DIFFICULT CONVERSATIONS ON THE FRONTLINE

Managing the Tensions between Care and Control
Are Communication Skills enough?

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"Encounters in child protection are full of fateful moments that require professionals to have the skill, courage and personal resources to ask the really hard questions. Whether they do so is directly related to the quality of the support available to them in their organisations, where they need space to think, process their feelings and gain insight into their experiences."

Harry Ferguson, Professor of Social Work, *The Guardian* 13 November 2008

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Contents

Abstract

This professional doctorate in psychoanalytic psychotherapy considers the role of psychoanalytic thinking in contemporary child protection social work particularly in relation to communication with adult clients1. The dual mandate of social workers to care and control creates conflict in the role which is well recognised. Less well understood is how such conflict affects communication between social workers and clients in subtle and often unconscious ways. This study uses psychoanalytically informed observations and interviews to investigate an area of defensiveness which may be evident in the 'micro-process' of conversations where difficult matters are being discussed. The study asks whether identifiable 'moments of avoidance' occur during these conversations at points of heightened tension between care and control. Results suggest that despite good communication skills, there is evidence of practitioner anxiety within the psychodynamic process of interviews; this can lead to transitory avoidance which can affect engagement and throw practitioners off course. These diversions are discussed with reference to Kleinian theories of enactment and projective identification with an emphasis on the internal pressures that initiate defensive manoeuvres of this kind. This is a timely and detailed study which illuminates the nuances of real practice and hopes to contribute to training initiatives for frontline, family social workers.

[1] The term 'client' is used throughout to refer to parent/carer

Chapter 1

Background to the Study

Introduction

My study is about communication dynamics in child protection social work. I am interested in what is happening beneath the surface of communication when social workers talk to parents about neglect. I am motivated by a hunch that these conversations are made more difficult by the conflicted nature of the social work role, involving as it does both care and control, and I am interested in observing the defensive processes that will inevitably ensue. Social work is further complicated by taking place mainly within the private setting of family homes and so it is in this context that I wanted to locate my research.

Fly-on-the-wall documentary

In 2012 the BBC screened a documentary series called '*Protecting our Children'* which closely followed the work of a child protection team in Bristol over the course of a year (BBC2, 30 Jan - 13 Feb 2012). This award-winning series was credited with being the first detailed, sensitive and accurate exposure of social work shown in the UK and it helped to counter criticism and public outcry in the wake of the Peter Connolly ('Baby P') tragedy. It was deliberately commissioned in support of a profession that had hit rock bottom and it sparked in me a strong wish to conduct a piece of research that could be useful to practitioners in their frontline work.

Watching the programmes, I was extremely moved by the predicament of these social workers who were seen entering filthy, bewildering and frightening homes of highly disturbed young parents. I was struck by the distractions, tensions and anxieties which filled these domestic encounters and by the fraught conversations

upon which enormous decisions had to be based about the safety of children; it seemed to me like trying to do finely-tuned work in a war zone.

In one programme, a newly-qualified social worker makes a home visit to a troubled family, her first on her own. The parents are fractious and intimidating and the social worker's neck flushes red as she sits in the midst of their onslaught. We are shown agonisingly difficult work for this young professional, in horrendous conditions, the weight of public opinion bearing down on her, not to mention the television cameras.

In another case, a more experienced social worker had a decision to make about the safety of an unborn child of two very unstable, adolescent parents. We watched her become rapidly and prematurely hopeful, even excited, when the pregnant mother announced she had broken-off her relationship with the father who was a very disturbed young man. Soon afterwards, the social worker's euphoria was shattered, and she broke down in tears, when the young mother ran away to re-join her man, abandoning the newborn baby in his foster home; the social worker later went 'off sick' due to stress.

I was struck by the courage of these women in exposing the emotional turbulence of their work. This made it possible to see where gaps in understanding lay and to wonder what contribution psychoanalytic ideas might make to supporting their often impossible task. In particular, there seemed to be no explicit understanding of unconscious communication and behaviour and I wondered whether it might be easier to navigate and think with clients if social workers were more aware of the pushes and pulls of the transference. Assessments and decision-making might be helped by practitioners recognising their emotional responses to clients and how they could be drawn into defensive manoeuvres involving denial, avoidance or haste. I wanted to look at these processes further and to trial a way of exploring emerging observations directly with social workers as part of the study's design.

An interest in micro-process

The study grows out of my long-standing academic interest in the minutiae of unconscious communication. My undergraduate psychology thesis looked at micro-process of interaction between an autistic girl and her mother using Trevarthen's notion of 'primary intersubjectivity' as a key construct (Trevarthen 1979; Henderson 1989). This closely observational work led me to research work on mother-infant communication in postnatal depression (Murray 1992) and then into clinical training as a psychologist and later as a psychoanalytic psychotherapist. As a practitioner I am influenced by Esther Bick's method of infant observation (Bick 1964) and by Betty Joseph's technique of microanalysis of moment-by-moment projective identifications during every session with a patient (Joseph 1989). It is this concern with subtle movements towards and away from authentic emotional contact that now underpins my research focus on 'moments of avoidance' during difficult conversations in social work.

Observations of social work

In recent years I worked as a psychotherapist in an NHS family court assessment team. Here, my involvement with social workers as a colleague and supervisor led me to some observations about how their statutory role can evoke tensions and conflicts within practice. These observations helped to stimulate my research interest in the dynamics of communication in child protection; in particular how inherent conflicts within the role are played out during difficult conversations with parents about neglect. These anecdotal impressions are my own and can be criticised as generalisations. They are drawn from many discussions with practitioners as well as from surveying the literature which informs social work practice in this country.

It is broadly accepted that statutory social workers are encumbered by their dual role as care professionals and custodians of the law (Asquith et al 2005; Moriarty et al 2015). They are charged with the task of forging working relationships with clients around agreed goals while, at the same time, performing an investigative function with powers to instigate legal processes which could have catastrophic ends. This twin task can be hard to reconcile for practitioners, who feel that caring is why they came into the profession, while the statutory responsibilities weigh heavily, leading to disillusionment with the work (Jones et al 2004).

Clients often experience the involvement of social workers as persecutory and coercive in the extreme. Traumatic resonances from childhoods spent in local authority care can lead to distorted thinking and perception as social workers come to represent all that is neglectful and abusive from the past. These projective identifications affect how clients understand and engage with the process of help (Bower 2005).

Social workers often struggle with exercising the authority brought by their statutory role, equating it with coercion and other forms of unwelcome force and avoiding clarity about care and control in their discussions with clients. I have noticed that social workers sometimes introduce themselves in a rather diffident or apologetic way, assuming that they are unwelcome and inviting the idea that they have 'been sent' by someone else. This can make it harder to take ownership of the difficult aspects of the work and they might be drawn into denying or minimising their authority and talking about statutory procedures and expectations as if they belonged to someone, or something, else. I have heard social workers frequently use the verb 'need' when referring to something they are going to do; for example 'I need to tell you' or 'I need to go through the plan with you now', and I have wondered whether this subtly shifts responsibility or agency away from them personally, onto a faceless, nameless authority. By abdicating authority in this way

the social worker projects it into ‘the system’ in an effort to join with the client in the face of a tyrannical ‘other’.

Temperley (1979) suggests that social workers can collude with unrealistic hopes or avoid facing the truth with clients because they can’t bear to be seen, or to see themselves, as a persecutory object. She says that if social workers distance themselves from the formality of the laws they represent, this can perpetrate in the client’s mind an unhelpful split between caring and punishment, understanding and control.

The social worker might also be tempted to exaggerate their custodial role, becoming authoritarian and harsh to the point where empathic communication is lost. This might be an understandable response to pressure or anxiety in the worker to ensure a client complies with statutory demands despite their obvious distress or active resistance. The social worker might fear that if they become ‘too soft’ this will be exploited and the client will not engage with the agreed work towards change.

Linked to this, I have the impression that social workers have a rather narrow understanding of empathy, associating it with ‘care’ and almost never with ‘control’. Empathy is often viewed as being understanding, likeable and kind, and is assumed to be is at odds with discussing difficult or unwelcome facts. Prevailing models of social care offer little help to practitioners in how to collaborate effectively with clients while unpopular or painful realities are faced (Pearson 2009). This struggle with empathic communication can be seen in practice when social workers tag on a ‘feeling question’, somewhat formulaically, during a conversation with a client in a different register. For example, a firm discussion about the local authority’s concerns might be followed by a perfunctory inquiry into feelings, such as ‘and how did you feel the meeting went last week?’ This is voiced as if it is an unrelated afterthought, whereas is it equally likely to stem from anxieties in the worker about being

demanding or unkind. The change of tone can be confusing for the client and interfere with their capacity to engage with the concerns that are being spelt out.

My observations suggest that social workers rarely use the concept of a therapeutic frame, even in its broadest sense. As such, their work tends to be delivered, and probably experienced, in a somewhat ad hoc and fragmented way, often in response to heightened anxiety or crises. While sometimes this is appropriate, it does raise a question about whether the work is sufficiently contained, both in a physical sense of time and space, and also emotionally, in terms of aims and expectations. What are the advantages and drawbacks of interviewing clients in their homes? Does the worker appreciate the limits of their availability and role, and how is this communicated? I have noticed that meetings with clients rarely begin on time and there is no discussion at the outset of how long they will last. Acting out on the part of the client is nearly always accommodated without exploration. In this way, the social worker can be left feeling incapacitated and provoked while the client experiences the frame as inconsistent and weak. I think that social workers underestimate their significance to clients, whatever feelings might be around, because they are not trained to think about issues of transference. A clear and reliable frame provides some containment for transferential aspects of the work and my impression is that social workers, unwittingly, do not make use of this resource.

I have observed a tendency in statutory social work for troubled parents to be somewhat infantilised through there being no expectation on them to manage ordinary responsibilities, such as getting to appointments on time. There is a prevailing culture of providing transport or escorting clients to meetings in order to ensure that they attend. At the same time, social workers are trying to help parents mature and look after their children responsibly. This conflict between ensuring and enabling can result in contradictory messages to parents about what is expected of

them and can play into tensions between infantile and more mature aspects of their functioning, leading to regressive or oppositional resistance to change.

It has struck me that the language of child protection social work, in conversations and written reports, can have a defensive quality that avoids a more direct spelling out of uncomfortable truths. A manager told me that it was sometimes hard to gauge the level of a social worker's concern about a family because their report would be full of cliché or toned down language in order not to offend or frighten off the parent. For example, poor parenting described as 'not meeting your child's needs', serious problems in a child as 'significant harm', and meeting other fathers as 'accessing relationships with other dads'. This way of talking is picked up by clients too, and can lead to a collusive avoidance of frankness, as if serious matters cannot be faced.

These observations suggest to me that contemporary social workers' carry the legacy of a profession deeply uncomfortable with how to resolve the contradiction between paternalism and partnership. This is seen in the ongoing struggle with feeling secure about making authoritative interventions in a therapeutic way. Ferguson (2011) writes about the use of 'good authority', arguing that an understanding of one's own personal relationship to authority is central to developing an 'internalised authoritative voice' (Hoggett et al 2006). In his book on child protection practice Ferguson (2011) sets out a rational framework for how to negotiate with resistant clients and makes a direct appeal to psychoanalytic theorists to extend these ideas into an understanding of the unconscious aspects of poor engagement. This inspired me towards a focus for my research question which I decided to frame around how possible tensions between care and control become manifest in communication dynamics between social workers and parents.

Why this study is timely and important

In statutory social work there is now a strong emphasis on working therapeutically with families prior to any decision to initiate care proceedings (Family Justice Review 2011; Dickens et al 2014). This means that social workers have to establish clear and purposeful plans with parents more quickly which calls for difficult conversations at an earlier stage about what needs to change. Arguably there is now less opportunity to fall back on the legislative process as a defence against the uncomfortable work of having these talks. Alongside this, there is the ever stronger culture of performance management in all health and social care, leading to persecutory conditions of less trust and more blame, and exacerbating already fragile working alliances between social workers and their adult clients. Experienced staff are being lost from frontline and duty work, moving to management roles and academia where they are less able to provide on-the-job supervision and advice.

