

## **Boundaries and Relationships in Homelessness Work: Lola, an Agency Manager**

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**Abstract:** The professional is also a human being. This paper explores the complementary and contradictory relation between biography and vocation in the history of a nurse who became a social work manager, as revealed in a biographic-narrative interview. It touches on the difficulties of providing insights to the interviewee in the form of feedback in a case-study paper of this kind, interpreting this difficulty through the concept of 'defended subjectivity', and on the theory-in-use in social work and professional training.

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## 1. Introduction: Concerns and Structure<sup>1</sup>

The framework of concern for the type of case-study which follows has been well put by Vega ROBERTS as follows:

"The choices we make regarding which profession to train for, which client group we will work with, and in what kind of setting, are all profoundly influenced by our need to come to terms with unresolved issues from our past ...

To understand, and therefore be able to help another person, requires a capacity for empathy: to stand momentarily in the other's shoes and experience their pain, using what one has learned as a guide as to how to respond. However, the close resemblance between workers' own most painful and conflicted past experiences and their experiences at work constantly threaten this capacity. In some institutions, the dominant defence is to accentuate differences: 'they' (the clients) are the sick, or mad, or needy ones; 'we' (the staff) are the well, sane, strong, helping ones. The work in this case will be structured to support the distance between staff and clients, using rigid time-tables, programmes and hierarchies. In other institutions, particularly those dominated by a self-appointed impossible task, the dominant defence is more likely to be to deny differences, to stand so much in the others' shoes—identifying with the clients as victims—as to be overwhelmed by their pain and despair. In both cases, there is a failure to manage the client-worker boundary in ways that support task performance.

It is therefore of the greatest importance for helping professionals to have some insight into their reasons for choosing the particular kind of work or setting in which they find themselves, and awareness of their specific blind spots; their valency for certain kinds of defences, and their vulnerability to particular kinds of projective identification ..." (ROBERTS, 1994b, pp.110, 117-118). [1]

The case-study below is part of a research project on agencies dealing with homeless people, carried out using in-depth biographical-narrative interviews of clients, front-line workers, and managers to explore questions of boundaries and relatedness (CURRAN & CHAMBERLAYNE, 2002; CHAMBERLAYNE, 2004). The case of an agency manager, to whom we have given the name "Lola" is presented because of the clarity with which it presents some key objective dilemmas in people-servicing work and a particularly lucid and revelatory expression of the subjectivity of a defended self. [2]

The report falls roughly into two halves and a conclusion:

- In the first half, I present Lola's perspective on boundaries and relatedness within her practice in the agency for which she works. I then attempt to summarise how she sees the way in which her present perspective on her

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1 This paper is based on an interview by Chris CURRAN. Prue CHAMBERLAYNE, Chris CURRAN, Kenneth MATHIASSEN and Tom WENGRAF were involved in the analysis of the interview material, hence the occasional "we" in the paper. Only Tom WENGRAF is responsible for this interpretation. For comments, I am grateful to Lynn FROGETT and Prue CHAMBERLAYNE and two FQS referees. This is a shortened version of a longer paper available from the author.

professional work relates to how she has more generally lived her life and the experiences she has had.

- In the second half, I explore to what extent her perspective on her current position and how she came to it could be enriched by the *researcher-perspective* on these questions developed through the use of biographic-narrative-interpretive analysis. [3]

The method of biographic narrative interviewing deployed is that of the biographic-narrative-interpretive method (BNIM). This procedure of narrative interviewing and of interpreting the resultant materials is based on the work of the Berlin QUATEX group (ROSENTHAL, 1995, 1998; FISCHER-ROSENTHAL, 2000). The interview involves a very open-ended biographical question producing an uninterrupted initial narration by the interviewee. This is followed by a later session where further narrative questions are asked about all or some of the topics raised in the initial narration. The procedures of interpretation involve micro-analysis and two separate future-blind chunk-by-chunk analyses of the "lived life" and of the "told story" of the interviewee (for further details see WENGRAF, 2001, 2002). It is integral to the methodology of BNIM that full respect be given to depicting the interviewee's own perspective and also that the interpretive procedures attempt to take full account of the defended nature of the subjectivity of both the interviewee and of the researcher (see WENGRAF, 2000, pp.144-145; MARKS & MONNICH-MARKS, 2003; FROGGETT & WENGRAF, 2004). We start by representing Lola's perspective on her own history. [4]

## 2. Lola's Perspectives on Boundaries and Relatedness

Lola is the team manager of an appointment-based advice centre, "Centrebridge", for Irish people who sleep-rough in Liverpool. She manages a team of four advice workers and an administrator. Having worked in several different social care settings prior to and after her professional social work qualification, Lola says that her current post is the one most suited to her: "*that job was made for me ... like going back to my roots ...*"<sup>2</sup> [5]

### 2.1 Her formal position/theory: sufficient challenge across a firmly maintained boundary is the focus of good practice

I shall try to show that Lola's theory or vision of personal development for her agency's clients might be summarised as that of 'sufficient challenge across a firmly-maintained boundary' and that this is the practice that she works with and that she attempts to evoke in her staff. [6]

The position she argues is a very clear one. She sees the agency as having moved from being a "charity" to a "professional" culture, and her work as having been important in enabling this transition to occur and in preventing staff and clients from 'backsliding' towards a revival of the period when the agency was

2 Double inverted commas indicate a direct quotation from the interview transcript. Single inverted commas indicate the researcher's attempt to summarise an approach or idea of the research subject, but not quite or at all in her own words.

seen as a "soft touch", in which there was too much over-closeness and intimacy between staff and clients (the "buddy-buddy system"), and in which a culture of collusive dependency and infantilism had too free a run. [7]

Her task as she saw and sees it is to ensure that this does not recur and that clients are challenged by the staff to overcome their 'dependency impulses and practices' and achieve a 'mature independence' and adult-to-adult reciprocal exchange relationships. [8]

From her perspective, such a practice of 'sufficient challenge across a firmly maintained boundary' is difficult to achieve at Centerbridge because of the nature, situation, and demands of the homeless people who are the agency's clients. In the following passage that comes near the end of the interview, she outlines both the problem and the importance of a firm consistent line to keep the situation clear:<sup>3</sup>

Interviewer: ... what do you think their expectations are?

L: very high, they are very high (1) . Particularly here (2). Ehm I find that working with (1) and all Irish client groups, actually very difficult. Their expectations are much higher than anywhere that I have worked ... and they do (2) find it more difficult to cope with the boundaries of, of that, you know. Cause it, it's, I mean they know sort of, particular in Belfast: It's just ... ehm "buddy buddy". But I am always always aware that they are not my friend. And they actually don't view me as their friend (1) .... We have actually done a lot of work on (low laughter) on boundaries in relationships here. To sort of break away from that kinship thing (1)

I: was it something that existed?

L: Ohh, most certainly yes. Yeah, ehm (2) I'm not saying that it was not a professional sort of organisation, but it was certainly too familiarly for, for my liking anyway ... . You have to be nice You have to be friendly to people and yet (1), you know and yet you can't, you are not their friend ... . *They use this friendliness, they use this kinship, because it meets their own ends* (1) ... . I mean, Centrebridge as far as I can see had this reputation of: "whenever I'll need this I'll go to Centrebridge, they will give it to me" (2). That doesn't happen anymore. But that, we give some responsibility back I'm afraid. "I'm not going to do everything for you, this is what you have to do" and (3) you know, the ... fundamental thing: I've changed and I will take credit for this ... is that ehm ehm I do believe in empowering clients (1). And I do believe that they have a responsibility (2). And, and one thing that we have changed here is, is that (2). That we ehm are not a "soft touch" if you like (1) ... . Ehm "we respect you (1) and and this why we respect you "(2) ehm you know "we have expectations of you as much as you have expectations of me. There's the line. Now, let's start working". And and you know we stick to that (1). We all do it, it's consistent [italics added in this and other quotations]. [9]

3 Numbers within brackets, such as "(1)", indicate the approximate number of seconds paused. Three dots (e.g. "...") indicate a period of hesitation shorter than one second. Four dots indicate that some material from the original transcript has been omitted. Underlining of words indicates emphasis. Within a chunk of quotation, italics indicate an emphasis added by the present writer. Elsewhere, in the main body of the text, italics indicate an embedded quotation from the interviewee's speech within the transcript.

