Social Intervention from Social Maternage to Peer Advocacy

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Abstract—The aim of this paper is to study in depth some methodological aspects of social intervention, focusing on desirable passage from social maternage method to peer advocacy method. For this purpose, we intend analyze social and organizative components, that affect operator's professional action and that are part of his psychological environment, besides the physical and social one. In fact, operator's intervention should not be limited to a pure supply of techniques, nor to take shape as improvised action, but "full of good purposes".

I. INTRODUCTION

PROFESSIONAL action is always linked to organizing and social context in which professional's interventention demand arises.

Generally, the demand is the act through that we can know someone what we wish to obtain from him [1]. Therefore, the demand takes to look to the intervention as an answer to a request that has been previously expressed from a purchaser in a particular context.

The relationship with the professional is instituted from the moment in which the demand is expressed by one ore more subjects, who expose difficulties they would see resolved or projects they wish to realize with the same professional man's help [2].

From these preliminary remarks derives that operator's professional action is strictly related to three kinds of task: social, institutional and professional.

The first is linked to the enlarged social context, where the demand grows up, for which, at this level, mass media have a relevant role that, at the same time express and spread what is considered favourable and what not.

Therefore, the social mandate concerns social operator's professional image in not-operators population: socio-symbolic construction of the image of this profession depends only a bit on scientific knowledge concerning the professional

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function, its aims and methodologies, because it is related to world perspective and to people's representation.

Institutional mandate grows from the user's demand, better from the subject, group, organization or body that may ask the intervention. Institutional mandate connects to the organizing in which the intervention performs, for example school, penitentiary institute, etc.; institution expresses its request that is based on a specific organizing culture, constructed in time, to be known in its inner elements not only explicit but implicit too [3].

Finally, it is required to consider professional mandate that, usually is less considered by the operator, because it goes through the same operator, with his models and his reference values.

Professional mandate carries what the community of professionals needs to do, on the base of theoric-methodological reference issues.

Professional mandate is not only constituted by functional elements, that is repertory of scientific knowledge and technical skills, but it gains substance in terms of symbolic models, that is "attributional forms of sense to mission/identity/professional action" [4].

These symbolic models, according to Montesarchio and Venuleo have got a relevant role in orienting professional praxis, because they are a kind of cognitive meta-models that arrange the settlement of professional goals and manners to improve technical skills.

The three levels of mandate (institutional, social and professional) need to be considered and analyzed, in order to set an effective intervention and to comprehend the context in which projects to realize put.

So far, we faced the field of institutional mandate as clear as explicit. In effect, we can note the coexistence of an explicit form with an implicit one. The first faces with institutional mission and the expressed request of user to professional; the second concerns the sphere of unexpressed and unconscious needs.

If the mandate is not clear, it will be more difficult to realize limits and borders of social intervention, to which will be attributed the capacity of a magic change and of keeping balance, in accordance with the linearity of orthopaedic interventions; implicit institutional mandate, in other terms, reproduces the social maternage.

II. THE SOCIAL MATERNAGE MODEL

Maternage is a French term that points to the whole of functions that concern mother role. The expression *social*

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maternage refers to the transposition of this role, with is related skills, to the social intervention.

In the application of mother functions in social context, the risk that typical traits of social maternage evidently degenerate in their negative side. Maternage is made up of several traits that settle it: nursing, education, relationship, authoritativeness, recreation. Thanks to the *nursing*, we take care of people who need, answering with dedication to needs of people in filial position.

But, if who exercises nursing skill does not fully recognize the other one's resources, then he reduces the autonomy and makes him remains in a condition of "deprivation" and "reduction". In social sphere, nursing may have the appearance of welfarism and, getting distance from fundamental component of taking care, can favourite users' dependence. These, in fact, aren't considered active consumers of intervention, but they simply represent receivers.

Education, that consists in intellectual and moral formation on the basis of determinant principles, is a basilar skill of the family, because it supports orientation of sons, addressing them towards right and adequate choices. This orientative aspect can change in advantage of an hypercontrol, that limits individual freedom of people. In social context, educational aspect, in its orientative valence, is indispensable but strong is the risk of its degeneration, highlighted in professional's attitude who knows what is right and what is wrong, who has competences and knowledge and who, in this case, exercise his rule on users. This is the aspect that, over all, replies to professional's narcissistic needs, who feels himself encouraged by his superiority in comparison with the user.