I wanted to conduct a study that would bring psychoanalytic ideas to the frontline of social work practice and could inform training. It was suggested to me by a senior social work academic that there was a desperate need for a detailed understanding of what happens during real home visits, in particular the minutiae of the interview experience (Forrester 2013 *personal communication*). This seemed a compelling way for me to bring my clinical eye to an area of micro-process outside the consulting room and to hopefully make a contribution to a gap in the knowledge base. However, I am very aware that the core task of social work and psychotherapy differ in important ways which influence the working relationship and orientation to the client. Both professionals aim to help clients think about themselves in order to support the possibility of change. Both have a duty of care that may sometimes necessitate a change of approach; however social workers also know that, at any time, they may need to intervene in a more prescriptive way to exercise their responsibility for enforcing the law. Throughout the study, I kept this

distinction in mind and was cautious about judging the practice of social work through the lens of psychotherapy. Regarding the psychotherapist's task as more privileged in certain ways, I felt well placed to pick up on tensions and conflicts which can underlie statutory practice; however at all times I had to guard against idealisation of my own professional stance.

Chapter 2

Literature Review

Introduction

This doctoral study in psychoanalytic psychotherapy is a close examination of communication in child protection social work; in particular the difficulties arising for social workers in reconciling their responsibilities for both care and control during routine but challenging interaction with clients. The literature review aims to establish a context for my inquiry by situating it within a thorough and systematic critique of reliable research in the field, highlighting important gaps and mapping out relationships between key ideas and methodological approaches. From this, I hope to demonstrate the significance of my study and the originality of its design. The evolution of social work as a profession has followed a rather different path in the United States from that of the UK and other European countries. Therefore, I have elected to draw mainly from British sources over the past 20 years as well as some European studies of particular relevance.

As the backdrop to the study, this review sets out an argument for what I see as an important gap within current social work understanding; namely an account of unconscious processes that make engagement and communication with clients more difficult. I argue that, despite recognising the reality of 'involuntary' clients, social work continues to employ models of relationship-based practice where communication skills and interviewing techniques are described as if, by and large, the work is with willing and cooperative clients. This emphasis privileges the consciously 'caring' role in social work and has little to say about how it can be reconciled with necessarily 'controlling' interventions, or with the tensions stirred by work with defensive and hostile clients. There are many sources of tension in the

work however for the purpose of this study I focus on internal tension in the social worker due to conflict between care and control.

The review is structured thematically beginning with a brief historical account of British social work emphasising what has long been regarded as the defining schism brought by the dual mandate for care and control. Looking at the contemporary context, I describe in some detail the Munro Review of Child Protection Practice (Munro 2010; 2011) and its key influence on the current direction of social work policy and practice in this country. I discuss the importance of this document to my study in the way in which it describes priorities for practitioners around greater sensitivity to the emotional currencies of the work and the need to combine authority and compassion in how social workers engage with families. The ensuing return to relationship based practice is examined and the way in which it has opted for a theoretical basis in counselling and cognitive theory. This is set against an account of the fluctuating history of social work's relationship with psychoanalysis and the assertion that as social work has become increasingly underpinned by ideology, it has lost a sophisticated theoretical framework on which to guide its practice.

Psychoanalytic writing is underrepresented in the contemporary discourse in social work, despite the lasting appeal of a few key psychoanalytic texts which speak directly to practitioners' experience (Bower 2005; Preston-Shoot & Agass 1990). This leaves a gap in understanding of the more nuanced and unconscious aspects of communication; the social work profession is now calling for help in developing a better grasp of how emotional disturbance in clients manifests through such processes as resistance, defensiveness and deliberate deception. The study is, in part, a response to this call and my research question focuses on how communication is thrown off-course by unconscious tension in the practitioner when care and control responsibilities are felt to be in conflict. I operationalise this through my own construct of a 'moment of avoidance' which I situate within the post-Kleinian

psychoanalytic literature on 'micro-process' and resistance. Finally I provide a rationale for how my study will contribute to knowledge about real social work practice, contrasting it with existing studies which rely on actors or simulated scenarios rather than actual observation in the field. In moving freely between the literature of social work and psychoanalytic practice I am not wishing to suggest that the aims of both are the same. Throughout this study I have kept in mind the key differences in the nature of the contract with the client between statutory social work and voluntary psychotherapy.

Defining schism of care and control

Social work is intrinsically fraught with ambiguity and conflict, occupying as it does the complex middle ground between the family and the state, and mediating between the subjectivities of private life and the objectivising public world of society, governance and the law (Van Nijnatten et al 2001; Roose et al 2012; Parton & O'Byrne 2000). Social work has to reconcile responsibilities for care and control; empowerment and regulation; and the promotion and safeguarding of welfare. It is primarily committed to serving those who are in need; but it also owes a powerful allegiance to the state, from which it derives its legitimacy through statutory responsibilities enshrined by law (Parton 1998; 2012). There are debates about the role of paternalism in child protection work, defined as "a form of beneficence in which the helping person's concepts of benefits and harms differ from those of the client, and the helper's concepts prevail" (Calder 1995, p2).

Social work grew from the foundations of Victorian welfarism, where constructions of the urban poor centred on pollution, contamination and grime (internal and external), and established a humanitarian mandate for intervening in the rescue of children (Ferguson, 2004; Taylor 2008). It is argued that from the start, social workers were

sanctioned by society to carry out their role in an ‘intimate’ way, entering the private worlds of homes and minds in the interests of protecting children from harm (Ferguson 2011). Social workers have never had a legal right to enter homes without consent and so flexibility, persuasion and tact have always been part and parcel of the role, if heavy-handed practice is to be avoided. Ferguson emphasises the importance of using the senses in child protection work and he regrets that a kind of political correctness has set in to practice where the realities of stench and dirt can no longer be discussed (Ferguson 2008; 2011).

The tensions between care and control are underpinned by the different ways in which the profession has understood the origin of harm to children. Child cruelty and death was regarded as an inevitable consequence of poverty, or absent or alcoholic parents. This changed in the 1960s with the recognition of child abuse in all its forms, leading to new conceptions of parents and caregivers who could deliberately harm children or conceal non-accidental injuries. The culture of child protection work became more scrutinising and forensic, and interviews with parents became more sophisticated, drawing from models like the ‘intergenerational cycle of abuse’ to make links between parents’ own histories of trauma and neglect and the contemporary concerns (Ferguson 2011).

There have also been changes in how we think about the provision of care, from early paternalistic, Christian models of social care as delivered by ‘secular priests’ to those in unfortunate or irretrievable states, to the other extreme where we now see the vilification of dependency and the ‘benefit culture’, with circumscribed notions of care promoting ‘recovery’ and ‘self-help’ to manage seemingly unstoppable demand. Many commentators have argued that the emotional dimension of ‘helping’ is being diluted as social work is reduced to a skilled, technical activity (Tanner 1999; Lees et al 2013).

Ideological tensions in social work were further complicated by the start of a series of high profile inquiries during the 1970s into the deaths of children 'known to services' which brought practice into the public eye for the first time (Stanley & Goddard, 2002). The focus moved to social work 'failures' and ushered in a new culture of blame in the media and an increasingly risk-obsessed climate in the workplace which continues today. This was the start of 'managerialism' within organisations to tighten control on practice, and the erosion of psychic and physical space for thinking about what is being seen, heard and experienced in the actual field (Tsui & Cheung 2004).

There are numerous accounts within social work literature of this unpopular and much criticised intrusion into practice (UNISON 2009). For example, Broadhurst et al (2010) demonstrate, through a multi-site, ethnographic approach, how management of risk in social work is 'inherently complex, contingent and negotiated' (2010, p2) and cannot be systematised according to an 'instrumental rationality' of 'risk reduction technologies' (2010, p2). This is a thorough and well-documented study which examines the experience for practitioners of the disjuncture between technological and relational aspects of the work. They argue that the 'informal logics of risk' (Horlick-Jones 2005a) are overshadowed by an emphasis on standardisation and the impact of this has been neglected by researchers and so is poorly understood. Their large corpus of ethnographic data was well validated but there is little information about how it was analysed which would have further strengthened the credibility of the findings.

This study is of particular relevance to my research in the way in which it examines the detail of real encounters between social workers and clients concerning issues of harm. The researchers refer to the 'micro-politics of situated encounters' meaning the subtle and delicate negotiations of power and cooperation found within the interaction. They argue persuasively that it is here that we find the real context for risk management and not within the 'macro-order' of standardised methods. Risk

management is found to be embedded in social relations, with social workers balancing many different priorities including instrumental and moral. For example, when conducting home visits social workers have to exercise a responsibility to follow procedure and also a respectful awareness of the potentially intrusive aspect of their position. The study relies on excerpts from conversations to convey the process of encounters between social workers and clients; it does not explicitly provide data on the emotional colouring of the conversations. My study aims to enrich this kind of research by including notes of my countertransference during the data collection.

An action study into the emotional aspects of child protection work found that the decision to remove a child from their home was a 'point of maximum anxiety' in social workers and maximum tension between professionals, where the fear was of doing more harm than good:

> They could envisage that they would probably have to intervene, but saw the intervention itself as potentially heavy handed and persecutory rather than helpful: even a miscarriage of justice. (Woodhouse & Pengelly 1991, p177)

The growing interest in family support programmes suggests that young parents are more likely to improve their children's care if the family is helped to address its needs in a broader sense rather than the sole focus being on whether a child is on the protection register or not (Social Exclusion Task Force 2007). This would appear to support a greater emphasis on collaborative working with families around identified needs rather than a more heavy-handed focus on addressing risk. However a pressure to move the growing number of children in care towards adoption is driving a more authoritarian approach to welfare under the guise of early intervention (Parton 2014).

Preoccupation with risk assessment

Social work operates in a culture of persecution from within and without. Preoccupation with performance indicators and 'payment by results' brings increased surveillance of the work and undermines collaborative models of practice as the emphasis becomes one of demonstrating 'confidence in the service' over trust (Harrison & Smith 2004). Alongside this, social workers are hounded by uncontained media and public pressure and are subject to projections from the persecutory worlds in which their clients live, all of which can make it hard to have realistic expectations of what can be achieved.

It is generally held that child protection is now preoccupied with risk assessment in an understandable, but arguably omnipotent, effort to bring the future and the hidden under control (Roose et al 2012; Vyvey 2014). Information technology and standardised assessment processes have been criticised for being overly intrusive to families (Roche 2008) as well as burdening social workers with unwieldy bureaucracy and restrictive performance management systems (Wastell et al 2010). In recent years the Conservative-led coalition government has reduced public expenditure and the role of the state in all areas of social care, regarding the existing culture of top-down performance management as unnecessary, and commissioning an independent review of child protection practice by Eileen Munro, one of social work's most prominent academics.

Munro Review of Child Protection Practice

In June 2010, Munro was commissioned to conduct an independent review of child protection practice in England to consider why previous reforms, such as those following the Laming Inquiry (2003), had not managed to achieve desired aims. This was intended to be the most influential document to date in re-designing child

protection policy and practice in the UK. Its unfolding implications have been watched closely by many countries; however prevailing opinion five years' on suggests that much of its impact has been rapidly lost in the long grass.

The review published three reports (Munro, 2010a, 2011a, 2011b) in which a number of problems with the existing child protection system were identified; most notably, an over-regulated, target-driven culture and widespread demoralisation and loss of confidence within the profession when working with the realities of uncertainty and risk. Importantly, unlike previous documents, this review was not commissioned in response to a high profile scandal involving a child's death and as such, it was deliberately analytic in its approach. It was also commissioned with the aim of addressing core practice issues for the profession, in particular the experiences of frontline staff. In this, there was recognition that trust in the decision-making capacities of social workers was in very poor shape leading to an over-reliance on protocols and procedures to manage risk.

In her reports, Munro gives prominence to the reality of risk and uncertainty in child protection work and describes how uncertainty creates anxiety at the frontline of practice which leads to secondary anxieties at the level of organisations and policy:

> Many of the imbalances in the current system arise from efforts to deal with that uncertainty by assessing and managing risk (Munro 2010; p19)

She highlights the corrosive effects of 'technocratic' management and prescription, all of which reduce opportunities for the exercise of intuition and professional judgement, eroding confidence, expertise and ultimately job satisfaction:

> These factors interwoven with an all pervading sense in society that social workers and the system in which they operate can prevent child abuse has, it seems, led to a defensive professional culture which in some instances

> results in a drive to follow rules where instead judgement is required. (Munro 2010; p30)

The review gave legitimacy to longstanding unhappiness with increased bureaucratisation of social work and was very well received by the relevant professions, child welfare organisations and political parties. The main criticism has been that the review is long on rhetoric but offers too little practical detail on the realities of how her recommendations should be implemented (Gill & Sheppard 2011). It is also criticised for failing to take a political and ideological stance on the conditions of child protection practice or to offer a proper critique of current market models of welfare (Rajan-Rankin & Beresford 2011).