There is a clear adult-to-adult exchange model and refusal of the indulgency pattern : "*I'm not going to do everything for you*". This also means that clients also need to be protected from staff who surrender to an impulse to intervene in areas that don't concern them. [10]

When the interviewer asks her to characterise extremely difficult clients who find this "new way" more difficult, she responds:

Yeah they are chaotic (1). Ehm they (3). It's the child really (2) it's the (2) you could psychologically analyse it if you wanted to (short laugh). But ehm (2). But *it's the child that knows no boundaries* (1) really (2) ... . Huge majority of our clients, having gone through the care system or having gone through various systems of having expectations and things done for them (2). Or, quite often, it's mostly the case. If *they expect* (1) *to fail themselves and they expect people to fail them* (1). [11]

What she sees as having to be done is to act in such a way that she 'evokes an adult-adult response', as it might be put in Eric BERNE's Transactional Analysis language (e.g. BERNE, 1976; STEINER, 1990), not one in which a Parent-Child relationship is evoked, on either side. [12]

## **2.2 Her formal position/theory: loss of relationships and relatedness is very important but unlikely to be remedied**

Lola argues that many clients "expect things to go wrong" and she argues that this feeling that "Things are going too good for me in my life" comes back to the experience of loss. She says loss of relationship is "top":

It's top ... . Most people will come here and when you start talking to them and they open up they all have lost something in relationships: a partner, custody of children, mums, dads, relationship breakdown or loss through bereavement ... . Relationships play a huge part (2). Probably *the* main part, I think ... [13]

The interviewer then asks her a question to which her response seems appropriate and sober, but not particularly flowing. Perhaps as a result, the interviewer did not particularly pursue this question.

I: And how do you go about ... sorry these questions are a bit .. What sorts of thing are, do you do in order to help the client work on those issues or (1) cause my experience have been that a lot of work has been done around the practical side, so you know getting sorted with independent living skills and things like that

L: Yeah, independent living skills and life skills have their place, I mean that is something we are delving into a bit more, ammh, but in my opinion it is to do with self esteem (1) it's to do with confidence ammh, (1) it's to do with helping them address (1) what went wrong, and accepting that they may not be ready to re-establish it (2) they want to (1) but it's not fair to push it, really (1) and we don't, we don't. I mean if we think there's something that is easily resolvable (1). [14]

This feels like a much more difficult task than that of establishing boundaries and one that her account addresses with less zest and determination. She implies that only "if ... there's something easily resolvable" could she justify attempting to push people towards relatedness (rather than accepting a hypothesised 'unreadiness'). [15]

I now turn to the task of understanding how Lola sees the relationship between her whole life experience and her current perspective that we have attempted to represent above. [16]

### **3. Lola's Perspectives on How Her Current Professional Activity and Perspectives Emerged From Her Life**

I start by providing a sketch of the events of her lived life. I then consider Lola's understanding of the connection between her current professional perspectives and activities and their emergence from her lived life. This is revealed in the way she tells the story of that lived life. [17]

#### **3.1 Outline of the events of her lived life<sup>4</sup>**

Lola was born in Ireland around 1950. Her family left Belfast for Liverpool around 1962. When she was 15 or 16 years old (1966), she was studying for her A-levels and had a place to study nursing but discovered she was 5-months pregnant. She went back to Ireland for a month. By the age of 21 (1971), she had acquired a husband and another child. In the early and mid-1980s, Lola supported herself by various jobs, for instance working in a hotel. After this interval of working at different jobs, she resumed her nursing career as a nursing auxiliary. She joined a nursing agency and went to a variety of organisations, one of which was a home for the elderly; another was a residential community for autistic adolescents. She stayed in the latter post for over 5 years, becoming the manager. During this period, her father died. [18]

She left her post as manager of the residential community for autistic young people and did an 'access to social work' course, during which she did a year's placement with a Youth Justice Team. She then went to University to train as a social worker. Her first year placement was with a homelessness agency; her second year placement was with a hospice for the dying. There, she was offered a post-graduation job in palliative care, but she turned it down. After leaving the university as a social worker, she joined a housing association where she stayed for 9 months, working with the housing officials. She then saw an advertisement for her present job as Client Services Coordinator at Centrebridge, a housing referral agency for homeless Irish people in Liverpool. She applied for and got the job; this is where she currently works. [19]

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4 Given that in this case dates and events of the "lived life" often had to be inferred from the account, these dates may not be accurate.

### **3.2 Lola's perspective on how her current professional activity and perspectives emerged from her life—in her initial narrative and in the follow-up session**

In the case of this interview, the perspective presented by Lola on her life and how her present professional perspective emerged from it is, in the initial narrative, comparatively simple and optimistic. The account that emerges from the follow-up session is complicated and more contradictory. I therefore deal first with the initial narrative and then with the follow-up session. [20]

#### *3.2.1 Lola's perspectives on how her current professional activity and perspectives emerged from her life—the initial narrative*

I first present the initial account, and then raise one or two points about it. [21]

##### Presentation of the initial account

Lola's interview begins in a way that turned out to prefigure some of what was to come. A long preamble by the Interviewer ends as follows:

Interviewer: ... in this research we want to look at both how your life experience and your professional training and expertise have influenced your professional practise on relational and boundary issues. But I won't dash into that, I'll start off by asking you Lola if you could just maybe start off by telling me a bit about how you got into working in the homelessness field?

L: (deep breath) whooah Yeah ... Ammh. Ammh, OK. I used to be a nurse (2) I enjoyed the nursing I always wanted to be a nurse, ammh and I had my children very young (1) not through choice but it happened anyway. So then, I still wanted to do this nurse thing, so I went and was interviewed and I became a nursing assistant ... [22]

I have counter-posed in this response both a strong sense of agency in respect of 'wanting to become and becoming a nurse' and *a strong sense of non-agency* in respect to "I had my children very young but not through choice". [23]

In addition, since the frame is that of "how you got into working in the homelessness field?", the focus on "always wanting to be a nurse" might relate in a somewhat problematic way to her current actual job at Centrebridge, working with staff who work with the homeless and to her earlier choice to leave nursing and go to University to study social work. [24]

The covert message of this opening statement—given the current position of the person making it—might be to tell the interviewer something puzzling: 'I didn't want children early but I had them; I always wanted to be a nurse but I later left nursing and became a social worker and now, in a job made for me, a social worker manager'. This, it should be stressed, is not the overt message. It is one that seems possible on re-reading the transcript. [25]

The account that follows in the initial narrative does not particularly address this covert puzzle, but I shall return to it when considering the account given in the follow-up session. [26]

Lola explains her desire to be a nurse by family transmission—*"My Nan was a nurse and I always wanted to follow what she did"*—and in the initial narrative this simple desire comes up against a problem. She describes as having done a lot of nursing but then sitting down and thinking *"where am I going now"* and deciding that nursing *"was too clinical"*, there wasn't enough time to listen to people's stories. *"I'd done all the relevant training but something was missing (2) ... And so I thought, no, there's more, I need to go out and find out a bit more what I want to do really"*. [27]

She decides not to go for training as a State Enrolled Nurse—as her managers were strongly encouraging her to do—but to join a nursing agency instead. She remarks: *"one job I got was in a residential home, a community home for autistic young people"*. Of this job, she goes on to say *"I have to say that this was probably one of the best life experiences that I've ever had and probably ever likely to have really"*. She was there for five and a half years, and worked up to senior official level.

I loved it, I absolutely loved it, ... You know part of me loved them really (2) but, but in a completely different way to (1) you know my family or whatever but I, you know you do, you can't help not caring for them but it was done in a very structured way because we had to focus on their progression and their, you know, development ... [28]

She then made another move to the quite different field of social work. *"After that, during that I thought you know, now I need to know more the sort of things ... I always knew I wanted to do something else, exceed that, that's been with me as a child you know"*:

And I thought well perhaps I should look around and I was talking to the manager and she, she's, her background is psychology and stuff, it's interesting it's more autism, focuses originally from psychiatry and psychology and all that, it was all that thing particularly, and very much social side of people, so ammh (1) I went and did an access course (1) access to social work, to see if that's sort of what I was looking, looking for really and it was ...[29]

She then *"did a year's work placement as part of that with the Youth Justice Team (1) which was another challenge with teenagers and boundaries and ah (laughs) aah you know they were nice kids really but you do have to be (1) you do have to be pretty strict with them"*. She then went to University and suggests that *"political changes changed my mind really"* and she decided not to go into the probation system since political changes were making them *"move away from the holistic to the more punitive side"*. She refers briefly to doing a placement with a homeless agency *"which was challenging, but everything is challenging in social work"* and then in her second year she went to do palliative care in a

hospice. In her discussion of this, her term 'challenging' suddenly becomes quite concrete in a way that it isn't in the rest of the initial narrative.