Relationship embraces all the affective components and it is the base in mother-son connection. It also represents the same instrument to obtain change in help professions. Relationship implies emotional exchange, that must be monitored and recognized by the professional, both in its transferal and controtransferal components. However relationship shows side effects: emotional exchange could become a moral blackmail, from the professional to the user, when the first expects to be repaid by the second subject. The operator needs affect too and he looks forward to a mutual lovingness ("they look like my children").

Authoritativeness is an essential trait that characterizes the mother-son relationship (so as the professional-user too), that is an asymmetrical, where the subject set in "up" position, represents a model, that is an example to follow for subject set in "down" position. It's important to offer some example but this point can become bitter, increasing distance between actors in relationship, with a growing fantasy of modelling towards an ideal person, who may address to a dependence attitude and, so, to a low level of perceived autonomy. This point is strictly related to educational component, with which it shares the reply to operator's narcisistic needs and the users' arising dependence.

Recreation, finally, represents ludic element in mother-daughter relationship and in social intervention. The play put out to the risk that mothers become friends, losing their role. In social context, operators have to encourage ludic

TABLE I
TRAITS OF SOCIAL MATERNAGE

Traits	Positive aspects	Negative aspects
Nursing	Care	Dependence
Education	Address	Control
Relationship	Emotional exchange	Emotional blackmail
Authoritativeness	Model	Up/down
Recreation	Creativity	Losing role

activities, in order to develop creativity and to reach specific aims of the project, leaving put their professional role.

The ludic component of social intervention is opposite to the authoritativeness one, because the first cancels distances of different roles, the second increases them.

The prevailing social maternage inside services took to several failures and to void intervention too. With regards to nursing area, the one who is considered needy and probably doesn't perceive it, he finally takes advantage by offered "care" in order to receive and claim assistance. The blackmailed person becomes blackmailer. Welfare systems, with their repairing planning damaging promotion intervention, increased expenses, without producing remarkable benefits [5].

With regard to educational sphere, imposition of determined rules takes to user's "assault of identity", who doesn't recognize operator's genitorial authority and comes into conflict with the same.

With reference to relationship are, operator, who shows and lavishes his excessive affection, waits a strong emotional expectation, destined to be inevitably disappointed by unaffective attitude, who will stiffen operator, exposing him to burn out risk.

Referring to authoritativeness area, the matter arises when the operators' proposed/imposed model doesn't take account of reference models that the user has and that derive from his background. This takes to not recognizing the difference between owned models and those to offer, generating incomprehension of reasons that leads subject to not follow the professional's example.

Finally, with regard to ludic point, it happens that professional group recognizes the game utility and of reactive activities, trying to obtain a repaly besides simple amusement, while user plays only for play, without catching any added value.

III. PURPOSE FOR LANDING TO THE PEER ADVOCACY MODEL

Social maternage doesn't need specific professional skills and, so, it doesn't underline those of the operators from the moment that anyone (especially women, because they are mother figure) is able to "love" and to attend someone.

In fact, the specificness of professionals' intervention doesn't emerge. They should have different roles and skills (educationists, psychologies, social assistants), instead they become "interchangeable".

The assistant model of social maternage can be overcome only through the application of a based responsibility sharing model. The peer advocacy model suggests to overcome the up/down relationship typical of the maternage and to

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recognize a condition of equality and responsibility sharing between operators and users, keeping different roles too.

In the sphere of this model, operator's task will consist on sustaining user, recognizing and valuing his skills till reaching the full autonomy, in order to a future detaching.

The peer advocacy is based on the recognition and the respect of human person; it privileges participated planning of interventions and the group work. In this perspective, trouble is seen as a resource, as a sharable experience in order to grow [6].

In the necessary passage from an assistance model, that is the social maternage, to the peer advocacy model, the support isn't seen as a replacement (the reference figure) but as a accompanying and recognition of person with his skills.

If the purpose of social intervention is to develop user's autonomy, we understand that the good operator is who works for his death. Social operators' principal aim has to be become "unnecessary", that is make people able to "take care" of themselves.

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