is exemplified in the constitution and workings of the (white) child welfare system.

Neckoway (2011) contends that the parenting practices of First Nations people, and in particular of the Anishnaabek people, has been profoundly impacted by the mass removal of children from their homes and communities. This removal into white foster homes and residential schools ensured that these children would not learn cultural approaches to parenting, which would have been modeled for them if they had remained in their communities. This loss of traditional knowledge and culturally appropriate role models reinforces the white agenda of assimilation within the logic of genocide. As such, it is not surprising that during a difficult time in parenting, this mother turned to the agency that was directly responsible for her own upbringing; even if the experiences were violent and traumatizing for her, white child welfare knowledge remained speakable, knowable, and accessible to her.

I am in my second month of this six-month contract. Several weeks ago, I was given training on children's rights because Canada has just ratified the United Nations Convention on the Rights of the Child (1989). Training is mandatory for all new hires; senior social workers are understood to be competent in this area already.^{ix} We arrive on the reserve and find 'mom's' house. This is not a pre-booked appointment because 'mom' does not have a telephone. There are no steps to walk up to the front door, making the door unusable; instead, we walk around the

back of the house, nervously negotiating gentle contact with the unchained dog when 'mom' opens the back door.

"You Children's Aid?" I am reminded of the last time I was asked that question. Upon replying in the affirmative to that other 'mom', she turned around, pulled down her jeans, bent over, and said: "Well, then, you can kiss my brown ass." Today the question is asked with a different tone. 'Mom' has called us; 'mom' is seeking our help. Jennifer explains who we are and reminds her that she was her social worker fifteen years ago when she was in care. 'Mom' says she remembers. There is no pouring forth of emotion, like what you may see between friends or family members who have not seen each other for many years. There is no emotion, yet.

We pull up kitchen chairs, the kind with steel legs and plastic backs and seats, placing them in a rectangular formation, and sit down; there is no kitchen table or anything else between us. There is nothing between us. 'Mom' tells us about her daughter, Terra. Terra is fourteen and has been hanging out with a group of friends on the reserve. 'Mom' is concerned that she is smoking pot, drinking, and having sex. She is out with them three to four times a week. She is wondering if we have any advice we can give her. 'Mom' wants to know what she can do to stop her daughter from acting like this. "What can I do?" 'Mom' is pleading, looking for support.

Jennifer validates 'mom's' concerns and notes the risks associated with substance (ab)use and (unprotected) teen sex. 'Mom' indicates that she has tried talking to Terra about her concerns but to no avail. Jennifer suggests that there is a very good drug and alcohol detox center in a nearby province, with a program for Native children, which we could get her admitted into. However, because she is fourteen she would have to consent to be admitted. 'Mom' says there is no way that Terra will agree to be admitted; she sees no sense in even asking her to consider it. "Well, in that case, your other option is to put her in the car on a Saturday, don't tell her where you are going, and drive down stateside. There is an adolescent psychiatric hospital across the border where you can admit her." Jennifer explains further that in the USA all that is needed is parental consent and that, in addition, the Canadian government will pay for Terra's treatment because she is Aboriginal. "Just put her in the car and drive!"

There are three different types of rights embedded in the United Nations Convention on the Rights of the Child (CRC). These include the right to protection, the right to the provision of services, and the right to participate. It is not surprising that children's participation rights, their rights to be consulted and engage in decision making, are often abused within a range of children's services and that in these contexts children continue to be viewed as vulnerable and in need of protection (LeFrançois, 2007). This situation is aggravated for Canadian children, given their geographical proximity to the USA. The USA is the only country in the world, bar Somalia, which has not ratified the CRC. It is understood that this reflects not only unease with children's participation rights, expressed in earnest by the religious Right, but also due to a reluctance of the government (and Congress) to realize the universal provision of services to all children in the country (Fitzgerald, 1994). As such, the treatment of Canadian children in institutions in the USA is questionable and opens the door to the experience of increased rights abuses, particularly

for Indigenous children who live within the Canadian border but are incarcerated in psychiatric hospitals in the USA. The provision of so-called culture-specific treatment facilities provides added weight in the request for funding to institutionalize First Nations children outside of Canadian borders, which both blurs and widens the boundaries of—and who is targeted as inmates for—the prison industrial complex (Smith, 2005).