[A]nd it just interested me (2). Ammh, I was scarred [scared?] because I had lost my father a few years ago and I thought I don't know (1) but you do have expansive interviews with the tutor to make sure that (1) there's no sort of issues going on there, that, you know you try, I mean you'd be lying if you said that it's not a catharsis anyway because you are dealing with loss every day it has to provide (1) provide thought really, (1) ammh well that was another valuable experience for me really, so I was offered a post from graduating but I turned it down, (1) it was enough really (2) it's pretty intense (2) ammh, because it is holistic, you are working with the person, you are working with the family (1) and there is constant relation [relating?], there is constant boundaries (1) ammh all the time ... . It can be very difficult in what is a very emotionally charged atmosphere (1) ammh, you know, ask me ten years ago if I'd be able to help people to come to terms with their (1) their own deaths or their families dying, oh, no my God no (1) really, (1) but no, it's, it's ammh (1), I don't know what the word, enlightening (1). [30]

Instead, she decided to go into housing work after her University. [31]

One might tentatively summarise her understanding about this 'move into housing work' that characterised her first-year University placement, and then has—after the second-year hospice work—characterised her post-University work, as follows: namely that she sees it as having been powered by *both* an intellectual sifting and theorising of her experience that suggested to her that "everything comes back to housing" *and* by her personal experience that—for her at that time, particularly given her father's relatively recent death and her being "scarred/scared" by that experience—working with the dying and the families of the dying in a hospice was for her "too intense", "too difficult".<sup>5</sup> [32]

In her subsequent two jobs (9 months in a housing association, the rest of the time until the time of the interview in Centrebridge), her motivation to support people in what she currently sees as the key area—"everything comes back down to housing"—is firm. [33]

Her explanation of why she went to work for the housing association is that "*I wanted to work on the other side, just to have a look*". The side is "other" to that of social workers. The implicit notion of a strong boundary, and one to be challenged, is clear in her account.

[T]hey've never had anybody like me before (1) you know, housing officers are completely different (1) ball game to social workers, if you like really (1) you know (1) just didn't have a clue really (1) ... I'd like to think that I did ammh, think, to help them think more about (1) the person as a person not an address on their patch. [34]

5 She also indicated previously that an earlier (perhaps not very strong) intention to work with adolescents and post-adolescents (based perhaps on the five year's experience as a worker in the residential community for the autistic) in the probation service was frustrated by "*political developments*", the shift towards a more punitive regime.

She presents herself as wanting to serve her clients by finding better ways "to make social workers do their job", having the knowledge and skills to do what the law says they ought to be doing.

L: ... I saw the advert in the paper and thought that has to be me really

I: from the housing association?

L: Yeah, I was only there 9 months, I never even thought about moving really, ammh, but I just saw the advert in the paper for Centrebridge, ammh (1) Client Services Coordinator and (2) that job was made for me (2) you know, it, uh, getting a bit older now and I don't know maybe getting more philosophical as you grow up, I think you probably do (1) and I thought (1) well let's go back to my roots then (2) I am Irish, I was born in Ireland I left there when I was 12 with my parents (1) ammh so I, you know I remember (1) the difficulties (1) we were from from Belfast ammh, and ammh I thought I could do something here it would be interesting to see (1) what was going on .... Ammh and I thought well let's let's give this a go (1) I just applied for it never really expected to get it really (1) but then, I don't know though, I think part of me knew that job was mine ... it is very challenging (4) so that's me, half-an-hour later (laughs) (2). [35]

The repeated insistence that "*the job was made for me*" makes a very strong statement, and this passage (which ends her initial narrative) links her professional choice that we have seen to her personal life. "*The job was made for*" her in that it allowed her to link up again with her personal "Irish roots" and to help people who were in "difficulties" that were at least analogous to those that she remembered her family of origin suffering (which she refers to but does not spell out) when they came with Lola being 12 from Belfast to Liverpool. Of this job, she says "*apart from working with autistic people which is extremely challenging ... (1) ammh, this job is probably one of the most challenging (1) I have ever had in a different way (2) it is very challenging (4) so that's me ...*". [36]

#### Brief discussion of the initial narrative

She started her initial narrative "*I used to be a nurse (2), I enjoyed the nursing, I always wanted to be a nurse*" and ended it with "*a job made for me*", Client Services Coordinator in a referral agency for homeless people from Ireland. Her account of her own motivation is complex, but strands of wanting to be challenged, wanting to challenge others who don't treat people as people, and wanting some 'intensity of challenge' (but not too much, consider her refusal to take the offer of a job in the hospice) and to 'do good' for people in a client situation are clearly all strong. [37]

This account of her lived life suggests strongly that her insistence in her current perspective on what I have called 'sufficient challenge across a firmly maintained boundary' is strongly rooted in her experience of *insufficiently challenged colleagues* (housing officials in the housing association, workers nostalgic for the former buddy-buddy system of Centrebridge before it became more professional) *and insufficiently challenged clients* (above all those at Centrebridge: sometimes acting like "chaotic ... children without boundaries"). It is clear, though, that she

rejects regimes (such as the probation service) that are even potentially 'punitive' in orientation, and that—at least in respect of the housing officials in the housing association—she sees some boundaries as too high and too dehumanising, preventing those working in what are supposed to be 'helping' professions from hearing stories, knowing lives, and coming to see their clients as human. [38]

### *3.2.2 Lola's perspectives on how her current professional activity and perspectives emerged from her life—the follow-up session*

Having outlined the development of Lola's initial narrative, I shall now consider her elaboration of aspects of this story in the second part of the interview, after having finished her initial narrative. In general, it provides more of a 'feeling' perspective and, especially, a more rounded picture of her development through certain key incidents. [39]

Lola starts the second part of the interview with a clear position about her motivation for becoming a nurse. Asked to "go back to that nursing experience" and say "how it would have formed some of your ideas about relational issues", Lola cites family tradition, particularly through her Nan, and the importance for caring for each other in a large family. A little further on, the drive towards caring is considered more critically. Her early disenchantment with being a nursing auxiliary is revealed when she describes such conventional nursing as being a bit "*clinical*":

... it was *clinical* (2) it was you know, which (3) doesn't leave me feel satisfied really I didn't (1) perhaps it was a need in me to be needed as well (1) if I'm honest (1) ammh at that time I wanted to feel ammh, you know I I was young mum, I was sixteen, when I had my daughter, I was all set out to do A-levels I had secured a place at X to do nursing training and *everything when my whole world caved in* (2) *ammh and I had a baby, and then I had another baby when I was twenty-one, so I mean I think that I wanted something for me as well* (2) *so I, you know I wanted to be needed as well* and I think I I always you know I'm always honest about that 'cause I think it's untrue if people say otherwise to be honest with you (laughs) (1) I think initially *in that first stages of nursing I've wanted to help people I've wanted to nurture people I've wanted to nurse people* (1) *to feel something* (1) *to feel something in me, that took me out of my family I mean part of me wanted to give what I had to others because I was part of a close family ...* [40]

It is important not to over-simplify. There is a brief reference to her work in a hotel as a housekeeper to supplement her income when she was a single parent and she says: "*and I thought 'ooh I don't really want to indulge these people you know, I could do far more important work elsewhere'*". Performing more than biomedical care for people, yes, indulging them, no. [41]

This sense of needing to avoid "indulging people" is a strong one, and one which started early, and in her perspective on her current clients at Centrebridge we saw that this refusal to be "indulgent" provides a clear boundary that restricts the unbounded expression of what she sees as a rather universal "need to be

needed" or 'impulse to give'. Looking back, she detects a lack of experience in herself at this early stage of her life and career which took a long time for her to work out:

(1) [Hospices/hospital] is not always positive experiences for people (1) and I think you should make them as, as, in a relationship yeah you do, you build up a relationship with patients and sometimes you feel sad because I think they think that it was more than it was and I think from my point of view *that was probably a lack of experience as well* (1) ammh, where you just want to be friendly with everyone, you just want to help people and and *you're setting yourself up to fail as well really* (1) ammh, *because they don't* (1) *really see you as their friend and you know you're seen as, it, it takes a long time I I think to to* (2) *work this thing out* where you know (1) ammh but yeah *you know you do build up relationships with them but it was clinical* (2) *it was you know, which* (3) *doesn't leave me feel satisfied* really I didn't (1) perhaps it was a need in me to be needed as well (1) if I'm honest (1). [42]

Different perspectives are pushing for expression in this passage, in which universal generalities and ones pushed towards the past interfere with each other. The judgement that "*you just want to be friendly with everybody ... and you're setting yourself up to fail*" and the relationships are "*too clinical*" and don't therefore leave her "*satisfied*" is embedded as the sum of some early painful experiences.<sup>6</sup> [43]

At this point in her interview, the ambiguities of her relation to 'family closeness' start to emerge. Her original and as it were 'official model' is that she wanted to give to others some of the experience of being in a close family that she had received, and this is no doubt an important motivation. However, she concludes with much more ambivalence about 'supportive networks'. At a certain point in this following passage—marked by '/// ... ///*'—her focus slips from a discussion of Belfast family culture that she understands into an expression of being caught in her particular family culture which is so difficult. This crucial passage is cited at length.*

L: ... having a supportive network which has its good and its bad points (1) I have to say because if something goes wrong everybody gets involved and that's not, it's not always what you want (laughs) ammh ...

I: How would you say, any of those things have influenced the way you worked with clients (1) like that experience of actually having a support network

L: Ammh (2) when you're in a big family everybody wants to know what's going on in the family (1) even if the family's in Ireland now (1) ammh (1) and you had to set (2) sort of, particularly me being pregnant at sixteen everybody had an opinion (1) everybody you know, one aunt was booking me ... to see a consultant because I'm

6 Although she formally says, "*you build up a relationship with patients and sometimes you feel sad because I think they think that it was more than it was*", the rest of the passage suggests she is trying to avoid or delay noticing—or perhaps just admitting—that she also at the time had moments of thinking "*it was more than it was*". "*You know you do build up relationships with them but it was clinical* (2) *it was you know, which* (3) *doesn't leave me feel satisfied*".

too young to have a baby, NO-ONE consulted me (1) you know I just sat there (1)<sup>7</sup> the only person who ever asked what I really wanted was my dad (2) on the way to ante-natal clinic (laughs) one day after this huge family meeting and so (2) you know even if you've got that (3) it's you don't always want it (1)

I: *Ummmh*

L: So it is setting boundaries with your family as well because 'hold on a minute here' you know I've got a say in (1) what I want to do with my life as well and (1) and it's having the confidence to, to say that, to say that which is very difficult (1) ammh but I had to really (laughs) and I think, you know I think that does help and I do to a certain degree understand that (1) our clients because you know the cultural thing (1) particularly clients from Belfast because my family are all from Belfast and there does seem to be this behavioural way of, of, of going on and (1) ammh (3) and I think it you know that, you do have to set boundaries in a close family network probably more actually (1) in order to be yourself otherwise you just get meshed up in this family // ... // which you know my mum would love (1) you know I'm sure my mum would (1) partly wants us all to still live at home so she can (1) totally have us there and she's the one out of everybody (1) that we've had we have to set really strict boundaries with her (1) and you know my boundaries are not actually seeing her very often cause it is the only way we can communicate well (3)

I: How does that manifest itself would you know your mum try to control you or

L: Oh oh, she'd love to yeah (laughs) what in my work with clients?

I: No how has it manifested in your own family, can you give me some examples of the way you have had to set boundaries

L: Yes, well I have to set boundaries with my mother because she is very very controlling ammh, (1) she tries to be but she's, she's (1) conditional (2) my mother gives conditional love and if you don't conform to that you pay a penalty emotionally really (1) that's the best way and it's taken me (1) a long long time to stand up to that (1) and actually have the confidence to say that her behaviour (laughs) is unacceptable (1) and if that's the way she is going to behave then I'd rather not see her (1) with my, with my kids it's made it somewhat easier really because (2) I know that you have to set boundaries, that, they'd be totally screwed up if I didn't. But um, you know I don't want to be too strict because of (1) my Mum, so, I don't want to let them be too free and whatever because (1) because of my, what my experience with my Mum (1) you know if I do something, if I, any time I put a condition, I have to think about that because I don't want (1) I don't want to think that I'm doing this, making this decision (1) with a condition. Very very aware of that, my whole family all my sisters are very very aware of that actually of (1) of how we bring up our children ... [44]

From the above exchange, the importance of, and the ambivalence about, the close family network is very apparent. Lola is very clear that it was and to probably a lesser extent still is immensely difficult and important for the individual child to set internal boundaries to guard against the overpowering closeness of the close family and the demands of family members. Experience has shown her very strongly that "*You do have to set boundaries in a close family network*

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7 Could this period of her having been 'socially silenced' have any relation to her subsequent work with 'autistically-silenced' adolescents?

*probably more actually (1) in order to be yourself"*, and this insistence on the potentially overwhelming nature of *'family supportiveness'* is strongly felt and argued with several examples, but overwhelmingly about her mother.

L: then after my Dad died she she made our lives hell really (2) and our relationship deteriorated from there. Like her only concern was about how she felt (1) ... she wanted our heart and soul (1) but didn't care (1) she wanted to rip it out rather than (1) you know (1) so she just became naughty really I suppose (laughs)

I: You were saying Lola I think that you didn't conform to that, to what your Mum wanted that there were penalties

L: Oh she's nasty she's very nasty (1) my Mum ... [45]

This awareness of being ruthlessly 'psychologically manipulated' and her determination to set boundaries collectively with her sisters against this constant danger from across the boundary is very conscious and very strong. Again, she attempts in her text to present the problem and the danger as being largely in the past, but not very successfully. My personal sense is that the danger is still there, even if she has become much more adept at managing it. What is striking is the way that her fought-for understanding of the threats to 'adult autonomy' within her family is such a powerful resource for her professional perspectives and activity, as the next incident shows. [46]

#### A critical incident: bereavement counselling of three sisters

At one point—in some ways the crux of her account bringing personal and professional life together—Lola describes a crucial incident in the hospice in which she was counselling three sisters of a difficult mother who was dying there. "*The whole family situation was very very similar to mine (1), extremely similar (1)*". She interviewed all three separately and all three together "*and I wanted to cry when I walked out of there (2) because it was like a mirror (1) .... And then that really hit me (1) that really did affect me (1), 'cause I thought if that was my mum in there ...*".

L: how would we cope, now (1) given the relationship we have with her (1) really, and, because all they wanted (1) and my mum does say that she loves us although it's difficult for us to believe that sometimes but (laughs) but all they wanted was for her to tell them that she loved them (1) and and did care for them (1) and it was very difficult (2)

I: How did you cope with that sort of ...

L: Oh God it was really hard [overlapping]

L: very difficult

I: How did you cope with that?

L: (noise) I thought it was really hard actually, I had discussed it with a (1) with supervision, because it was very difficult, because (1) they build up a relationship, you can't avoid that in a hospice, but I have to (1) really think strongly about boundaries, really, strongly. *I had to think, now do I just walk away from this now (1). Because this*

*is really triggering my whole (1) thing really, you know: the bereavement, my dad, and what if it was my mum, and, and how would we deal with that (2). Ehm and then, but no, I mean I sat down and discussed it. I actually spoke with a consultant as well (1) and and said: I'm not sure how ehm how I'm gonna do it. Am I going (1) to talk to them and pass them on (3) or ehh (1) see really. So I sat down and thought about (2) because I had to think about what I wanted to do next with them, what questions I wanted to ask them, and (1) and why I wanted to ask. Was it for me? And when I think how I would deal with it, and and, do you know what I mean, and its very difficult, but anyhow I did continue to deal with that. And I did, and I, I just (2) I did something that I never ever thought that I would have the strength to do what I did. I actually challenged their relationship with their mother (2)*

I: right

L: ehm, and which was partly was challenging my own as well (giggling slightly). I challenged the fact that (1) just because she was dying, why did they expect her to change her personality. (4) (slamming door) you know, and I could, I could understand that they, that they would want to feel better after she had died. That things had been resolved. But things could be resolved, but it dos not mean that she is going to change her personality just because she's dying. Because that is probably not going to happen. It does in some people (1) it, it does, but there is a possibility, but it might not. And and then we have to deal with: "How are they going to cope with that?" *And that's what we focussed on (1) You know, on, on the possibility that: "she's not going to change". And, and so how do you then move on from that after she's died. To, to dealing with the fact that your mother never told you that she loved you? And that's the angle that I took really. Ehm because that's, that is then it changed, for my family situation to theirs (2)*

I: right

L: does that make sense?