In a theoretical discussion paper, Lees et al (2013) make compelling links between Munro's review and Isabel Menzies influential study of nursing (Menzies 1960). They suggest that many aspects of current managerialism echo Menzies's account of defensive practice. For example Menzies describes how nursing tasks are ritualised, compartmentalised, then checked and counter-checked and this is equated with the social work culture of tick box forms, administrative tasks and various layers of assessment before action is decided. Lee et al suggest that Munro's recommendations can be seen as ways of addressing the secondary anxieties resulting from defensive organisational cultures or lack of understanding of the social work task. They argue that Munro is less forthright in her recommendations for constructive containment of the primary anxieties brought by the work; anxieties that will be intensified by overturning long held defences and increasing exposure to vulnerable children and families. Measures for support and supervision of practitioners are described, including learning through case reflection; however they caution that these measures may fail to make an impact in current economic conditions due to their voluntary and self-regulated nature.

The Munro Review has reawakened interest in helping social workers practice in a more relational way with families in their homes and become more sensitive to the emotional resonances that this way of working will inevitably expose them to. The death of Peter Connolly in August 2007 highlighted the role of deliberate deception and concealment in some cases of child cruelty and led to a call from within social work for more sophisticated models of interpersonal dynamics including the role of unconscious processes affecting communication. The inquiry into Connolly's death focussed extensively on failures by the police, social services and health professionals to link-up and share knowledge and concerns about the family. However, as Ferguson emphasises, the information has to be gathered in the first place from home visits and interviews that are highly unpredictable and might involve dishonesty and disguise (Ferguson 2011).

At just the time when social work is trying to embrace Munro's call for more self-governed and intuitive practice, the English family justice system has undergone radical reform through the Family Justice Review (FJR) (MoJ, DfE 2011). Although the two reviews were supposed to fit together, in reality they have set up areas of conflict within social work practice. For example, the FJR has led to a requirement that child protection cases be processed more speedily through the courts within a limit of 26 weeks. This contrasts with Munro's call for an end to prescribed timescales in favour of thorough assessment at the discretion of the social worker. There is now a growing emphasis on working with families more proactively prior to possible court proceedings, with social workers having to prepare the ground for hearings at an earlier stage. Many social workers feel that they are being asked to adopt a more draconian or contradictory approach with families which they consider unrealistic and at times unethical. The tensions between care and control are exemplified by the way in which these key documents pull social workers in opposing directions in their practice and in their direct engagement with clients.

The current Conservative government's policy directions are now seeing the emergence of a paternalistic, or arguably, 'authoritarian neoliberal state' in response to rising poverty and social inequality. This is characterised by reduction in welfare provision, a punitive approach to insecurity and need, and the fostering of a cultural trope of individualism (Parton 2014). We can begin to see how a socio-political split between care and control can deepen the internal conflict in practitioners who have to carry responsibilities for both. Increasingly, a cultural solution is being attempted in social work by splitting off direct therapeutic work with families and 'brokering in' others to do it while social workers perform primarily a care management role. This has echoes of Menzies's observations of how the practical techniques of nursing were used to ameliorate the psychological tensions aroused by care (Menzies 1988).

Importance of Munro Review to my study

The publication of the Munro Review of Child Protection was the jumping-off point for my study in the way in which it addresses how best to develop expertise within the prevailing prescriptive and bureaucratic culture of practice. Expertise is described by Munro as including "being skilled in relationships where care and control often need to be combined" (Munro 2011b, p87) but she asserts that relationship-building is not enough as social workers also need high intelligence and critical reasoning to respond to the complexities of the families they meet. Munro comments that although social workers keep notes of all contact with families, they record almost nothing personal about their observations and thinking. The emphasis is on demonstrating the principle of transparency and on complying with computerised systems. She writes:

> knowing what data to collect is useful, but it is equally useful to know how to collect them; how to get through the front door and create a relationship

> where the parent is willing to tell you anything about the child and family; how to ask challenging questions about very sensitive matters; and how to develop the expertise to sense that the child or parent is being evasive. (Munro 2011b, p90)

In contrast to the cognitive aspects of reasoning, Munro places great store by what she calls ‘intuition’ which she sees as vital to all social care work. However her account of what is involved in intuitive reasoning is weak, equating it with “gut reactions” based on “rules of thumb”. Ironically, she tries to account for what she calls the “emotional dimensions” of social work in a very cognitive fashion, drawing on theories of ‘pattern recognition’ (Klein 1998) and ‘emotional intelligence’ (Howe 2008) to highlight the risk of distortions and bias, and the importance of supervision. She writes about the unconscious as if it is an unfortunate bi-product of relationship-based work which can lead to blind-spots in awareness or indeed to burnout. To my mind, the Munro Review is significantly compromised by the absence of a theoretical account of unconscious processes and their impact on communication and relationships. I argue that this was a missed opportunity for psychoanalytic concepts such as projective identification and transference to be recognised for their value in explaining the emotional undercurrents of the work, as my study hopes to illustrate.

One of the core skills that Munro highlights for child and family social workers is that of “adopting an authoritative but compassionate style of working” (Munro 2011b, p99). This speaks directly to my research hypothesis which anticipates that the tensions between care and control will underlie defensive manoeuvres seen in the course of social workers’ conversations with their clients.

A recent Knowledge and Skills Statement the Chief Social Worker for England, Isabelle Trowler, states that newly qualified practitioners should learn to be “both authoritative and empathic, working in partnership with families to enable full

participation" (Trowler 2014, p14). In supervision, they must be able to reflect on their emotional experience of work with clients and to "consciously identify where personal triggers are affecting the quality of analysis or help" (p18). These strike me as well-intentioned but simplistic statements which lack proper acknowledgement of the psychological complexities of these aims.

Return to relationship-based practice

Social work has often seemed confused and ambivalent about the importance of relationships with clients, and views about so-called 'relationship-based practice' in social work have fluctuated according to the dominant political ideology of the time (Howe 1998). Since Peter Connolly's death and the Munro Review, social work is taking a 'relational turn' back to embracing the centrality of relationship-based practice. However there are concerns that working within the relationship, closer to the clients' disturbance, will stir considerable anxiety in unprepared staff, leading to defensive modes of practice (Ruch 2010). There is a tendency to regard 'relationship-based social work' as a model in itself, as if different, and seemingly softer, than other modes of practice. One manager told me that her service had piloted this way of working and "*it was loved by the social workers but the problem came with recording the necessary data on the basis of that work".* She seemed to be describing the way in which, in a Kleinian sense, the work became all breast and no penis. She went on to add *"my team loved it. We had a phone call from a neighbour who said 'you helped my neighbour; could you help me?' We've never had that before!'*

Studies point to the tensions inherent in adopting a relationship-based approach particularly for a profession that is sensitive about the misuse of power and authority (Knei-Pax 2009). There are concerns about standardised models of 'professional

care relationships' which ignore their dynamic, variable and negotiated nature (Alexander and Charles 2009). In a rather anecdotal but interesting article, Murphy et al (2012) criticise the way in which the profession is adopting 'person-centred' theory as a means to becoming more relational, arguing that the core principles of 'non-direction' and 'self-actualisation' within this model are not compatible with the instrumental nature of modern social work. The authors and others appear cynical about the true motivation for building rapport with clients, suspecting that much of the time it serves a predetermined or even coercive function (Canvin et al 2007).

In a leading review of UK research on social work practice, Barlow and Scott (2010) make a distinction between evidence-based models of 'partnership' working and those of 'relationship based' practice; arguing that both are important in teaching social workers about core components of the helping process. They cite the Family Partnership Model (FPM) and Motivational Interviewing (MI) as the two most influential participatory models, both informed by cognitive theories of change, and both emphasising the need for trusting relationships and 'unconditional positive regard' in promoting that change.

Barlow and Scott regard these partnership approaches as useful but limited by their conception of the helping process in predominantly positive terms, assuming conscious cooperation between practitioner and client most of the time, and tackling relapse and resistance mainly through cognitive interventions like rationalisation, balancing evidence and goal-setting. They appear to view relationship based models as more sophisticated in their understanding of what is involved in helping complex families, due to the additional influence of psychoanalytic ideas about transference dynamics and reflective function in particular. They argue that concepts such as projective identification and transference/countertransference are key to understanding of what is happening in disturbed families where abuse is occurring, and what occurs in the minds of social workers and their organisations, when

strategies are used ‘to defend against witnessing emotional pain and suffering in others’ (Rustin 2005 *quoted in* Walker 2008, p5).

Social work education in the UK has been criticised for being ideologically impressionable and theoretically weak (Croisdale-Appleby 2014; Narey 2014). This is reflected in the way social work practice can be seen to shift ground in response to external pressures and demands without consideration for the theory and research evidence to support that shift. The current interest in relationship based practice is weakened by a lack of theoretical underpinning that has direct relevance to real practice (Trevithick 2003). I argue that it is misguided to imagine that one can chose whether to work in a relational way or not; the relationship with the client is ubiquitous and over-determined and a better understanding of this would help practitioners avoid some aspects of defensive practice.

Studies on communication

There is now widespread recognition of the importance of communication skills to effective social work (Trevithick et al 2004; Trevithick 2007; Lishman 2009). Research studies support experience that successful interventions in health and social care rest heavily on “the contextual realities of daily practice” (Stanhope 2012:p413) including the quality of interaction and connection between worker and client (Luborsky et al 2012). Despite this, there is little theoretical or empirical agreement about how communication skills in social work are defined. The Social Care Institute for Excellence (SCIE) has raised concerns about the way social work has recruited counselling theory to promote concepts like positive regard and empathy with little acknowledgement of the difficulties of working with these processes in real settings. There is a striking lack of research on the nature of effective communication skills, despite social workers being urged to acquire them

and the number of policy documents describing what these skills are supposed to achieve (Skills for Care 2000, 2004).

There are very few published studies in the UK of naturally occurring conversations or 'micro-processes' between social workers and clients (May-Chahal & Kwong Har 2010). Most studies rely on anecdotal or retrospective accounts from practitioners' memory (Thoburn et al 1995) or post-hoc measures of satisfaction drawn from traditional interviews, where the discrepancy between beliefs and actions is an inevitable weakness (Freeman & Hunt 1998). An exception to this is a methodical qualitative study in the social constructionist tradition which uses applied discourse analysis to examine 'real-time' face-to-face encounters between social workers and parents in the quasi-judicial setting of pre-proceedings meetings. By analysing the structures of talk they make interesting observations about how power, control and resistance are negotiated, concluding that only a limited form of partnership is possible with parents given social workers' "assumed epistemological privilege" when it comes to defining problems and the nature of available help (Broadhurst et al 2011).

A prominent study by Forrester makes an urgent plea for research to lead on articulating a vision for social work of what effective communication skills should be (Forrester et al 2008). This work was instrumental to the design of my study therefore I present it in some detail here. Forrester and his team analysed taped interviews between social workers and actors simulating clients. Starting with the assumption that counselling skills such as open and closed questions, reflections, and empathy are key to social work communication, the study looked at whether these were employed and if so, what impact they had on the process of the interview. They found that most social workers did not use empathy, reflection or summarising skills at all and, instead, relied on interventions which consisted mainly of a series of closed questions. Practitioners who were able to be empathic

promoted less resistance, as measured by denial or minimisation, and greater disclosure on the part of their clients. Of particular interest was the finding that the use of 'complex reflections' by practitioners (based on an earlier, but not most recent, remark by the client) although rare, was associated with increased client disclosure. This kind of reflection appears to have features of what we would recognise as a psychoanalytic interpretation of a non-transference type.

In this study social workers were able to be clear about the concerns and course of action but were unable to do this is an empathic manner which promoted client engagement. Achieving agreement about what would happen next became more difficult as the seriousness of the concerns increased and often this was done in a manner which the researchers considered to be unskilled and almost abusive. To my mind, this suggests that as social workers become more worried about a case they tended to move into a more controlling and less collaborative state of mind, indicating that a control mode was being used defensively to manage the anxiety entailed by the encounter as a whole. The study calls for more training in how to combine discussion of difficult issues with an ability to convey empathy to the client; what has been called the use of 'good authority' (Ferguson 2011). I argue that we need a greater understanding of the tensions between professional care and control and how they influence communication.