With the ongoing expansion of diagnostic categories within revised versions of the DSM, the increased influence of pharmaceutical companies as state-sanctioned drug pushers, and the proliferation of (white) biomedical psychiatry around the world, we are all being psychiatrized at alarming rates, both children and adults alike (Menzies, LeFrançois, and Reaume, 2013). The widespread intergenerational trauma experienced by Indigenous peoples due to the legacy of colonialism, often leads to the psychiatrization of their distress which “plays firmly in the hands of the current genocidal project, perhaps the most pernicious of the various hidden forms of psychiatric violence” (LeFrançois and Diamond, 2013). The pathologizing of Indigenous peoples, perceiving them as social problems, is rampant in the general public as well as within ‘benevolent’ institutions (Jeffery, 2009). Moreover, children who are unable or refuse to conform to comfortable adult-defined normative behaviour are increasingly psychiatrized in order to reinstate adult control (LeFrançois, 2013a).

In this story, the assessment of Terra as in need of psychiatric inpatient treatment speaks to the ways in which the assessment judged her behaviour by the middle-class white norms of appropriate behaviour for girls. An intersectionality analysis (Crenshaw, 1991) that includes an understanding of the interconnecting impacts of adultism and sanism (LeFrançois, 2013a; 2013b) allows us to see the ways in which normative notions of race, gender, class, sexuality, and age, reproduce each other creating a space ripe for psychiatrization. The gendered nature of the assessment is evident, because whilst ‘boys will be boys’, girls can get pregnant. And yet, hanging out, drinking, having sex, and smoking pot at that age may be consistent with the culture of many children, and in particular amongst some groups of working class children, poor children, and racialized / colonized children, in addition to more privileged groups of children. Giving rise to the discourses of risk and (mental) illness, an inherent assumption within the assessment was the notion that the sex was unprotected and that the consumption of drugs and alcohol was excessive, which plays in to the stereotypes of the wild, partying, sexually promiscuous ‘Indian’ girl. Yet, being institutionalized for drinking, smoking pot, and having sex becomes a punishment for behaving like many other adolescents. Even if the behaviour was ‘excessive’—which was never even queried—and the child was experiencing distress, firsthand accounts of incarceration within child psychiatric hospitals in the USA, like elsewhere, tell stories of enduring abuse, fear, alienation, violence, and increased distress (Michener, 1998) rather than of being offered support for trauma and emotional/spiritual renewal. I am compelled by Chapman’s example (Chapman, 2010) to point to the ways in which the culture of care within ‘benevolent’ social work institutions for children (be that within ‘mental health care’, foster ‘care’, or other types of residential ‘care’) are saturated with the discourses of ‘care’ whilst enacting the most coercive, inhumane, and violent forms of treatment, all contrary to social work

ethics. And yet, these ‘benevolent’ institutions are sanctioned by society to carry on violating those ethics.

Child protection agencies are complicit with mental health services in the psychiatrization of (abused) children (LeFrançois and Diamond, 2013) as well as in the removal of children from mothers who have been psychiatrized (Williams, Copperman, and LeFrançois, 2001). Not only do the systems together serve to pathologize typical adolescent behaviour, by calling it deviant (in assessments that are clearly classed, raced, and gendered), but when children *are* experiencing trauma as the result of abuse, that trauma is decontextualized and viewed as symptomatic of mental illness and a result of an individual’s biochemical imbalance rather than as a result of a violent society. As such, child protection agencies and child psychiatry may act together as two powerful (white) institutions that feed off each other’s sanist approach to practice, sanist approach to understanding children, and sanist approach to understanding the (sociopolitical and psychopolitical) workings of the world.