I: sure sure

L: So that, so that's when I, ehh, you know, when that relationship split. And I was professional again, and the boundaries was then set again (slight laughter). And for *me* (3). I sat [set?] my boundaries, you know, we all have these instances that challenges us personally. And that was one. [47]

Lola's incident which, she says, "*triggered her whole thing*" but in which she feels she managed to stay professional when it was needed, is one in which it seems she feels she achieved a double success: "*I did something that I never ever thought that I would have the strength to do what I did. I actually challenged their relationship with their mother (2) ... and which was partly was challenging my own as well*". [48]

Perhaps the important thing to recognise about this complex and incomplete expression is that it is not possible to determine a full 'general theory of boundaries and relatedness' from it, that the discussion by Lola is remarkably full and sensitive and also not quite complete. How did she evaluate the 'slip'? It is possible that she felt that nothing had been lost by her, for a moment, not having been a properly bounded professional? It is even possible that she might have

felt this was a positive gain; however neither this nor its contrary (a wrong slip that luckily didn't do any damage) ever gets articulated. Too high a boundary (housing officials) or too punitive an action across the boundary (imagined probation service) is not good, but, apart from the discussion of the three sisters already cited, there is no corresponding articulation of a positive value for transgressing or dropping a boundary.<sup>8</sup> [49]

#### An earlier critical episode: the hospice

It is possible to argue that there are two places where Lola worked in which her strategy of 'sufficient challenge across a firmly maintained boundary' worked less well than elsewhere: namely the home for elderly people that she mentions very briefly, and the hospice (see Paragraph 30 above). The hospice experience occurred a few years after she suddenly lost her father and by inference while her mother was starting to become difficult and manipulative in the way she had described (see Paragraph 45 above), leading to Lola having to more actively develop defences against this maternal manipulation. We could infer that she was struggling to come to terms with the complete and sudden loss of her father and the emotional bereavement of her mother's self-obsession and aggressive manipulation developing as a response in the same period: a double loss. [50]

It is in this context that her reference to helping "*people come to terms with ... their families dying*" and to "*you're dealing with loss everyday, it has to provide (1), provide thought, really (1)*" can be better understood. "*It was enough really (2), it's pretty intense (2) ammmh, because it is holistic, you are working with the person, you are working with the family (1) and there is constant relation [relating?] ....*". In the passage cited in Paragraph 30, she gives a strong indicator of how this 'holistic' and 'intense emotional experience' involving complex relations with the dying person and/or their "dying" families was "too much". [51]

She refers to it as a 'catharsis', but her account suggests it was *not a catharsis which purges but rather an ordeal that, at the time at least, she was determined not to repeat*. Later, when talking about the three sisters, she says:

[T]hey build up a relationship, you can't avoid that in a hospice, but I have to (1) really think strongly about boundaries, really, strongly. *I had to think, now do I just walk away from this now (1)*. Because *this is really triggering my whole (1) thing really, you know: the bereavement, my dad, and what if it was my mum*. [52]

It might just be context specific, but I was struck by the phrase about the building up of a relationship "*you can't avoid that in a hospice*". Somebody with a quite different history might possibly have said that "the great thing about a hospice—as compared to a housing referral agency—is that you can build up a relationship

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8 CASEMENT (1985) does in fact argue for "the value of being seen to try, though failing" or the value of being experienced as "not just easily and automatically a professional", for what might be termed "sufficient occasional failure". This is possible for a psychotherapist or analyst; a social worker in a bureaucratic hierarchy with a passing clientele may be in a quite different position (RUSTIN, 2001).

with people, with their whole families". And for Lola, too, this is one of the ways she sees it. [53]

However, for Lola at this point and at one or two others, there is another implication: that "sadness" comes from the building up of relationships. You "can't avoid" relationship build-up in a hospice, but of course you can avoid working in a hospice, and thereby avoid the unwelcome relationship-building that inevitably happens there. And this is what she does. She refuses the offer of the post-graduation job in palliative care.<sup>9</sup> [54]

If 'sufficient challenge across a firm boundary' is the situation in which Lola feels best, as this paper has been arguing, then this presupposes a situation in which 'challenge' and 'firm boundary' can be seen as best for the persons concerned. With people dying in a hospice, where the dying person will inevitably get weaker and less competent, this is a situation in which 'challenges' and 'firm boundaries' can be of declining relevance and other caring and nurturing capacities are more important. But, since they will become dead, to care and nurture such dying people—to let a relationship build up which "can't be avoided in a hospice"—is to prepare oneself to be betrayed by the death of the other. Since we all suffer from loss and bereavement, to stop challenging and allow regression is to plunge oneself into as many certain bereavements as one has patients for whom one has allowed oneself to care. MENZIES LYTH's (1988) path-finding study of nurses having to struggle with overwhelming fears of death and loss is highly relevant (see also ROBERTS, 1994; RAMSAY, 2000; HINSHELWOOD & SKOGSTAD, 2000) Lola's perception that her own recent bereavements made it particularly hard for her to cope with the high emotions of the hospice seems to be absolutely spot on.<sup>10</sup> However, she may under-estimate the unconscious 'fear of over-relating' that it may have triggered off or (more likely) intensified. [55]

#### **4. Lola's Case-Narrative: A Contradictory Text Reflecting Real Contradictions**

##### **4.1 A tentative discussion of the history of the case**

Earlier in Paragraph 19, I gave an account of the events of Lola's lived life. Here I revisit that outline to see how she presents that lived life, telling the story of those events. [56]

Lola was born in Belfast in a very extended family that she refers to as "very close". When she was 12, her parents moved to Liverpool. This must have involved a sharp break with the rest of the family and friends. Though we are given no information about this, we do know that Lola was very attached to her

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9 It should be noted that elsewhere, perhaps with other sorts of people, she wants more relating but is dissatisfied by the sort of relationship that is actually achieved: "*they aren't really your friends*" or "*the relation was clinical and so I wasn't satisfied*". A satisfactory resolution of this conflict seems difficult.

10 For an account of the sort of stress felt in such an organisation, see for example "Sitting close to death: a palliative care unit" (RAMSAY, 2000; ROBERTS, 1994; SPECK, 1994). In general, many of the accounts in OBHOLZER and ROBERTS (1994) are extremely relevant.

Nan—indeed she says "*my Nan was a nurse and I always wanted to follow what she did*"—and, if her Nan did not follow her to Liverpool, it is probable that the break with her was particularly hard. She mentions merely that this sharp transition led to her family having "*difficulties*" when they first came to Liverpool, but we don't know how severe they were. [57]

She describes herself as being "*very proud*" and very determined to "*help people*" and was pursuing her career to become a trainee nurse at X by obtaining A-levels, when she discovered at the age of 15 that she was five months pregnant by a boy she had broken with after she had had sex with him. Having found herself unwillingly pregnant, she sat through a family council at which nobody asked her opinion and then found herself 'banished' back to Northern Ireland allegedly for her to "come to terms" with things. She describes herself as "crucified", as being "put through hell". The next few years of coping with this situation are obscure—we know she had to work in a hotel as a housekeeper, and 'indulge' people she didn't think should be indulged. After the dislocation by being moved away from her extended family in Belfast when she was 12 to a nuclear family situation in Liverpool, she now at the age of 15 saw the obstruction of her plans by an unwanted pregnancy and then a child. There are suggestions that, no later than this point and perhaps earlier, she did not fully trust her mother's account of things. She describes her parents as very "obsessed with each other" and suggests that her albeit temporary "banishment" (which must have been another sharp transition) was perhaps guided more by her mother's or her parent's needs than her own. [58]