Forrester's study explicitly aimed to standardise the client encounter in order to make comparisons between the communication skills of practitioners. It assumed that a simulated client would present the same challenges to all participant social workers. This relies on a rational conception of such factors as empathy and resistance, rather than seeing them as part of a more complex array of factors including unconscious dynamics such as counter-transference. The study also focused entirely on the *spoken* exchange between social worker and client as a way of evaluating the presence or absence of empathy and resistance. This ignores the

important role of non-verbal communication and silence in conveying these interpersonal processes.

The study's assumption that counselling skills assist communication in social work interviews is not borne out, other than in the case of 'empathy' and 'complex and summary reflections', both of which were found to be helpful but not used much at all by the participant practitioners. Empathy is found to have the greatest effect on the process of interviews with clients, leading to less resistance, more disclosure and greater clarity by practitioners as to what would happen next (this may also be due to empathic social workers feeling more able to voice their plans for the next step, rather than necessarily being clearer about them in the first place). Either way, the study suggests that empathic social workers handle complex and fraught interviews more effectively and recommends that social workers be trained in counselling skills adapted to their work, and with particular emphasis on empathic responses.

Of particular relevance to my study was the finding that social workers varied greatly in their capacity to raise concerns with clients at the same time as preserving an engagement with them. Some participants failed to mention the concerns at all whilst others became so focussed on them that they entrenched the client's resistance. The most skilful practitioners were able to discuss their concerns in an empathic way in the form of a dialogue with the parent about what needed to change.

The study was bold in raising serious concerns about poor and varied communication skills amongst social workers where difficult conversations have to be faced. It concludes that communication skills from counselling are important for social workers but they need to be combined with an ability to raise difficult issues which is not happening much at all in practice. It makes a strong plea for research studies that directly observe social work interactions:

> There is a sense in which communication skills are often taken for granted within social work: like the air we breathe… As a profession we need to focus far more on what social work communication skills are, what impact they have on the process of interviews and outcomes for clients, and how we can help individuals develop and maintain them. (Forrester et al, op cit, p50)

In an earlier study using hypothetical case vignettes, Forrester's team found that British social workers tended towards a confrontational style with clients, again showing little sign of empathy (Forrester et al 2007). This correlated with level of communication skills, as measured by interviews with simulated clients, and the study concluded that social workers either have poor counselling skills or they do not consider them relevant when talking with parents about child protection concerns. Of course it could be argued that social workers find counselling skills inadequate to their task, or that they find themselves under such pressures during difficult conversations with parents that they fail to mobilise the skills to help them discuss their concerns. These issues are central to my study which begins with the proposition that communication skills, as currently taught, are not enough and in fact, they may simply mask difficulties beneath the surface of the encounter.

Forrester's work represents one of the few studies that looks explicitly at the challenges brought to social work by the task of "*(reconciling)* the different imperatives of the role" Forrester et al (op cit) (p2). They write "the task of social workers…is to empathise and work with parents while retaining a focus on the child…Specific challenges include how to be honest and clear with parents without creating hostility; how to be empathic without colluding with unacceptable behaviour…" (p2). They argue that these complexities of communication are difficult to observe directly, hence the reliance, in other studies, on retrospective or hypothetical accounts. Even these studies have tended to focus on ethical issues

rather than communication skills per se and this is where Forrester's research aims to make an original contribution.

Their study points to poor listening and high confrontation, particularly 'obstructing' and 'imposing own agenda' responses which, they argue, are well known 'roadblocks to listening' in counselling theory, likely to exacerbate resistance and hostility in clients. Particularly striking was their finding that this confrontational style was so common that it pointed to what they called "systemic" problems, by which they meant the complexities brought by social workers' contradictory roles and by the demands of prevailing policy and culture. They suggest that social workers are so anxious about colluding with parents or even focussing on them too much, that they can become aggressively assertive and harsh. Confrontation is recognised as having a helpful role but there is "limited guidance for workers on how they might carry out such confrontations effectively" (p11). Official guidelines for social work promote partnership and protection but "provide little detail on how the two should be combined…and nothing on the 'micro-skills' involved in interacting with parents in these difficult circumstances" (p11). They suggest that most social work theory and research assumes cooperation from the client and has little to say about how to respond to resistance, and make an urgent plea for further studies that ask "uncomfortable questions about everyday practice" which can inform teaching on how to develop "investigative skills in ways which minimise adverse impacts upon relationship building" (p11).

In one of the few naturalistic, ethnographic studies, Fergusson (2014a; 2014b) uses a similar 'mobile' method to my own, travelling with social workers to home visits and capturing in detail their experiences and interpretations 'in situ' along the way. Ferguson is interested in how the investigative role of home visits is negotiated; however he focuses almost entirely on gaining access to the concrete manifestations of 'private space' - fridges, cupboards and bedrooms - and does not address the

issue of how to connect with 'emotional space' which is so important in assessing child welfare and risk. Like me, Ferguson used the intimate space of the practitioner's car to promote close reflection on the difficulties of home visit, and he found that social workers used this transitional space, and the journey, to prepare themselves for the emotional impact of the meeting ahead.

Social work and psychoanalysis – a lost opportunity

The relationship between social work and psychoanalysis has reflected the tensions between sociopolitical and personal realities since the development of 'casework' in the 1950s (Britton 1955; Yelloly 1980; Hollis 1964; Saltzberger-Wittenberg 1970). The casework approach was ultimately discredited for focussing, somewhat idealistically, on the intrapsychic world, and neglecting the ways primitive disturbance is expressed through the social environment (Temperley 1979). One of the key proponents of casework, Clare Winnicott, studied and later taught at the London School of Economics (LSE), training a generation of psychoanalytically informed social workers during the 1950s, many of whom became leaders in the newly emerging child welfare system in England. Quite apart from focusing uniquely on the intrapsychic, Winnicott placed great emphasis on the social worker as a 'transitional participant' in a child's life, linking their external and internal worlds; "in touch with a total situation representing a totality of experience" (Winnicott 1963; p171). It is interesting that Betty Joseph, originally a social work student at the LSE with Winnicott, later used the idea of the 'total situation' as a central construct in her work on transference.

During the 1960s social work extended its focus to groups and communities, recruiting sociological and systems theory. Training in the UK underwent an 'intellectual purge' lasting several decades, where theory was replaced with ideology

as the basis for sound practice (Jones 1996). One outcome was that the principle of being ‘non-judgemental’ became conflated with being ‘non-emotional’ (Myers 2008) and social workers lost confidence in how to establish genuine and effective relationships with clients. Looking back, psychoanalytic commentators have remarked that social work teaching failed to promote the importance of drawing from a range of theories to help in moving between the internal and external worlds of clients, and psychoanalysis lost its ground before it had a chance to really make a lasting impact on practice (Stevenson 2005). The start of public inquiries into child deaths from the mid 1970s meant that social work became increasingly distorted by legalism and procedure, moving away from trying to understand the client’s internal world and history, towards trying to control and manage ‘commodified episodes of need in the here-and-now’ (Howe 1992;1995).

In a formal sense social work has parted ways from psychoanalysis and yet it continues to grapple with difficulties in everyday practice that lend themselves to psychoanalytic understanding. This is especially so in the area of communication where practitioners constantly struggle with the ways in which disturbed clients present. Social work training on communication is largely about values and principles, as if good communication is a matter of adopting the right attitude. Much of the literature is based on a simplistic account of interaction with adult clients, although this is starting to change, with the growing focus on such areas as ‘disguised compliance’ and resistance (Pearson 2009; Ferguson 2011).

In the wake of the Munro Review and the death of Peter Connolly social work is now urgently trying to develop a more sophisticated understanding of relationship-based practice and the communication skills needed to work with severe disturbance. I would argue that his endeavour is hampered by two related processes of narrowing which are well described in the literature. First of all, increased bureaucratisation is moving social work towards a brokerage model of ‘case management’ and away

from direct case work with therapeutic aims. Contact with clients is circumscribed, standardised and brief, and social workers are finding themselves unable to practice the interpersonal skills they learned in training (Stepney 2006). Communication skills tend to be assumed and there are limited opportunities for reflection and supervision to refine these skills especially in more challenging situations (Watson 2011). Models of case management do not often recognise the important containing functions of assessment and coordination roles and social workers can undervalue their contribution and reduce it in their minds to an administrative task (Fergusson 2011).

The current policy agenda for social work has, once again, moved practice away from the emotional realm towards a reductionist understanding of human difficulties as administrative categories that can be managed bureaucratically (Woodhouse & Pengelly 1991). Procedures become an end in themselves rather than a means to an end, and yet this is in conflict with other demands on social workers to involve clients in decision-making and to get them onboard with change. Cases are investigated more superficially with the aim of evaluating their 'claim' on resources rather than reaching any depth of understanding, and social workers are not encouraged to be curious about the emotional or more hidden aspects of behaviour (Richards et al 2005). There is an increased reliance on codified 'metric knowledge', micro-managing 'work flow' in a linear, forward-looking direction, flagging up deadlines at the expense of looking back at the case history (Mason et al 2009).

Many argue that this 'retreat to bureaucratisation' is a response to anxieties stirred by the increasing complexity of clients' lives (Menzies-Lyth 1988; Stevenson 2005) and by the pressures on resources, creating the illusion that feelings are a problem to be managed 'out of the way' of evidence-based, uncontaminated rationality. It is argued that even the home visit, the unique province of the social worker, has become more to do with audit than with detailed observation and relationship

building, narrowing the gaze of the worker into standardised categories of inspection such as ‘presence of food in the fridge’ (Mason et al 2009).

Secondly, the sophistication of communication training has been limited by a reliance on humanistic psychology which assumes that social work is about supporting ego functioning through empathy and neutrality, and that transference phenomena will not be an issue if left undisturbed. This does not fit with the reality of most statutory social work clients who are unable to recognise, let alone make use of, an offer of help when they meet it, and whose transference to the social worker will be mainly negative or defensively idealised (Temperley 1979).

> With clients whose sole reason for social work contact is because of external constraint, the very foundations are knocked out from under the ‘helping relationship’ (Barber 1991, p44).

There is some indication of a renewed interest in applying psychoanalytic ideas to relationship based social work, encouraged by a more relational emphasis in psychoanalysis through object relations theory, as well as by developmental and neuropsychological research building a ‘respectable’ evidence base for such constructs as attachment and reflective function (Mandin 2007; Barlow & Scott 2010). These forays into psychoanalytic theory are at an early stage and tend to be applied to static assessments of clients rather than helping in understanding the difficulties that occur in ongoing practice. Models of communication in social work tend to neglect the issue of hostile or resistant forms of engagement or problematise them in rather persecutory terms, as if social workers must be alert to ‘tricks of deception’ or ‘disguised compliance’ that might come their way. Avoidance is mainly treated as an organisational or systemic problem and is not regarded as an ordinary and expected part of engagement. Serious case reviews and policy reports have touched on, but inadequately addressed, the problems that can result from defensive

practice (Laming 2003; Munro 2011b). There are some signs of change but the main focus in the literature is on overt violence from clients and less on the more subtle signs of avoidance or deception. Key commentators in social work are now calling for a more nuanced account of the complexities of communication dynamics in everyday practice and this provides a highly relevant platform for the application of psychoanalytic ideas (Walker 2008; Barlow & Scott 2010; Fergusson 2011).

Application of psychoanalytic theory to social work

Psychoanalytic theory has had no standing in mainstream British social work since the 1980s and has been kept alive by publications such as the Journal of Social Work Practice, a forum for thinking about how unconscious processes affect the work. Papers often extend from the seminal studies of organisational defences (Jaques 1955; Menzies Lyth 1988) to discuss how anxiety manifests in individuals and teams. For example, Valentine (1994) describes how social work as a profession becomes the receptacle of projected emotional disturbance, not only from clients, but from society at large. Social workers often take a case management role, monitoring risk, raising sensitive issues, and containing the anxieties of other professionals. They protect everyone else from their worst fears or incur the disappointment, blame and anger that will inevitably ensue (Hinshelwood 1987).

Valentine argues that social work's emphasis on 'facts' and nervousness about subjectivity stems from its involvement with legal process and the law. The adversarial nature of child protection work privileges empirical thinking above all, as a means of understanding the emotional lives of families. All parties collude in a fantasy that problematic parenting is conscious and can be managed by concrete processes such as 'written agreements'; in this way "the emotional resonances of

child protection work are avoided" (Valentine 1994, p81) and all the information that goes with it.