In narrating this story, I am reminded of other related stories from that time. I am reminded of other ways in which the institution of child protection reproduces and reinforces the violence of psychiatrization. I am reminded of refusing to go out on a referral regarding a mother who was said to believe that she was receiving personal messages from inside her television. Based only on the referral from a psychiatric social worker, without meeting or speaking to her, she was considered incompetent to mother her two-year-old child simply based on her psychiatric diagnosis. I am reminded of how I was labeled incompetent for refusing the intake, for refusing to accept the inevitability of that child’s apprehension, for refusing to refute my own experiential knowledge and feelings regarding the psychiatrization of alternative experiences of reality and the rigid labeling of psychiatrized mothers as necessarily unfit, as necessarily a danger to their children.

In narrating this story from my past, I am reminded of other stories, other lived experiences from a further past, that intertwine with this one. I am reminded of witnessing others being psychiatrized around me. I am reminded of the way in which psychiatric discourse has intricately framed my existence, through witnessing the psychiatrization of people close to me, from a very young age; I am reminded of the way in which psychiatric discourse intricately framed my existence, even before I was born. But there is no space here to digress. There is no space here to tell stories that I may not be willing to tell. Some stories cannot be told (Adams and Jones, 2011).

I sit in my chair discomfited, stirring, awkward; increasingly alarmed, quietly frantic, and furious. This is such a wholly inappropriate suggestion. It is counter to children’s rights. It is against the law. It is in violation of the social work code of ethics. It is violence; the psychiatrization of our children in any context—whether legally done or not—is a form of violence (LeFrançois, 2012). This is the perpetuation of genocide through the psychiatrization of First Nations children. I must say something; I must contradict Jennifer. How can I? How can I deal with her inevitable wrath for disagreeing and embarrassing her in front of ‘mom’? Maybe I

can just call 'mom' after we leave and speak to her on the telephone, telling her then that I don't agree with Jennifer's advice and why. But she has no phone. Maybe I can just pop in tomorrow and talk to her alone. But we are 150 kilometers away. I must speak, there is so little time; I must speak now. I look at Jennifer; I look at 'mom'. I must speak, there is so little time. My partner is unemployed; how can I let myself lose this job here and now? How can I stay silent, when it has never been so important to speak? There is so little time; I must speak. Yet, I feel the moment flicker, "and in short, I was afraid" (Eliot, 1917).

But then 'mom' doesn't 'need' me to speak, does she? She changes everything, herself. She says, first slowly: "But Terra isn't crazy, Terra isn't a drug addict or an alcoholic; she is just hanging out with her friends on the reserve and getting into trouble." "I don't want her to get into trouble anymore but ..." 'Mom' continues to inform Jennifer and me that she would never do anything to disrespect her daughter; she would not lie to her. She would never kidnap her daughter and admit her into a mental hospital against her will. She is getting angry now, talking faster. She is questioning what kind of help we have on offer. She is questioning our ethics, our humanity, our personal and professional integrity. She orders us to leave her home; she wants us out now, out of her life now.

As she speaks, relieved—let off the hook—I nod and smile eagerly to what she has to say. I want her to know I agree with her; I want to demonstrate support of her resistance to our 'help'. 'Mom' looks at me and winces. She does not know me. I did not speak; I did not tell, and she does not know me. As such, I am seen as I see Jennifer, the paternalistic white colonizer^x, here to save 'mom' and Terra from their misery; here to patronize 'mom' and psychiatrize her daughter, here to punish Terra for being an adolescent; all in all, demonstrating my power as 'benevolent white adult'.