She returned to Liverpool and by the age of 21 had acquired both a husband and another child. At some point, she resumed her ambition to become a nurse by starting as a nursing auxiliary, a plan which could have brought her back to becoming a State Nurse. Though encouraged to do so by her manager and peers, instead she initiated a voluntary break with her trajectory so far, did not continue in the path of training to be a nurse ("too clinical"), and became an agency nurse. Working for the agency, she worked first in a home for the elderly—where she appreciated the one-to-one talking relationship that she found there but may have found other aspects "horrendous" [the tape is unclear at this point]. She then went to work in a residential community unit for autistic adolescents. Of this she says:

And I have to say that was probably one of the best life experiences that I've ever had and probably ever likely to have, really. I was five and a half years there ammh, sort of worked up to senior official rank really, which then started off managing staff ... [59]

She stayed there for over five years. At some point towards the end of her stay with them, and we are guessing a bit here, probably somewhere between half-way and in her last year there, her father died "suddenly", and, either immediately or belatedly, her mother became increasingly invasive and manipulative. In that sense, she may be seen as suffering a 'double bereavement' both of the father who was no longer there to keep the mother in line and of whatever positive

aspects of her mother that there had been. (Her reference to "families dying" may relate to this.) [60]

A young mother with children, she then started a new career as a social worker. Whether there was any connection between this sudden death of her father and her change of direction, we don't know. She started from scratch again (rather as she had to do when she started as a nursing auxiliary, but this time out of choice) doing first of all an 'access to social work' course where she worked with a Youth Justice Team, and then a social work degree course, doing a placement in her first year with an Irish homelessness agency and in her second year doing another with a hospice for the dying. [61]

How her choice to work in a hospice related to the death of her father, who had died "a few years earlier", we don't know. We do know that, because of this death, she was scared of doing this placement, took advice about it, and decided to do it nonetheless. We know that it was a very personally-demanding and challenging experience for her—the episode with the three sisters and the dying parent took place there at some point (Paragraph 47)—and her narrative suggests that she found it was too "intense".

[Y]ou are dealing with loss every day ... so I was offered a post from graduating but I turned it down, (1) it was enough really (2) it's pretty intense (2). [62]

After graduation, she worked for 9 months as a social worker in a housing agency, struggling to make the housing officers see their clients as people, and then found her present job as manager (Client Services Coordinator) of a small group of staff in an Irish homelessness agency in Liverpool. This job she feels was "*made for me*". [63]

It seems likely that, in the hospice that she describes as "holistic", what might be seen as a 'searing experience' in fact led to a de facto withdrawal from working too holistically on too permanent a basis with clients. She turned down the offer of a job after graduation at the hospice, and her post-graduation work involved more working with staff than directly with clients. For somebody who wanted a holistic approach and time to spend in a 'non-clinical' way, she has found a managerial job (admittedly with a very small family-size staff) where she is clearly managing, caring for, and supporting and challenging her staff. [64]

In a sense, the 'job may be made for her' professionally in the sense that she is developing her managerial capacity (first demonstrated in the residential home for autistic adolescents) and she is putting her social work insights and skills to work in raising the professionalism level of her staff. It is also made for her personally because she is dealing with people from Ireland—in a way creating a looser family of clients passing through from Ireland, from Belfast in particular, and is helping them in the way that maybe she felt somebody should have been helping her and her parents when they came to Liverpool. Contrasting with the '*too intense*' hospice and the '*too close*' family of origin, her sense of autonomy is enhanced by this continued 'Irish experience' that puts her skills and cultural

knowledge, her personal experience of forcible relocations and having to 'start all over again', to good use. [65]

In the diagram on the next page, there seems to be a contradiction between the original "will to nurture/caring" and the "will to manage/care for the direct carers", a shift from bottom left towards top right. As in many professions, advancement takes the form of shifting from frontline work with clients to supervisory and managerial functions. So such factors would play into this as well. The relative force of such hypothetical factors from current data cannot be properly estimated from the interview-data: we would have wanted to discuss this with the interviewee.

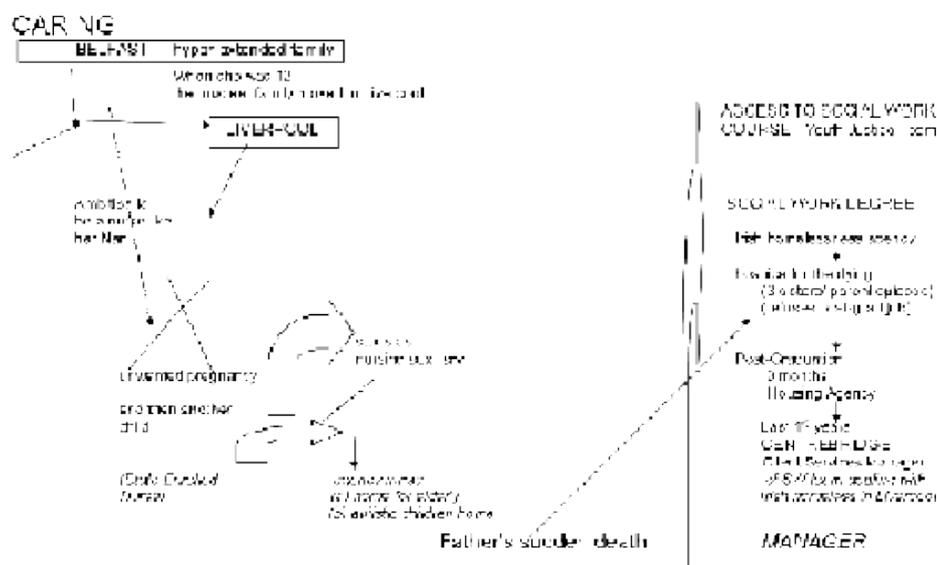


Table 1: A diagram for Lola's life so far. Please click the table to [increase the picture](#) [66]

## 4.2 The texture of the narrative

One of the features of Lola's discourse is that of a self-revision of a previous (normally positive) evaluation by a subsequent (often more negative) one and that this contradiction is usually neither noted nor commented upon by her. However, there are a few points at which her sense of her own internal contradictory responses does come to the surface, and where she signals such awareness. One relates to her relationship to her children with respect to her mother:

[I]f that's the way she [the mother] is going to behave then I'd rather not see her (1) with my, with my kids it's made it somewhat easier really because (2) I know that you have to set boundaries, that, they'd be totally screwed up if I didn't. But um, you know I don't want to be too strict because of (1) my Mum, so, I don't want to let them be too free and whatever because (1) because of my, what my experience with my Mum (1) you know if I do something, if I, any time I put a condition, I have to think about that

because *I don't want (1) I don't want to think that I'm doing this, making this decision (1) with a condition*. Very very aware of that, my whole family all my sisters are very very aware of that actually of (1) of how we bring up our children. I think most parents don't want to be like your Mum you know that that no I mean there's part of my Mum I don't, that I'd quite like to be (1) but the conditional side you we all have to give conditions to our children and I know that (1) but its not you know if I say (1) lend my daughter money (1) you know I either lend it to her or I give it to her (1) if I give it to her I don't ask for it back. [67]

In the phrase in supplied italics above—"*I don't want (1) I don't want to think that I'm doing this, making this decision (1) with a condition*"—Lola indicates her awareness of thinking of what she doesn't want to think about, namely engaging in the "conditional love" that she says was all that her mother provided. She then qualifies this by shifting to the problem of her mother *illegitimately changing the conditions* (turning a gift into a loan) of conditional love, which is easier for her to handle than the question of any conditionality at all. How does one relate love to boundaries, and boundary-making to the conditionality of loving? [68]

This problem of 'conditional' love, conditional relatedness, is a very crucial one for her. On the one hand, her complaint about her mother revolves largely around the mother's (unreliable) conditionality; against this, she wants her children to experience an unconditional love but "*knows you have to set boundaries, that they'd be totally screwed up if I didn't*"<sup>11</sup>. This resonates too with her insistence on reciprocity and conditionality as part of how the agency ought to relate to its clients while also admitting that:

[I]f truth be told *we would all want, we would want to give them all money for food, we would like to put a roof on everybody's head, we would. Of course we would*, the people in us do that. But if we do it for one person, we have to do for all people. And you know, *we don't give out money for food*, we don't do it for example ehm (1). *There are extreme circumstances when we have done*. We have had runaways in the office, you know, *we judge it individually. But we now have that base of structure of consistency*. [69]

The struggle for consistency of treatment across cases together with the assertion or the recognition that cases have to be also judged individually indicates the 'internal' struggle that goes on professionally that matches the 'internal' struggle that Lola has in relation to her children not wanting "to be too strict" or "too free", and "*I don't want to think that I am doing this, making this decision (1) with a condition*". [70]

There are obvious differences in context between Lola as a mother caring for her children and Lola as a professional dealing with homeless adults at Centrebridge. However, the internal struggle between an ethic or impulse to provide all and an ethic or impulse to promote conditionality is not completely dissimilar.