Valentine also highlights the strong, unconscious reparative urge in many social workers to 'rescue' children from damage and attack by cruel or punitive parental objects. This internal dynamic is often mirrored by the external reality of the work, threatening to destroy the good objects within, and inducing blame, appeasement and the taking-over of responsibility from the client. This is highly relevant to my investigation of what might underlie tensions between care and control, and serves as a reminder that the worker brings internal conflicts to the role which will inevitably influence the enactments that ensue.

In a moving study using focus groups, social workers describe profound anxieties evoked by the impossible task they are given of making 'damage-free decisions' about parent-child relationships, under the illusion that 'the right decision' can be made given sufficient expertise or thoroughness (Taylor et al 2008). The study described hysterical and manic defences as social worker's anxiety is converted into drama and omnipotence, often played out in 'the legal arena'. They point out that, unlike in medicine, the area of expertise in social work - parenting and family life - belongs to everyone, leaving the worker especially exposed to blame if something goes wrong. The paper concludes that the unrealistic quest for certainty in child protection work leads to primitive defences of splitting and projection, where other views cannot be trusted and all responsibility rests on the shoulders of practitioners working very often in isolation from their colleagues and sources of support.

In an action research study into unconscious dynamics in child protection work, Harvey describes psychodynamic factors affecting decision-making, including how emotional deprivation in clients sets up powerful projective processes which can overwhelm and paralyse workers making it impossible for them to think (Harvey

2015). Alternatively, covert threats or pressures by parents can lead social workers to become avoidant or to 'turn a blind eye' to concerns because "this would mean challenging a side of the parents they don't want to face in themselves" (p151).

Bower (2005) writes that psychoanalytic theory offers social workers a model for understanding how trauma and deprivation affect the inner world of their clients and it also provides a detailed account of the process of change in individuals and families which can help social workers accept and work towards realistic aims. Her unique textbook is a collection of chapters written by psychoanalytic practitioners, many of whom are also social workers, covering such areas as 'denial of emotional reality' in child protection (Freedman 2005); how 'pathological defensive organisations' affect family functioning (Bower op cit; Britton 2005); and the likelihood of 'countertransference enactments' when working with abuse (Agass 2005). Drawing mainly on the concepts of containment and projective identification, they describe how unconscious pressures stirred by contact with the internal worlds of clients can make it impossible for workers to think. The importance of supervision is emphasised to help social workers manage and make use of their countertransference and so promote thoughtful work rather than acting out.

Using Steiner's work on 'psychic retreat' (Steiner 1993), Rustin considers the inquiry into Victoria Climbie's death and describes how social workers' thinking was invaded by the borderline psychotic projections of Victoria's aunt, causing the workers to become as confused and irrational as the her. Disturbing observations were not talked about or written down which represented an unconscious avoidance of thought, or link with another mind, to consider what might be going on (Rustin 2005).

Waddell (1989) makes a distinction between 'serving' and 'servicing' clients, referring to the difference between thinking and doing in social work. Serving a client may involve "the capacity to stand by; one's own internal resources at the ready" (p25).

This is often mistaken for ‘doing nothing’ which, in itself, is not the same as ‘not doing anything’. She argues that social workers carry many emotional burdens, intrinsic to the job, which act as split-off and projective defences against anxiety; for example the political inequality implied by introducing ‘help’ in a required or imposed way. In other words, each position of care or control can be used as a defence against emotional pain brought by the other.

> Welfare services clearly participate in creating a setting in which ‘doing the work’ is both essential and a defence against anxiety (Waddell 1989, p17).

Waddell presents an excerpt of dialogue with a family during a home visit about their teenage son. The relevance to my study lies in her analysis of features of the verbal exchange, such as “legalistic attention to detail” and “a tendency to concretization” (p30), which reduce the possibility of meaning and emotional contact being made and attack any link between the family and professional. She describes how in conversations with resistant families:

> Words were thought to be objects, usually weapons; speaking itself became action; meaning was distorted and links systematically scrambled, lest the family's pain, and the suffering of each individual, be experienced (Waddell 1989, p31).

This vividly describes how families who rely on primitive defences such as splitting and denial can powerfully render a thoughtful conversation into a concrete attack on their very being. My study is concerned to capture what I argue are fleeting moments of defensive enactment by social workers provoked by this kind of persecutory anxiety in their clients.

Moments of avoidance

Broadly speaking, my study aims to contribute to knowledge about how anxiety affects social workers' capacity to communicate effectively with clients. It is premised on the ontological assumption that anxiety exists both consciously and unconsciously in our minds in response to conflict or guilt, and that unconscious anxiety will lead to defensive manoeuvres during conversations which are observable in actual practice. I focus on one area of such defensiveness, namely avoidance, which I hypothesise will be evident within the psychoanalytic process of difficult conversations between social workers and clients. Avoidance will be a defence employed by both practitioners and clients and often they will be linked; however the study is solely concerned with manifestations of social workers' avoidance which are anticipated to be momentary and part of the dynamic ebb and flow of the interaction. I employ the construct of a 'moment of avoidance' to investigate this subtle, defensive aspect of social workers' practice. Waddell writes:

> the pressure to shift from 'service' to 'servicing' has two moments, often simultaneously experienced: the moment at which better judgement of the actual needs of the case has to yield to other exigencies, ultimately possibly legal, and the moment at which it becomes impossible to keep hold of that better judgement, to continue to be able to think and to serve, as opposed to resorting to 'servicing' as a way of 'doing something (Waddell 1989, p18).

The construct of a 'moment of avoidance' is derived from the Kleinian psychoanalytic literature on resistance. Klein described resistance as an expression of the negative transference, evident through avoidance of a relationship with the analyst or a child's avoidance of play (Hinshelwood 1989). At its most extreme, resistance can take the form of 'attacks on linking' in the mind (Bion 1959), destroying the capacity for thought or knowing.

Analysing failings in the case of Victoria Climbie's death, Rustin describes severe, defensive distortions that can occur in the mind of the worker in response to witnessing extreme deprivation or abuse. Employing Bion's idea of 'attacks on linking' (Bion 1959), she explains how thoughts and thinking can be purposely interrupted to create confusion and distortion of truth, throwing workers 'off the scent' (Rustin 2005). Furthermore there can be unconscious mirroring of practitioner and client, particularly where there is borderline disturbance, with disavowal and deceit entering the emotional currency of the exchange.

Michael Feldman describes how analysts can find themselves colluding with patients' efforts to avoid the primitive feelings evoked by contact (Feldman 2009). This dynamic quality of transference and countertransference is of central importance in Betty Joseph's work and closely informs the methodology of my study. I am interested in capturing how the social worker is destabilised by "minute movements of emergence and retreat, experiencing and avoiding" (Joseph 1981, p101) during their interaction with clients which I am assuming to be heavily imbued with transferential meaning.

Betty Joseph described there being 'micro-fractures of time and space' during a psychoanalytic hour as object relationships are acted out in the transference exchange between analyst and patient (Joseph 1985; 1989). Similarly, O'Shaughnessy's work on defensive enclaves and excursions in psychoanalytic work is helpful in delineating the differences between partial avoidance of what needs to be faced and known (an enclave) and total evasion of emotional contact because of a terror of knowing (an excursion) (O'Shaughnessy 1992). These constructs extended my notion of avoidance and informed the detailed way in which I analysed my observational data.

Summary

The aim of this review has been to locate my research in the context of a central schism in social work between care and control and to present a rationale for my hypothesis that managing tensions implied by this schism is at times an impossible task for workers, and one that inevitably leads to defensive manoeuvres in the course of practice. I have suggested that the social work literature on relationships and communication employs theoretical models which assume a high level of collaboration between worker and client, and that the profession's ideological split from psychoanalysis has left it without a conceptual base that can help practitioners manage the more difficult aspects of the work. My core construct of a 'moment of avoidance' is recruited as a circumscribed way of exploring defences in professional practice, and the psychoanalytic literature underpinning this construct is summarised. Finally, I hope to have illustrated that my study makes a valuable and original contribution to the research base informing current social work practice, particularly in the areas of communication and client engagement.

Chapter 3

Development of Research Question

Observations during orientation phase

To orientate me to the routine work of the participating service I observed several professionals' meetings. Although these were team meetings as distinct from the one-to-one interviews in the main study, I focused my observations on the exchange between the social worker and client. I was interested to see whether tensions between the social workers' roles of care and control were obvious during their interaction with clients, and whether 'moments of avoidance' were also evident. Two excerpts from my preliminary observations are presented below.

Observation 1 - Interview between a social worker (SW1) and client (C1) during a professionals' meeting about child X.

The professionals talk amongst themselves in a circular group with C1 present. The focus is on the precise wording of the written agreement which C1 will sign, as if getting this right will obviate any risk. It sounds as if the written agreement is responsible for parenting the child and not the real mother who is present. There also seems to be a wishful (or delusional) fantasy that the mother's signature will guarantee her compliance. A social worker speaks directly to C1 about whether she can commit to the written agreement. C1 rushes to say 'yes, everything's fine at the minute'. She is adamant and brisk sounding, as if she has everything under control. Then she begins to complain about the professionals' interference in her life:

C1 The police were called over the weekend, how come?

SW1 Well, it was me who requested the welfare assessment (*This seems to be an indirect and anxious way of saying 'I called the police'*)

C1 (*Patronising tone*) The police were trundling around all over the place.

SW1 (*More firmly*) What I would need to say is…what I need to say is…we need to face some tough questions… (*SW1 prefaces a long speech about the parenting concerns in this way before spelling them out. She ends with a direct question to C1*)

We need to ask what alternative carers might be available who could look after X? (*C1 gets a fright and seems full of fury and tears; she is not encouraged to express her feelings.*)

SW1 We have information from reliable sources that you were not there on Friday or Saturday evening. What happened that you were in a position where you were unable to care for X over the weekend? (*C1 starts crying*) *

SW1 Would you like to take a break?

C1 No, I'm ok

(*A colleague jumps in, asking 'Where were you over the weekend?' C1 gives an authentic-sounding account and there is palpable relief in the room*)

SW1 (*Seems to try to soften the tone*) What's making it difficult to be at home? (*Tension rises in the room again*; *C1 becomes rambling and circuitous, tension in the room is eased*)

SW1 (*Interrupting C1's talk*) We don't need to be concerned about *these* issues

(*SW1 then resumes serious discussion of the concerns; C1 cries more despairingly*) * 'Shall we take a break? Let's get some tissues'

(*SW1 leaves the room*)

In this observation the social worker's manner was naturally empathic and she was able to speak firmly to the client about the concerns. However, at certain points (marked by *) the client became upset or angry which seemed to make the social worker anxious, leading her to become rather concrete and solicitous by suggesting that they take a break or leaving the room to get tissues. The client did not seem to me to be uncontained or in need of this kind of response and I thought that an opportunity was lost for exploring her feelings more directly. In fact the client appeared rather baffled by this fluctuation in the social worker's approach, from care to control. This movement could also be understood as momentarily avoidant on the part of the worker; the client's feelings, seemingly of anger and frustration, are not directly acknowledged and instead, a break is created in the flow of the interview.

I thought that the social worker became anxious that she had damaged the client or her effective working link with the client as a good object. In response to this anxiety she allowed the physical and emotional containment of the interview to collapse in the face of the client's disturbance. We might hypothesise that this also represents an unconscious repetition of earlier failure of containment in this client's life. This observation supported my prior impression that social workers tend not to use the idea of a therapeutic frame in which to situate their work, in which case concrete interruptions might be understood as uncontaining even in response to distress.

Observation 2 - Interview between another social worker (SW2) and client (C2) in a professionals' meeting; C2 is mother of a teenage boy (X) with serious diabetic and renal illness, who is emotionally unstable and using recreational drugs.

C2 I think he has lots of fears, lots of things he's worried about, so won't losing control with a drug make it worse? This report has been on my kitchen table

for three weeks. He's only just looked at it this afternoon. He doesn't like the way he's been described as manipulative.

(*There is an atmosphere of hopelessness and despair in the room*)

C2 X is playing-off P (*ex-girlfriend*) and P's mother against me by staying there a lot and making out he's not looked after at home. If I told him half the things I know, I think it would crush him. How long do we have to continue without telling him the truth?

SW2 What can we physically do as social care? Probably not a lot; perhaps the police …

(*SW2 turns to the care plan as agenda; she invites a psychologist to summarise his work with X; the psychologist describes how X is preoccupied by turning 16 soon, and is planning to leave home, calling it 'my ticket out'; C's sadness is very obvious when this is said*)

C2 And yet, when we suggested the college, we spoke to him about looking at the halls of residence, he wasn't interested. He throws all his anger at me; if people don't get to the truth about what's really going on for him we'll never make progress.