In understanding Jennifer's words as racist, as personal prejudice, I ignore the insidious existence of deeply embedded structural racism, I ignore the insidious existence of institutional whiteness in child welfare and child psychiatry, I ignore the insidious existence of white supremacy constructed through institutional discourses of "Indian as deficit" and "Native alcoholism," (Tam, 2013) and I ignore the insidious existence of relational whiteness in our interactions (Jeffery, 2009), in order to position myself comfortably as the 'good' white social worker. Yet, whiteness is an organizing principle in social work and attending to that fantasy, that desire, that aspiration of whiteness may enable us now to deconstruct the discourse of social work as a 'benevolent' institution (Jeffery, 2005) and disrupt the reproduction of myself as the 'good' social worker. White identity is self-defined as being 'good', being 'innocent', and being 'virtuous'. It is through these discourses surrounding white identity and 'benevolent' institutions that the 'good' social worker is formed: one who reconstitutes the social relation of dominance and subordination with racialized and colonized others.^{xi} The 'good' social worker, aka the white liberal subject, is seen as adapting in any given situation in order to maintain social dominance (Jeffery, 2005) and maintain the myths that are associated with the unmarked, yet 'remarkable' and essential, white body as norm.

As Jennifer asks this mother to override her daughter's wishes in order to regulate her behavior - to lie to her, to disrespect her - this mother is being asked to reproduce the relationship of domination and subordination with her daughter that exists between her and the white social workers. As I nod my head, smiling, desiring to be seen as the 'good' white person, I exercise a form of power that serves belatedly to position myself as 'the professional on her side', 'the professional who was always on her side', an attempt to render invisible my silence, to render invisible my whiteness, to render invisible my privileged association with oppressive neocolonial institutions. However, by participating in racist institutions, and being paid a salary to do so, I am as I see Jennifer.

So, too, in personal storytelling, the storyteller often is crafted as 'good' whilst others are cast in a negative light. By queering my complicity, by questioning my relationship to the discourse of 'goodness as whiteness', I disrupt it as I challenge you to disrupt your own self-narratives of goodness and rightness. What is this desire to see ourselves and to be seen by others as good and right? What is this desire to know others and to be known? We are understood from within the discursive framework of the other; we understand from within the discursive framework from which we have emerged (Butler, 2005). I am, as you are, the unknowable other.

I remain opaque. Even if I had spoken out I would have remained unknowable to both this mother and to Jennifer. However, if I had spoken out to challenge Jennifer's 'help' it would have been a subversive act against social work's institutional whiteness, against psychiatrization and sanism, against adultism, against sexism, and against classism, all of which was embedded in Jennifer's intervention, all of which is embedded within child protection social work and child psychiatry. As such, in speaking we remain unknowable as much as, in speaking, we may liberate (ourselves and others) through the subversion of the dominance that surrounds us, the dominance that infuses us and infects us.

'Mom', standing now, is pointing, her arm and index finger fully stretched toward the door; she is directing us to the back door that leads to the stairs, which will lead us away from her home. I wonder why she doesn't direct us to the front door, the front door that would lead us to a simple fall. She is angry but perhaps not cruel; she just wants us to go. Jennifer doesn't budge. She does not move in her chair. Her face becomes red, red with anger more than embarrassment. "Let me tell you something ...," begins her aggressive response to 'mom's' resistance. "... I am not just a social worker, I am also a mom." She is offended and shouting. "If Terra was my child, I would have a responsibility to her not just as a social worker but also as a mom." "I would need to do everything in my power to keep her safe, to do what I had to do to keep her from harm." She is livid, defending herself. "I'll tell you something: I don't care one bit about her rights, about being respectful. I care about keeping her safe." She stands up, bringing her physicality into the verbal tirade, and pointing into 'mom's' face: "You have a responsibility as a mom. Nothing else matters. You are responsible for protecting her." She turns from her and walks out of the house.

I follow her, turning once to ‘mom’ with an apologetic expression on my face. Once out the back door, I hear the door of Jennifer’s car slam shut, I get in the passenger side and listen as Jennifer continues her tirade for the next five to ten minutes of driving. I do not speak. I do not look at her as she speaks. After she finishes her rant, we drive the rest of the way to the office in silence; I do not speak. We drive the rest of the way to the office in silence, as I think about how I did not speak.