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11 The language of setting boundaries and that of insisting on conditions overlaps or perhaps becomes fused here.

FROGGETT has an interesting discussion of one sort of conditionality (2002, p.126). She cites HOGGETT:

"Inside each one of us there is a drifter and a nomad, a failure, a non-survivor and all the other personas that the passive voice can assume. A good society would be one that could provide a place for such selves to be, without always seeking to empower them or thrust cures upon them. Sometimes people just want to rest and be taken care of ... It follows that there is something seriously wrong with a society in which the bestowal of full citizenship is contingent upon fitness to join a labour-market which increasingly has the feel of a jungle" (HOGGETT, 2000, p.69). [71]

Lola's struggle over these issues is not a purely individual one, but reflects unavoidable dilemmas for all of us. What her interview provides is an opportunity to see more clearly than usual how such issues are wrestled with in particular cases. [72]

### **5. Lola's Case-Structure: Boundaries Against "the Other" and Anti-dualistic Thinking and Practice**

At this point, a very over-simplified summary may draw some of the threads together. Lola can be seen having two distinct 'others': one personal and the other professional. [73]

Professionally speaking, Lola's current 'other' is the group of agency clients (individually and collectively). Like manipulative children, they try to get the agency staff and the agency to be a 'soft touch', to re-invoke buddy-buddy relationships on the basis of Irish 'tribal kinship', to get the staff to do things for them. But the staff are always in danger of being 'let down' by the clients: the latter are unreliable. [74]

The staff are always in danger of being seduced into backsliding into an 'indulgent parent rescuer' position by the manipulative and unreliable clients, and those who were part of the previous regime are particularly liable to such backsliding. However, in the main, they have been brought up by Lola to develop their own 'maturity' and capacity to resist seduction. [75]

Personally, Lola's other is her mother—a fearsome figure who can—or perhaps only could—reduce Lola to a nervous wreck in minutes, and still has to be seen as infrequently as possible. Undermining and desperate, she is manipulative and seductive. Only the determined solidarity of Lola and her sisters prevents her mother from dividing and ruling; only determined maintaining of her boundary and distancing her mother as far as possible and limiting contact with her enables Lola not to be 'psychically invaded and destroyed'. Lola's mother always promises to reform ("I know, I know") but Lola would be foolish indeed to rely on such promises in any way. [76]

In the domestic sphere, Lola and her three sisters have developed strong sibling solidarity against their Other. This is matched by the strong professional solidarity

of Lola and her four colleagues against *their* respective Other, the agency clients. [77]

Her primary professional concern is to foster 'non-neediness and independent adult-to-adult relationships' among her agency's clients. This project involves a constant struggle against the 'need to be needed' which, she recognises, marked at least the beginning of her career and continues to characterise at least a tendency among some of the agency staff. This can be seen as a less strenuous replay of her work in a residential home for autistic adolescents that had to be "strongly structured" towards their development and maturation. [78]

We don't know anything about Lola's University training to be a professional social worker. We suspect it must have been very important in using her experience and preparing her for more. Her practical understanding of ambivalence—as in the case of the bereavement counselling of the three sisters, and in another remark about her work with the autistic adolescents—shows a practical grasp of issues of what the psychoanalytically-trained would think of as 'counter-transference' and the importance of being aware of the way that 'personal issues' and 'clients issues' can interact in a potentially confusing way. She says at different points:

[A]nd I loved it, I absolutely loved it because it taught me about judging people.(2) ... It learnt, taught me about behaviour (1), boundaries (2) and and relationships funnily enough ... It was just, you know they had the same needs and wants as we do (1) ammh, just different ways of communicating the needs. ... (2) I don't know if I couldn't speak how I would ammh (2) vent my frustrations, bearing in mind that they were, most of them in adolescence as well which is horrendous for (1), a normal human being, whatever that means, but, I sometimes think that maybe they were more normal than I was to be honest. [79]

By "judging people" she implies judging some people or categories of people to be fundamentally different from herself, fundamentally other, in what Kleinians would call a 'paranoid-schizoid' perspective (e.g. KLEIN, 1957; BRITTON, 1998) It suggests that what that residential community enabled her to do was to 'go beyond' that dualist world, see autistic adolescents as basically similar to herself (and even 'more normal') , and have a professional perspective and practice firmly anchored in non-dualistic thinking, the Kleinian 'depressive position' (BRITTON, 1998, pp.69-81). Of course, this does not mean that she (or any of us) can avoid having moments in which others are experienced as 'fundamentally other', but only that her professional perspective and her practice is anti-dualistic, and not bound into dualism. To be able to say "*I sometimes think that maybe they were more normal than I was, to be honest*" is a considerable achievement and indicates a great resource. [80]

As far as Centrebridge is concerned—a housing referral agency—they have found somebody whose formative influences have made her the 'right person at the right time' for their transition from a 'charity' to a 'professional' culture and to produce a work culture in which the clients are handled firmly and consistently in

an 'adult fashion' and kept from falling either into 'indulgency' or 'punitive patterns'. From Lola's account, it is clear that a 'culture of consistency' as between clients does not mean an inflexible and mechanical application of rules: exceptions are made and fully discussed and worked through in the team. In terms of ROBERTS' (1994) argument cited at the start of this paper, Centrebridge under Lola's influence has developed stronger boundaries but not paranoid ones. This is very much to its and her credit. [81]

## 6. Equilibrium or Unused Potential for Lola

I have explored the powerful support that Lola's life experiences gave to her current emergent professional perspective on the importance of maintaining boundaries to help the clients of Centrebridge homelessness agency meet the challenges of functioning in an adult way under very difficult circumstances. In particular I stressed, and perhaps over-stressed, how Lola's experience of her difficult and demanding Irish mother gave her insights into the importance of maintaining boundaries with difficult and demanding Irish agency clients, and the desire to do so. It is striking how the language used in characterising her mother and that used in characterising her agency's client groups is very similar. [82]

In that sense, the agency is a '*home from home*'—*but with a key difference*. Lola is struggling to empower her clients in a way that her mother did not empower her and will not now be empowered by her. Her mother she sees as 'unchangeable', but she can be more optimistic about her clients. [83]

One of the paradoxes of the case of Lola is that although 'one-to-one holistic care with people telling and listening to stories over a longish period of time' is one major focal attraction point of her career, her overall shift has been from frontline work in which this can happen (autistic adolescents, residential hospice) to more short-term work with clients and institutions dealing with more partial aspects of the whole individual (housing) and to the management of frontline staff dealing with such cases. Against this must be set the overall delivery of more professional and more people-respecting service to the eventual clients (clients of the housing association, clients of Centrebridge), and of course there is her holistic long-term care for the development of her relatively stable frontline staff as she issues *them* with challenges across a firmly maintained boundary and thereby facilitating *their* development, even though work with the more transient clients must be less satisfactory. [84]

We We have a situation in which Lola's great fear of loss of boundaries against the demanding Other, on the one hand, and Centrebridge's drive towards professional bounding and challenging on the other, both combine to reinforce an ideological 'fit' for Lola which is both happy and unhappy: the ideology of 'sufficient challenge across a firmly maintained boundary'. It is a '*happy fit*' for Lola and Centrebridge under the 'rational-adult-ist individualist' model (the 'rational adult individual' is a denial of the non-rational, the non-adult, and the non-individual relational world we inhabit: it is an ideology). It is an '*unhappy fit*' (or a low-level equilibrium) for Lola because it prevents Lola's professional work

from challenging her to inspect and possibly manage better her personal fear of boundary transgression. This blocks a fuller implementation of the 'holistic imperative' which we have seen is important to her.<sup>12</sup> [85]