(*SW2 returns to the care plan; it seems as though C2's sadness can't be approached; the school counsellor talks about how the school feels that X has missed the boat and his parents should withdraw him to avoid being prosecuted for his non-attendance. Everyone talks about X's fixation on his ex-girlfriend, describing it as like 'picking over a sore'; there is a sense in room of all the agencies pulling away from this boy and his family)*

SW2 He can actually leave home once he's 16. From our protocols if a 16 year old presents as homeless then we would have a duty to assess whether he was intentionally homeless. (*SW2 continues on with talk of 'safeguarding plans', 'child protection plans', 'child in need plans'; it sounds like background noise of jargon about procedure which is detached from the person in question*).

SW2 There are really limitations as to what we can and cannot do. I have had a conversation with X about…we would have a duty to see that he was not on the streets. I assume he would present at B? (*Local town*)

C2 (*Becoming more desperate)* So how does his medical condition impact on all of this? The other night I checked his blood at 2.30am and it was 2.4. I had to try and wake him up and give sweet stuff. Now what would have happened if I hadn't done that?

SW2 If you weren't around then…he's lucky that you are around…but realistically he will end up…in hospital. * I think it feels really uncomfortable for all of us here and for you. (*This seems like a helpful, caring response which enables C2 to say more*)

C2 He has no respect for himself at all; he just doesn't care. As soon as I go to sleep he starts eating.

SW2 * I think that's something we drew up in the written agreement that X did sign. That as a minimum he will check his blood sugar once a day and administer his insulin before a meal. Does he do this? And that he will carry his ID card and attend his medical appointments. One positive is that he is coming home in the evenings. (*This feels like SW pulling back from care into control mode, perhaps in an effort to buoy-up morale*)

C2 Yes, but as soon as he turns 16…I've called 'Connections' and left a message and they haven't called back.

SW2 The situation hasn't changed much at all, apart from the positive that the police haven't been called at all since last meeting, and that is a bonus in terms of safeguarding issues. (*Sense of false optimism in the face of despair*; *SW2 cuts across some discussion about X's lack of friendships which seems to be an attempt at understanding; SW2 directs the talk back towards the care plan, saying that her role as Chair is to review the plan*)

SW2 (*Somewhat impatiently*) 'So what can we do? I mean, I think clearly school is not an option for him anymore.'

C2 I just wondered what signal it would send to X if we withdrew him from school.

(T*he school nurse offers a containing message to C2 that many children drop out of school and pick up their education later*).

SW2 There's limitations from social care's point of view about how we manage P's mum's involvement. That's your call whether you involve the police.

(*SW2 listens to C2's account of X splitting between his parents, ex-girlfriend and the social work department*)

SW2 Well that's just an example of how X manipulates situations to be best for himself. Can I just return to the plan?

C2 If we unroll him from school then we're letting him down.

SW2 If 'Connections' is involved they can inform him about his options and choices but unless he wants to follow through it won't make any difference.

(*School nurse says to C2: 'but I think you want to demonstrate to X that you still care as a parent'*)

SW2 I think if you remove the health complications then we might not be sitting round this table. We see so many teenagers with similar issues.

C2 X wants me when he's down and hates me when he's all beefed up.

(*School nurse says 'I think things feel just a bit better than when we last met'*)

SW2 (*Rushing in*) Yes, I have a few ticks on my form here. (*Implying some positive changes*) (*Counsellor asks C2 'Are you getting support yourself?'*)

SW2 We discussed this last time…I think we've got to be realistic…We do have to bear in mind that, at 16, he might say 'I'm not staying at home'. The police are still on the plan, even after that. After X's birthday… I'll come and see him and see what his intentions are…if we could plan…Let's meet after his 16th and then we can see; is he going to leave home and present somewhere? Meanwhile, I'll come out and see X.

In this second observation the social worker was anxious about the extent of her client's needs and demands, so much so that she became controlling and managerial in an effort to keep the client's feelings at bay. This could be seen as a schizoid defence, or one of reaction formation, in response to anxiety evoked by the client's emotional state. The social worker came across as cool and detached in relation to the emerging material and this seemed to prevent her from being properly available to listen and explore. She seemed to feel compelled to drive through an outcome in the form of a care plan and to limit any expectations on herself, or her agency, which she regarded as unrealistic or unreasonable.

There is a key moment in the exchange, marked by *, when the social worker makes an empathic remark: '*I think it feels really uncomfortable for all of us here and for you'* which seems, momentarily, to deepen her contact with the client. My impression, at the time, was that the social worker sensed this greater contact and pulled back from it, quite rapidly, becoming more controlling once again through talk of the agenda and care plan: '*I think that's something we drew up in the written agreement*'. Again, this has the characteristics of a schizoid defence (detachment and impersonal tone) in the face of the worker's feeling of helplessness and despair. At times, the social worker's controlling manner and avoidance were picked up by the other professionals present who then tried to offer a more sensitive response to the client, for example the school nurse to mother: '*but I think you want to demonstrate to X that you still care as a parent*'.

After this observation I tried out a model of brief, reflective discussion with the social worker. This was very useful in eliciting her feelings which confirmed some of my earlier impressions about the nature and extent of her anxiety.

Reflective discussion

FH How do you feel after the meeting?

SW2 Relief that I survived it (S*he describes her irritation at C2 for 'transferring' her feelings about X's rejection of her onto P's mum, as if SW2 considers this as irrelevant.*) It's a diversion by Mum.

(*I sense SW2's bravado in the face of sadness and despair. SW2 is also very keen to get 'feedback' from me*)

SW2 How was I?

FH How do you think it went?

SW2 OK considering; we've come some way from last time when we didn't have a Plan; we were just a group of professionals and a boy, a young man, who was all over the place. Now at least we've come together and can share the responsibility for how chaotic and risky he is. We each knows what everyone else is doing and that, even though he doesn't want to engage, there are bits of…some of us… he is seeing regularly. The main thing is sharing responsibility for the risk…and the fact that he's making an informed consent not to do things like school.

FH What felt hard in the meeting?

SW2 (*Having to reflect*) The way Mum kept going on about P's mum all the time. It is hard; she's bound to be really worried.

FH I thought there was an atmosphere of sadness and despair in the room.

SW2 (*Slightly defensively*) Well yes, definitely; we all feel despair about the fact that he won't engage with help.

FH I wonder if, when it feels so hopeless, you feel like you have to be more active - get the group working on the plan - like you have to keep the group buoyed up, the only oxygen in the room?

SW2 Well yes; I do try and bring the focus back to the plan. (*SW2 looks embarrassed and laughs at the thought of being the oxygen*)

In this reflective discussion I thought the social worker revealed her considerable anxiety that she would be left to do all the work and would be overwhelmed by the demands and risks posed by the case. She allows herself a brief moment of empathy for the client when she says '*It's hard, she's bound to be really worried*.' When I respond by commenting about the '*atmosphere of sadness and despair*', she

seems to retreat from this caring stance back into a more formulaic remark about the shared despair of the group. She had difficulty using my observation to help her reflect on how the client might be feeling. I thought that she felt exposed by my presence in the meeting and anxious about how I was seeing her. This oscillation towards and then rapidly away from empathy with the client during the reflective discussion mirrored similar movement observed in the original meeting. Noticing these shifts influenced the development of my construct of momentary avoidance and helped me to formulate my hypothesis.

Ideas emerging from orientation phase

These preliminary observations, and others, led me to appreciate just how much social workers are able to rely on good communication skills to navigate their parallel roles as care professionals and managers of risk. They were more adept at handling difficult conversations than I had anticipated and they were often able to be frank and sensitive with clients at the same time. They came across as approachable and down-to-earth as well as conveying a degree of confidence in the way they chaired professional meetings and talked to parents. I think that I had underestimated how socialised practitioners are to the reality of their dual role, helped by their training and by the overarching legal framework in which everything takes place. My hunch that wearing the two hats of care and control was problematic did not appear evident at first due to social workers' clear facility with communication skills. It was when I looked more closely at the psychodynamic process within the conversations, by examining my own emotional responses to the material, that I began to wonder how anxiety might be manifesting beneath the surface of these encounters.

For example, when C2 says of her son '*If we unroll him from school then we're letting him down*' she sounds quite despairing and sad. SW2 replies '*If 'Connections'*

is involved they can inform him about his options and choices but unless he wants to follow through it won't make any difference'. This sounds managerial and rather harsh and I understood it to be, in part, a response to how the mother's despair made SW2 feel. SW2 wanted to distance herself from responsibility because, unconsciously, she feared that the hopelessness of the case would overwhelm her.

On closer examination of both cases I thought that, despite being skilful communicators, the social workers were nonetheless being affected by contact with aspects of their clients' emotional lives which made them anxious, or which they struggled to understand. This seemed particularly evident when they avoided or turned away from an opportunity for closer emotional contact, or when they changed tack during an interview due to sudden or powerful projections. In my study I refer to these shifts in contact or direction as 'moments of avoidance' (see *Methodology*).

The orientation visits served as a pilot phase from which I refined my earlier impressions of social work practice into a research hypothesis about the subtle tensions in communication which I assumed were mainly due to emergent and intolerable conflict between care and control. At its heart, social work is an interpersonal practice drawing on capacities to build relationships, to speak authentically and make reliable assessments of risk. One of the key difficulties in child protection is that social worker and client usually meet in a non-voluntary way, where the client is compelled to listen to the worker's concerns and where the whole atmosphere can be suffused with obligation, intrusion and mistrust. In turn, the social worker has to try to forge some kind of alliance with the client which might enable them to make necessary changes. This uncomfortable marriage, where help is often seen as the problem (Bower 2005), creates major challenges for communication in social work practice and these challenges are the focus of my research.

Chapter 4

Methodology

Introduction

My study is an investigation of psychodynamic process in the applied setting of troubled family homes. The methodology is modelled on a clinical interpretive approach adapted to practice-near research, reflecting my background as a psychotherapist clinician writing a professional doctorate in psychoanalytic psychotherapy. This is a qualitative study gathering empirical data from which I progressively refined an understanding of my central construct of a moment of avoidance (MOA). The study was designed in two methodological stages, starting with deductive testing of a predictive hypothesis through the use of a standardised schedule of criteria superimposed on rich, observational data, and going on to examine the emotional context of MOAs more closely through an inductive approach using psychoanalytically informed interviews, deep reflexivity and triangulation.

Epistemological considerations

The study is about communication in child protection social work, looking in particular at defensive avoidance in interviews with parents where there are concerns about neglect. It considers how such avoidance might relate to tensions in social workers resulting from their dual responsibilities for care and control.

Based on informal observations of practice and background reading, I began with a hunch that social workers encounter moments in their conversations with parents where they lose their stance and fall prey to manifest or unconscious pressures that are around. At these times their practice might be regarded as more defensive and

‘off-task’ from the perspective of a psychoanalytic ontology which emphasises affect and unconscious conflict in understanding motivation.

During the orientation phase of the study I used my psychoanalytic sensibility, as a psychotherapist, to look more closely at these conversations and I noticed that the disruptions had the quality of avoidant junctures in the psychodynamic ebb and flow of the interview. I wanted to investigate this impressionistic discovery in a more systematic way which could transform my hunch into a predictive inquiry about whether momentary avoidance is evident in the psychodynamic process of other interviews between social workers and parents. As such, I devised the construct of a ‘moment of avoidance’ (MOA) based on a schedule of four defining features drawn from my prior impressions and theoretical reading. The schedule provided a degree of containment for the rich, observational data and a procedure which could be replicated across other cases and hopefully by other researchers.

In this first stage, I chose to examine my data by testing a predictive hypothesis in order to strengthen the validity of my claim that avoidance is an observable and measurable feature of interviews, which can hamper effective client engagement. I began by imposing a structural, standardised analysis on my data to investigate the presence or absence of MOAs according to degree of correspondence with set criteria within and between cases, and across different raters. However, the intersubjective nature of the research focus, setting and central construct of avoidance required a more nuanced epistemology, and so the validity of MOAs included considerations of their coherence and applicability in the field (Kvale 1986). This was achieved by presenting my observation records to non-participating social workers with whom I consulted, and asking them to comment on my schedule of criteria in terms of internal logic, consistency and recognisability in real practice.

This first phase opened up new questions about the emotional context of social workers' avoidance and the intersubjective processes at play beneath the surface of conversations when both parties are anxious and defended. I wanted to understand what was happening for social workers at an affective and relational level during tense moments in their meetings with parents.