This is a story that I have told and retold many times in the past twenty years. I use it as an example in my teaching; each time I tell the story, my analysis of it, and my students’ reactions and analyses of it, change and evolve. Together we envision possibilities and uncertainties within the relations of power in which we are all embedded. This story and other related, intertwined stories compel me to delve deeper, to unwrap the contradictory and complex issues emanating from the ongoing process of psychiatrization. Each time I narrate this story from my past, I am reminded of other stories from various points in my past. I am reminded of experiencing intense distress and anguish; I am reminded of not being heard, when I was able to speak. I am reminded of experiencing intense elation and unusual, even perhaps visionary, thinking; I am reminded of being relieved that I was not heard, when I was able to speak. But, again, there is no space here to digress. There is no space here to tell stories that I may not be willing to tell. Some stories cannot be told (Adams and Jones, 2011).

I remain opaque. Whether I engage in storytelling or not, I remain opaque. Even when I speak, I am not wholly knowable to the other, nor am I wholly knowable to myself, given that I am linguistically detailed by social structures that predate me, that cloud my essence even to myself (Butler, 2005). Even in unwrapping and destabilizing normative meanings; even in critiquing, challenging, and subverting essentialized and dichotomized understandings of identities; even in reflexively queering my autoethnographic ‘I’, I remain unknowable as I halt and budge and bend and blur.

So, too, stories are transient, changing over time with memory, with shifts in normative cultural and sociopolitical understandings, but they are nonetheless instructive in the present, whether they are ‘true’ or not from the perspectives of everyone who is (was) part of the story. Does this display of power, pain, and privilege instruct us in the workings of the world and how we want to live our lives? This story is a small portrait of one of my lived experiences, conjured up not just to tell a story but to force a reflexively queer analysis (Adams and Jones, 2011), to force a critical interpretation of how we all are in the world and how we would like to be differently. How would we like to live differently both within and without our communities?

Stories like these are inherently personal and political; they force a moral inquiry. Stories like these enable the bearing of witness to the violence of ‘benevolent’ institutions, to the violence of white institutions, to the violence of whiteness. Stories like these tell more than the labels associated with identity politics. The contradictions, complicity, complexities of lived experiences cannot be grasped in the mere claiming of identities, even in the claiming of ‘necessary fictions’. Do our stories of lived experience (and an emergent morality based on

humility and constant critique of such accounts; Butler, 2005) liberate us (at least partially) and enable us to engage in radical activism and scholarship, even if they, too, do not allow us to fully know each other or to fully know ourselves? I believe they hold such potential. However, like Adams and Jones, this reflexively queer autoethnographic portrait, or fragment of a portrait, has been written “to leave room for interpretation, for misunderstandings, for not knowing ... to leave things unfinished and unanswered” (Adams and Jones, 2011, p. 109).

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ⁱ This article focuses on two institutions in which social workers typically work – within child protection and within psychiatry. However, I write this from the current vantage point of being neither a social worker nor a service user.

ⁱⁱ The act of not identifying – other than as an adult white settler – may be unsettling for some readers. As author, it is both unsettling and a source of pain, due to the politics of authentication by others. My understanding of the fluidity of my identity as relayed in this article is a product of both how I understand myself and how others may deny those understandings based on rigid, exclusive, simplistic and/or static definitions of group membership. Sometimes the tension between others' demands for our self-identification and others' refusal to authenticate such self-identification leaves us in a void, a foggy space of uncertainty, a place of aloneness, where only long explanations of the complexity and fluidity of aspects of identity are understandable. Sometimes when identity may be clearer, we may choose not to identify nonetheless, for a whole host of reasons, a host of reasons that may not be respected within politicized communities. However, in this article, I strive to make my accountability clear as an adult white settler through making visible my inaction and silence throughout this article. That is, through this unsettling exposé of identity fluidity, I write with the express purpose of laying my own culpability as an adult white settler bare for readers to read, condemn, and/or learn from.