As far as Lola is concerned, her current work and perspective in which she both accepts non-holistic practices and strongly works against sentimental or dualistic thinking could well continue to remain sufficiently satisfying. Alternatively, she might eventually wish to work in a more 'holistic and therapeutic way' in order to satisfy that 'need to nurture' which she sees as having been the core motivation that started her professional career (see [Afterword](#)). [86]

## 7. Equilibrium or Unused Potential for the Agency

It seems likely that Centrebridge as a voluntary agency continues to attempt a relatively holistic task, despite its professionalisation, and that its mix of 'charitable' and 'professional' impulses correlates with Lola's personal mix (which is of course shared in a varyingly conscious way by most people working in the human services) between 'the impulse to give', the 'need to help maturation', and 'the need to avoid being overwhelmed'. However, given that the "limits implied by agency function" of Centrebridge can be expected to be relatively narrow—compared with say the width of function implicit in the residential community for autistic adolescents which Lola describes as "*one of the best life experiences that I've ever had and probably ever likely to have, really*"—it is possible that it has to be quite a strong impulse that keeps her as a would-be-holistic social worker working in such a comparatively 'narrow-function' agency. Whether that impulse comes from within or without (and it's probably both), as far as the agency's development is concerned the ideology of 'sufficient challenge across a firmly maintained boundary' is an 'unhappy fit' (or a low-level equilibrium) for the agency because it prevents the agency from benefiting from a critique of Centrebridge's concept of its function and from a more complex approach to supporting the homeless which Lola—if encouraged and supported—would be probably able to bring. [87]

The theory-in-use of an agency as a whole or of particular subgroups and individuals within a given agency makes certain thoughts more difficult to think, certain experiences less legitimate to articulate. Max WEBER argued that the 'bureaucratisation of the world' was leading to a rule-governed formal rationality at the expense of substantive rationality. It is worth speculating that an emphasis on boundaries in psychosocial professional theory may correspond very well to the administrative division of labour between and within agencies and hierarchies. Although it is formally perfectly possible for a very hierarchical and rule-organised organisation to espouse a theory of professional-client relations of a 'romantic and anarchic' variety, this is rather less likely. The pro-boundary practice of the organisation is likely to predispose it towards a fetishisation of boundary relations in their model of human development for their clients. [88]

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<sup>12</sup> Such a change in Centrebridge's mission might well be impractical and impossible. We have no information on this. Our impression is that they are set up as a referral agency having short-term contacts with a transient clientele.

Consequently, where a psychosocial professional ideology may *have an apparently equal-handed treatment of boundaries and relatedness*, nevertheless, within the confines of an administration's particular division of labour, the critique of boundary fetishism will be likely to become weaker and weaker, and increasingly confined to ideology. Anti-boundary activity would become experienced only as a covert and illegitimate rule-breaking practice. The boundary practice of complex bureaucracies makes 'boundary theory' attractive and thus 'critiques of boundary-ism' difficult to assimilate, let alone put into practice. Holism and bureaucratism mix badly! [89]

## **8. Implications for the Theory-In-Use in Social Work and Professional Training**

However, part of the problem may at least partly lie elsewhere. Could it lie in the theory-in-use, or even the formal theory-as-taught, dominant in social work and other trainings that are not explicitly committed to a full psychodynamic approach, such as that taught in the object-relations tradition of psychoanalysis? [90]

In the object-relations model, personal development does require certain sorts of boundaries, yes, but also their transgression and reduction may be crucial for optimising the best sort of relatedness for the best sort of development. Some boundaries and modes of boundary-handling tend to the defensive; others are more developmental. Occasionally, the tactical transgression or temporary 'reduction' of boundaries may be crucial to success, even if the overall strategy of 'challenges across a firmly maintained boundary' is the framework in which this happens. [91]

FROGGETT (2002) has a useful discussion of models of welfare and devotes a substantial section to 'the denial of dependency':

"One of the neglected pitfalls of partnership, in the context of any kind of caring, is the way they evoke, at an unconscious level, fantasies of fusion, struggles over personal boundaries, and unfulfilled dependency needs ... Welfare professionals become implicated in a denial of dependency needs which is at odds with the very nature and purpose of their involvement ... Hatred of dependency has complex psychosocial roots ... It seems to be that there is difficulty in conceiving of dependent adulthood in terms other than degradation ... [Hatred of dependency] ... is a defence more likely to be deployed in certain states of mind—particularly where social containers for the underlying anxieties provoked by weakness and debility are dispersed ... In the rush to protect the status and interests of the other, the obligation to engage with the meaning of his or her predicament is bypassed because there is neither space nor language to explore it." (FROGGETT, 2002, p.100) [92]

The model of human development presented by Patrick CASEMENT (1985, 1990) shows a more avowedly ambivalent relation to boundaries—in a practice which can be characteristic of a sustained one-to-one analysis but which is infinitely more difficult in many-to-many relations within a housing organisation.

He distinguishes 'libidinal demands' which should not be met and 'growth needs' which should be met. He writes:

"When there has been a lack of mental or emotional privacy within which a child can begin to establish a viable separateness from the mother (or other adults), there is a *search for space* ... Where there has been a lack of adequate structure within which a patient could have more securely negotiated key developmental phases of growth, there is a *search for structure* in the therapeutic relationship ... Where there has been a lack of sufficient responsiveness in the person taking care of an infant, without which the infant's attempts at communicating pre-verbally were experienced as hopeless and without meaning, there is a *search for responsiveness* in the therapist." (CASEMENT, 1985, p.172; *reordered*) [93]

Might responsiveness involve the (temporary) reduction (or transgression or lowering) of boundaries, the facilitating of a regression to dependency in the service of the ego? Certainly not often but sometimes, even the best boundary is the wrong thing to maintain. [94]

Although the focus of all our interviews was on 'boundaries and relatedness', the bulk of the material from nearly all the interviewees showed—as it does in Lola's case—more awareness of the needs for boundary-structure and space to be private than it did for a need for responsiveness. There are social forces pushing very strongly for this inflexibility at the macro and the organisational level, but a full awareness of its limitations can often mitigate its effects. [95]

In terms of theory and practice, our material so far suggests that (a) a more complex theory of boundaries and relatedness needs to be established and stabilised in social work training, together with a psychosocial awareness of the one-sided impact of bureaucratic structures on holistic philosophies, and that (b) case-studies using a methodology of biographic-narrative interviewing, generating sufficient depth and detail, may help immunise students and social workers against a too simplified understanding of the issues 'pushed' by the current neoliberal reworking of Anglo-Saxon rational adult-ist individualism. [96]

## 9. Afterword

The above report was structured as you the reader have read it to achieve the best chance of it being acceptable to the interviewee as a basis for further discussion. The text was designed to start with the self-theory and perspectives of the interviewee and to move as slowly and delicately as possible towards the rather different researcher perspective of the research team, in the hope that Lola would find it not too painful to accept our rather different researcher perspective on her case as at least legitimate and not threatening. On the phone, the interviewee was very positive about the prospect of receiving her case 'written up' and the research team was very optimistic that a form of presentation might have been found that would enable a dialogue between the two perspectives to take place. In the event, after receiving and we presume reading (at least some of) the above text, Lola evaded all phone contact and we felt bound to respect this desire

not to make contact. We concluded that, even with great care, the prospects for the ethics of feeding back case-findings to the participant in question where the case-findings diverge (as with defended subjectivity, they always will) from the self-perspective of the interviewee are not good. We know that in psycho-analysis and psycho-dynamic therapy the analyst or therapist never presents more of their slowly-evolving perception to the client or analysand than face-to-face interaction suggests they can currently take: 'imposing a conjecture' (particularly a valid one) can be completely counter-productive and damaging. Given that BNIM and similar methodologies do enable 'depth analyses' to be made of ourselves as defended subjects (HOLLWAY & JEFFERSON, 2000), it now seems likely that 'feeding back case results to the case' is very unlikely to be an ethically-defensible practice where the case-results reach any depth. [97]

It is interesting to note in light of the analysis of case-dynamics made above, that a year after this study was concluded, we heard that Lola had left her job as manager and became a social worker at a hospital. This job, rather than being just a social work manager or a care-worker for the irretrievably dying and/or irreversibly unchangeable, may be the one about which she could say "the job was made for me". [98]

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