My epistemological sensibility is rooted in a realist, psychoanalytic understanding of the interpersonal and intrapsychic world, delineating facts from interpretations in contrast to the radical, constructionist privileging of linguistic discourse as negotiated truth. I am working from the premise that our subjectivities involve conscious and unconscious processes, including preconceptions, fantasies, and defences against ever-present anxiety. This situation can set up conflicts within ourselves as researchers and researched which obscure or distort our perception and understanding; in other words our observations are "conceptually saturated" (Sayer 1992, p6) and exploration of this saturation must be a critical part of our methodology. Here, the use of free association, interpretation and reflexivity enabled me to tap into unconsciously derived knowledge, memories and meanings belonging to the social workers and often resonating powerfully in me as researcher and sometimes in me as psychotherapist.

In the second phase of the study I applied psychoanalytic theories to my observations to verify whether these supported a closer understanding of MOAs and their unconscious function for social workers in the field. This involved sharing preliminary ideas with the participants and recording their responses, both what was said and not said, in order to refine my understanding. This process had similarities with technique in psychoanalysis where the explanatory value of an interpretation is judged, in large part, by the patient's response when it is given. The ideas explored mainly concerned areas of the client interviews where there seemed to be particular tension around or where there was a diversion in the direction of the discussion.

This exchange of ideas took place during narrative interviews with minimal structure (FANI) where interviewees are facilitated to follow their emotional responses to spontaneous material and so piece together new and evolving meanings of which they may not have been consciously aware. In conducting these interviews I was attentive, based on my clinical practice, to the risk that the researcher might, unintentionally, influence the participant into thinking that an idea rang 'true' when, in fact, it didn't. I paid close attention to my subjective relationship to my observations and ideas and to the affective response of the social workers to what I shared; this helped me reach towards a trustworthy account of their impressions and concerns.

Process notes from my observations and interviews were presented on several occasions to a monthly seminar group of other doctoral students, and to a number of academic mentors whom I consulted individually. This enabled a process of triangulation of my findings, helping me to consider my 'defended' researcher position in relation to my emerging data.

Research hypothesis

Research hypothesis - It is hypothesised that there are moments during social work interviews when significant tension can arise because care and control modes of intervention cannot be reconciled; at these times practitioners can find themselves deviating from their task in an avoidant way.

Research prediction - It is predicted that moments of avoidance (MOAs) occur during interviews where there is significant tension between care and control.

Research question - Do moments of avoidance (MOAs) occur during social work interviews at points of significant tension between care and control?

Definition of key terms

Moment of avoidance (MOA)

It is predicted that MOAs will be identifiable within the process recordings of interviews through a combination of features of content, tone and emotional distance between social worker and client. The pilot phase of the study suggested that MOAs have at least two of the following features and are not identifiable on the basis of one feature alone; this seems to be a reflection of their largely unconscious nature (see *Discussion*).

- Deviation from the direction of conversation (D)
- Change in the tone or register of the interview (TR)
- Change in emotional distance with the client (ED)
- Pronounced care or control mode (one obscuring the other) (PC)

Care intervention (Care)

Care and control modes of intervention will be identified in the process recordings in a more impressionistic way (described in italics), based on prior knowledge of social work practice and my subjective responses at the time. Care interventions include techniques such as close listening, reflecting back, conveying empathy and offering understanding (which might include spelling out unwelcome opinions or facts). Care might also involve facing differences of opinion openly, challenging previously held ideas, or promoting honesty about a client's efforts to deny or delude. These more difficult interventions may be regarded by the social worker as part of their 'control' role and this is something that will be explored during the reflective discussions.

Control intervention (Control)

Social workers intervening at the level of control exercise their statutory responsibilities in order to manage cases and inform clients about necessary outcomes, timeframes, and consequences if aims are not achieved. Control interventions also include sharing professional concerns in a formal way and moving cases towards and through relevant legal processes, both of which usually involve the assessment of risk.

Rationale for design

Most British studies of communication in social work have been based on imagined or simulated scenarios (Forrester et al 2007) or they have used retrospective accounts of casework rather than real-life practice (Spratt and Callan 2004). Retrospective studies are likely to be influenced by reporter bias and they are unlikely to illustrate in any detail what actually took place. Although the use of imaginary vignettes can go further towards investigating social workers' skills, it still cannot be assumed that these studies are representative of normal everyday practice and there will still be performance effects limiting the validity of responses.

To date, there is almost no research into how social workers talk to real clients during real interviews about safeguarding concerns. Studies of social work interviews tend to be drawn from the social constructionist tradition and to examine interviewing structurally through the text of the conversation rather than the dynamic process of the whole exchange (Suoninen et al 2005). These studies have made interesting and subtle discoveries about how social workers negotiate power when they are talking to clients; for example, downplaying power which led to client confusion (Nijnatten et al., 2001); however their focus has been entirely on conscious processes which

assumes a narrower definition of conflict and resistance than I wanted to employ. (See *Background to Study*)

There is currently a call from within social work for research into the more hidden factors which enable or constrain practice (Forrester 2008) and a direct appeal to psychoanalytic theory to contribute to an understanding of the complex dynamics of 'pathological communication' in work with disturbed families (Froggett 2002; Fergusson 2011). This study is partly a response to this call and therefore it requires a design which can tap into these more nuanced aspects of interview dynamics. Furthermore, I was concerned to conduct the study in a manner that was sensitive to the needs of social workers who are constantly at the mercy of performance pressures and persecutory anxieties. Psycho-social methods informed by a psychoanalytic sensibility can offer a measure of containment during the research process through their capacity to tolerate the raw anxiety of participants and to provide emotional understanding.

Psycho-social researchers have raised concerns that conventional discourse or conversation analysis explores narrative data in a way that is divorced from the 'embodied subject', privileging text and failing to adequately convey 'the aliveness of participants' experience' (Hollway 2009). Many qualitative methods, such as surveys, are limited by the assumption that meaning is transparent and shared between interviewer and interviewee and that 'good communication skills' will allow us, as researchers, to reach beyond a defended response.

My study is expressly concerned with the manifestations of unconscious conflict and tension and so this kind of collaboration around meaning was likely to be rare. I required methods which could tap into unconscious tensions by bringing my own subjectivity to bear on my data collection and analysis. Also, it struck me that I was researching what happens, at a micro-level of detail, during dyadic interaction in

homes, between vulnerable adults and professional helpers, where feelings are running high. I thought this situation had much in common with mother-infant interaction which is the focus of the infant observation technique. I had experience of this approach in my work as a psychotherapist, and of the special kind of attention required to allow one to get close to the affective intensity of the exchange whilst preserving a capacity to have thoughts and feelings about what is going on. I wanted a methodology which allowed me to immerse myself fully in the social workers' experience, without the constraints of live recording, and which drew on my trained skills in observation, close listening and retrospective process recording.

Methods chosen

Psychoanalytically informed psychosocial studies are leading the development of methodologies which emphasise the interdependency of observation, affect and reflexivity and the central place of transference dynamics in the co-production of knowledge (Hollway 2015). These methods would allow me to use my psychoanalytic sensibility, and aliveness to my emotional responses, to research a subject area that generated strong feelings in me and was often experienced 'beyond words'. The influence of social discourses on human subjectivity and behaviour is respected in these methods, as well as unconscious processes such as anxiety and ensuing defences, and this is highly relevant to social workers who are impinged upon and affected by social discourses concerning their role and how they go about their work.

Obholzer (1994) described three layers of anxiety operating at work: primitive (unconscious) anxieties, anxieties resulting from the work itself, and personal anxieties. In some situations, all three may resonate together and threaten to become overwhelming. This seems pertinent to my study where it is hypothesised

that anxieties felt more widely within the profession and organisation will resonate with unconscious anxieties stirred in individuals when carrying out the work, and in turn, this will make the task more anxiety provoking in ways that I hoped to capture and understand. I chose to use adapted versions of Hollway's methods of psychoanalytically informed observation and free association narrative interviews (FANI), combining them to triangulate my analysis and to strengthen the robustness of my findings (Hollway 2015).

Psychoanalytically-informed observation

My study was concerned with capturing continuous transformations in interaction between social workers and clients in order to learn about emotional processes which have micro-effects on their conversations. My ontological premise was that these conversations are, by nature, fraught with tension and conflict which is overdetermined (originating in multiple places and stories, both conscious and unconscious) and likely to provoke defensive manoeuvres in both worker and client. Dynamic, unconscious processes are regarded as key to understanding these tensions during interviews where interaction between social worker and client will involve conscious and unconscious elements, including how gestures and words are interpreted and acted upon in the micro-process of the exchange. It was anticipated that moments of avoidance would be fleeting and embedded in the emotional ebb and flow of the interview. Therefore the study required a method of observing 'live' which allowed data to be collected across different levels, from concrete words to 'gut feelings', and where the use of intuition and subjectivity was central to both the recording and analysis of data.

This method originates in the psychoanalytic tradition of infant observation (Bick 1964; Urwin and Sternberg 2012) where the focus in on a mother and baby's moment-by-moment emotional exchange, with the observer bringing a disciplined,

boundaried attention to bear on the scene as it unfolds around them. This is a detailed way of observing non-verbal and emotional aspects of communication, including information about relationships and states of mind conveyed through our unconscious or enacted through the body. The observer uses their subjectivity and intuition to 'tune in' to these multiple levels of meaning, including what is unthinkable or unsaid. The stance of the observer is one of free-floating attention unhindered as much as possible by prior knowledge or intention (Bion 1967; 1970). The observer needs to be able to pick up and think about the unconscious dimension of what is being witnessed as a whole (Hinshelwood and Skogstadt 2000). This is only possible when the observing function has been internalised by the observer such that they can examine themselves in that role from a third position through careful introspection and presentation to seminar groups for help in understanding.

Psychoanalytic observation methods, like ethnography, require observers to have in mind "a range of conceptions and latent expectations, by which they can give coherence and shape to their experience, and to remain open-minded and receptive to the particular situations and events to which they are exposed" (Rustin 1989:57).

Observing in this way for the study involved me writing a detailed account of the home visit from memory soon afterwards. Inevitably, some my own subjective responses to what I had witnessed found their way into these recordings, either knowingly or more subtly, through my turn of phrase or choice of adjective. These 'slips' provide an invaluable route into understanding what is going on emotionally and interpersonally between observer and observed and they are treated as vital data. It is also important that I am alert to ways in which I will be nudged unconsciously by the situation into taking on roles beyond that of observing, for example towards making an intervention, however subtle. It is not that these shifts are 'forbidden', indeed this would be impossible, but that, in my observing role, I note

what I can of these pressures and allow myself to be interested in them as part of what I am discovering.

An example of this occurred during a home visit to a mother who was suffering, psychiatrically, from a clearly delusional state of mind. At one moment the social worker got up to leave at the client's request. The client was upset and angry when the social worker discussed her obvious disturbance and she momentarily 'demanded' that we leave, when, to my mind, it seemed important that we stayed. I found myself conveying this to the social worker through a quick glance, as if to encourage her to be confident and stay with something difficult. Although I was annoyed with myself for losing my observing stance briefly, I later reflected on this momentary bit of 'acting out' and thought it revealed something important about the difference between my familiarity with delusional disturbance, as a clinician, by comparison to the social worker. Furthermore, it revealed to me the strong, ethical code that governs social work (in this case, the principle of anti-oppressive practice) to an extent, I would argue, that sometimes stands in the way of intuitive perception and responding.

Esther Bick's original model of infant observation emphasised the importance of following sequences and patterns in the material over time, through which new, and increasingly trustworthy, knowledge can be discovered. This has similarities with the method of 'constant comparison' in grounded theory (Glaser and Strauss 1967) and it is interesting to note how Bick's early writing is compatible with later developments in social science methodology (Urwin and Sternberg 2012). The limited scale of my study meant that I focussed on one recurring feature of avoidance only, although there are likely to have been others. Further studies might look at whether moments of avoidance occur for same social worker across different cases which might point to a relationship between avoidance and level of experience in the practitioner, or

alternatively it might suggest a link between social workers' avoidance and the psychological presentation of the client, for example dominant personality features.