ⁱⁱⁱ The following list is meant to be taken literally rather than figuratively.

^{iv} Within the mad activism and radical scholarship community in English-speaking Canada, there is a tendency to look to the Greater Toronto Area, or GTA, (and, to a lesser extent, Vancouver) as the centre of activity and knowledge. Like most forms of privilege and disadvantage, in this case based on geographic location, the constraints in relation to *what is possible to do* and *what is possible to say* for those outside of the 'centre' are rarely understood or acknowledged by those in the 'centre'. The issues and arguments in relation to these sociopolitical arrangements, including the differences experienced between regions, provinces/territories, and between urban and rural settings demands further awareness and analysis. (The issues in relation to language and geographic location, and in particular the differences between Anglophone and Francophone scholarship and activism, and their ability to speak to each other, dramatically complicates these dynamics of privilege and subordination within Canada).

^v I proclaim my whiteness here, to make it visibly corporeal for those who do not automatically see or feel it. That is, with this repetitive proclamation, I state and restate what everyone—except white people—already sees and feels in relation to me.

^{vi} Given my privileged association with the academy (see Ahmed, 2004).

^{vii} All names, other than my own, are pseudonyms in order to allow those who are part of my story to remain anonymous. This anonymity is important given that other people involved in this story are not able to tell the story from their perspective, which would likely paint a much different portrait than how I lived this experience. The point in telling the story is not whether it is ‘right’ or ‘true’ in some objective way but instead to learn from how I lived it, from how my memory recalls how I lived it. Given that this portrait is from my perspective, it misses the overridingly important perspective of both the mother and child in this story, including the lived experience and effects of racism.

^{viii} Often on social work teams in child protection, ‘mom’ is used to refer to all mothers on a social worker’s caseload. In the same way ‘dad’ is sometimes used to refer to fathers. Their actual names are rarely used when discussing cases (outside of court); however, the children are usually named. This generic ‘mom’ may be read as the incompetent mother, the cardboard character who represents all mothers whose surveillance is deemed necessary and thus who remain under the social work gaze. Fewer ‘dads’ are visible on caseloads, and when they are they may be referred to as ‘the perp’ (‘the perpetrator’), perhaps as often as ‘dad’, depending on the issues involved. I find this use of (gendered, classed, and raced) language curious, and perhaps instructive, and I believe it demands further analysis than what is possible here.

^{ix} Given that the legislation was new at the time, this unwritten policy does not seem to follow logically. Are not senior social workers more likely to perpetuate older ways of working, rather than taking on new ways without first engaging in reflection about both the need for change and understanding the spirit in which the legislation was written and enacted?

^x How I see Jennifer, how this story crafts Jennifer, can be read as simplified and essentialized. However, ‘Jennifer’ is, like me and like you, someone whose identity cannot be pinned down, cannot be labelled with a word or two, as she shifts and bends and changes over time and situations. ‘Jennifer’ is someone who dedicated her career to supporting abused children. Telling a story of her failures, of her deep immersion within discursive dominance, opens a space for us to consider, challenge, and subvert the relations of power within this and other ‘benevolent’ institutions. However, understanding her only as a ‘paternalistic white colonizer’ must also be problematized; she is no more inherently and thoroughly evil than I am inherently and thoroughly good.

^{xi} In telling this story, and implicating myself, I am both reproducing yet disrupting the discourses of ‘whiteness as goodness’ and ‘the good social worker as innocent, virtuous, and

benevolent'. However, I am not suggesting that I am in some way transcending white dominance, white privilege and racism, or transcending the many other implications of my own whiteness, through the telling of this story. Neither am I suggesting that admitting to bad practice is a sign of good practice (see Ahmed, [2004](#)). Publicly admitting to bad past practice provides a cautionary tale for present and future micro and macro level practice; and therein lies the political project. The reflexivity inherent to this admission may in some ways transform who I am but who I am remains unknowable nonetheless.