Free association narrative interview (FANI)

This is a style of minimally-structured interviewing informed by clinical psychoanalytic technique and designed to encourage free association and to elicit spontaneous thoughts and feelings. In this way a narrative is recorded on the basis of emotional resonances and aspects of the interviewee's dynamic unconscious, including defences. The interviewer identifies areas of interest but responds to the mood of the moment in deciding how to phrase and focus the inquiry. The defended nature of participant and researcher is considered at all times, and field notes document the researcher's emotional responses to the interview process.

There is an emphasis on providing containment within the interview relationship so that the constraints of anxiety and unconscious defences can be minimised and the interviewee can be helped to 'think the unthinkable' and 'voice the unsaid' (Hollway and Jefferson 2013). This requires close attention to the researcher's subjective responses to what is emerging, using this to guide co-created meaning during the interview. Here, we need to guard against imposing 'over-valued ideas' on the data and instead, try to maintain a stance that is genuinely open to the surfacing of 'selected facts' which link elements of new understanding (Britton and Steiner 1994).

The aim of the reflective discussion in my study was to elicit social workers' spontaneous thoughts and feelings about the interview at a time when it was assumed they would still be affected by the raw projections of the client. A further aim was to investigate possible moments of avoidance (MOAs) where it appeared that the social worker had avoided facing something more directly, verbally or otherwise, during the interview. Possible MOAs were illustrated through excerpts

from my process notes and the social workers' response to these excerpts was recorded to evaluate their plausibility.

My model of reflective discussion differed slightly from Hollway and Jefferson's narrative interview in the way in which it included feedback, re-framing and some low-level, non-transference, interpretative comments. This allowed me to use my subjective hunches to follow-up particular lines of inquiry linked to my research hypothesis, such as what social workers experienced, internally, on either side of an MOA. My adaptation of FANI had features of clinical supervision familiar in psychotherapy. It represented both a narrative mode of research inquiry and a trial of a model of 'near practice' supervision which could be useful to social workers. This development of a method of research and supervision practice is secondary to the main study but might merit further investigation (see *Discussion*).

From consulting room to research setting

My starting point is that of psychoanalytic practitioner adapting my clinical identity and technique to the research endeavour, all the while paying attention to important ways in which these identities differ and converge. I am an observer throughout but I participate, consciously and unconsciously, to different degrees depending on the stage of the study. For example, during the formal observations of home visits I tried to adopt a disciplined stance of non-participatory, free-floating attention, akin to Bion's notion of maternal reverie, in an effort to take in the raw experiences of the participants and allow myself to be affected by them anew, such that I could begin to have my own thoughts about what I was experiencing (Bion 1962). By contrast, the later reflective discussions using FANI were opportunities for me, more explicitly, to explore ideas and impressions concerning meaning with the participants themselves.

This combination of evenly-suspended observation, attention to unconscious factors, and intersubjective reflexivity has much in common with clinical technique in psychoanalysis. However in research there is no recourse to clinical interpretations as a means of verifying one's impressions because there is no mandate for this kind of investigation when participant and researcher are not meeting in the context of a request for therapeutic help (Hinshelwood and Skogstad 2000). I agree with the now well-known contention that importing concepts like countertransference and the unconscious from their psychoanalytic source into psychosocial research risks simplification and dilution of meaning and usefulness (Frosh and Baraitser 2008; Frosh 2013). Such debates about the use of 'countertransference' outside the consulting room have helped psychosocial researchers develop their own, expanded notions of researcher affect and reflexivity to include such issues as links between researcher biography and choice of topic and approach, and the role of compassion in an ethical epistemology (Garfield et al 2010). Attention to my own subjectivity throughout the study centred less on transference-like experiences to what I was witnessing and more on how I was emotionally moved by the predicament of the practitioners at each step of the encounter with their client.

In this study I met the participating service as a clinician observer of their practice, more-so, in their minds, than a researcher. As such, I was regarded as being in possession of valuable knowledge about the psychological presentations of their clients; difficulties which confused, frustrated, and overwhelmed the social workers daily. During the observations I had constantly to reflect on my research stance and to notice a powerful pull away from the voiceless boundary of the scene, and into the action, to becoming 'helpful', assisting in the intervention. I had to balance the tensions between detachment and empathy, noting how I was affected by the action in front of me and then later, marrying this with discussions in supervision and with consultants to whom I presented my data.

At times I struggled with a feeling that, in my research role I was denying the participants help with their extremely difficult task. By remaining on the boundary of the home visits, neither wholly in nor out of the action, I was able to pick up the sense of helplessness, overwhelming frustration and despair in social workers at the time. On occasions it became too difficult or painful to hold the observer position and I would find myself linking with the client or social worker, for a split second, through a raised eyebrow or a knowing look. Returning later to these breaches, I came to see how they mirrored the MOAs in social workers, in the way they occurred fleetingly and spontaneously, moving the interaction into a different register for a moment. I used this reflection to develop my understanding of the anxieties preceding MOAs which I thought were connected to times when social workers felt torn or conflicted in their dual role, rather as I could feel as a clinician and researcher both at once. In this way, I used my dual and overlapping identity to help me experience something of the 'care and control predicament' felt by social workers; what it is like to suspend 'action' in favour of exploration, and also to help me notice what was being evoked in me by my research material while at the same time staying open to new or contradictory data as it continued to emerge.

Another adaptation of psychoanalytic clinical technique was in my use of retrospective process notes to capture micro-detail of the home visits I observed. Here, I had to trust my rigorous background discipline of recording clinical sessions for the purposes of psychoanalytic supervision and training, experiencing the richness of this method of capturing intersubjective data from both positions of psychotherapist and supervisor. I made my recordings from memory as soon as possible after the home visits, while I was still saturated in the rawness of the observation. I tried to free myself to 'forget' areas of the conversations, as much as to remember, respecting the potential significance of what needs to be kept out of awareness, at least for a while, before thoughts may be in a position to emerge.

Here, I noted the inevitable tension between my keenness to 'collect good data' for my study and my wish to use myself as an 'instrument of knowing and unknowing' in the research process. Recording the observations in this way allowed undercurrents of meaning to emerge through the links and emphasis I made without awareness. With the help of the seminar group and discussions with others I was able to bring these new layers of understanding to light.

Reflexivity and the third position

There were various ways in which I tried to promote a reflexive attitude in myself, as researcher, to guard against 'wild' interpretation and over-determined responses to the data. Throughout the study, I tried to notice the internal conversation I was having with myself in response to what I was encountering. This helped me to hear my own voice within the research process, enabling me to check out my assumptions and be more clearly orientated to the data as it emerged. I kept a journal of these 'subjective field notes' and a record of all discussions with my supervisor and other people I consulted.

I thought about how and why I came to this research area in the first place and became aware of a shift in my relationship to the topic over time. The study had grown out of my clinical practice with families involved in the court. This work had taken me overseas where I had met new cultural complexities as well as unfamiliar social care and justice systems. Perhaps this experience sensitised me to language and cultural gaps on top of my psychoanalytic training and personal analysis which had emphasised the fine detail of intersubjective engagement as the heart of psychodynamic work. Somewhat idealistically, I felt that I had experienced, and been trained in, an approach to helping relationships which could be highly relevant to social workers, more so than the models they were currently using, which I thought

lacked subtlety and depth. From my background reading I felt persuaded that social work has a tendency to neglect relationships and feelings. I hoped my study would illustrate how social workers could become interested in what is going on, less obviously, between them and their clients when there are tensions around and difficulties have to be faced.

Through conversations with my supervisor, I came to see how I began the study on something of a crusade, hoping to 'prove' that social workers could benefit from psychoanalytic understanding to embolden them, conversationally, in the face of their clients' hostility and resistance. I was encouraged to keep in mind at all times that the nature of the social work task is different from psychotherapy and therefore the contract and frame for the work is different. Furthermore, discovering that social workers were already good observers and communicators brought me up sharply and led me to become more interested in how the study might be used to illustrate a practical approach to observing and learning from experience that might have application to supervision and training.

Opportunities for reflecting on my emerging data from a third position occurred at several levels, from retrospective discussion with the observed social worker (where I took the avoidant moments which had a particular impact on me and presented them to the social worker for their elaborations and thoughts) to presenting my data to a student seminar group, my supervisor and other mentors, and to disseminating my findings to the participating organisation in the form of a feedback workshop.

I kept a journal of my subjective responses at all stages of contact with the social workers and I presented parts of this to my supervisor, research mentors and colleagues, as well as thinking with them about the home visits themselves. Monthly research seminars at the Tavistock Clinic were an opportunity for me to present my observational material to a group of fellow doctoral students. This helped me to think

about the range of feelings that could be evoked in the social workers during home visits, beyond anxiety. For example, I recall one seminar discussion about possible parallel processes occurring during my study where the social worker had used me for support and learning in a similar way to how the client had used her during the home visit. This was an observation from a third perspective which I would not have been in a position to notice for myself. The seminar group provided an invaluable 'home' for me in which I could begin to digest the experiences I was having out in the research field, where it could often feel quite lonely. While writing up my study I moved to the other end of the country, from where I missed my research community. This made me realise that the process of digestion of observational field work often continues for many years after the contact has ceased.

The descriptions and dialogue of the home visits were often distressing to read out loud and to hear. I became interested in how moments of deepening contact would occur during the seminars, through shared realisations or shared affective responses to the data, and how these moments seemed to intimate a similar intersubjective 'meeting' between the social worker and client, often not discernible from the process recording alone. This helped me identify moments of avoidance and think about the meaning of the contexts surrounding them; for example not only when the practitioner felt anxious but also when the client's desperation was more at the fore.

Owing to geographical distance my supervision took place by Skype and it interested me how this kind of affective sharing could occur almost as powerfully through 'screen dialogue' as it could together in the room; this is something I have gone on to think more about in connection with online training and clinical supervision I provide.

I had several meetings with research mentors, where I presented excerpts of my observational data in person and tested the reliability of my schedule for identifying MOAs. The mentors were psychoanalytically trained social work academics who all

had experience of frontline practice. I encountered a variety of responses to my data which, at first, I found concerning but later came to see as a reflection of the richness and poignancy of the material. Perhaps also, the cases evoked especially strong feelings in academics who had left the direct field in order to research and comment on practice from what might be seen as a more comfortable position.

A year or so after I completed my observations, I visited the participating service to facilitate a feedback workshop with the theme of 'difficult conversations'. The event was very well attended although, interestingly, none of the original, observed social workers came. I took this to be a measure of how anxious the profession is about scrutiny and exposure, even amongst its own. I wanted to gain an impression about how recognisable my findings were to other practitioners, without betraying the privacy and confidences of those who had taken me with them on their visits. In the end, I think that the anonymised cases, and ensuing discussion about avoidance, galvanised feelings about shared challenges, and evoked quite a sense of compassion for ones' colleagues and, by implication, oneself in this difficult work.

The study set out to make a preliminary investigation into the defensive use of avoidance during professional practice. With a small sample size it was only possible to gather initial an impression that moments of avoidance (MOAs) exist according to fixed criteria for affect and emotional distance during conversations. Further inquiry is merited into the degree to which MOAs are consciously or unconsciously derived, with this study suggesting that unconscious avoidance has a more sudden and unexpected quality within the dialogue.

Participants

For the purpose of this study I was fortunate in being given access to an entire local authority child and family social work service working in a largely rural area of

England. I had no prior relationship with this service and knew no one who worked within it, except for one of the team leaders who arranged my initial introduction. The recruitment of this service was naturalistic, resulting in large part from a personal contact and from the presence of a senior manager who had an interest in mental health. The service employed around eighty social workers a quarter of whom were in their first post-qualifying year at any one time. Seven percent of posts were vacant which is in keeping with the national average.

The service consisted of nine teams working with children and families but within slightly different parameters; for example 'children in need' teams worked with families where the concerns were less acute but the family needed help and support, and 'child protection' teams worked with families where the concerns were more current and serious and where children were legally categorised as being 'at risk'. There were also two 'court' teams working at the interface with the legal process.

The service manager was keen that my research sample be drawn from one team only although this restriction became more relaxed over time. This request seemed to stem from a concern that my involvement would potentially distract social workers from their everyday tasks however I later wondered whether it was also a way of placing parameters around what I could see. This contrasted with the 'freedom to roam' that I was given during my orientation phase, when I attended a variety of meetings in the service apart from those involving senior management alone.

My sampling frame prioritised considerations of diversity and feasibility; in particular I wanted to insure an adequate mix of years of experience as a practitioner. Participants were recruited from one of the child protection teams only, consisting of seven qualified social workers. I was informed that this team was representative of others within the service in terms of size and mix of seniority and experience. Of the seven practitioners, two were male including the team leader. This is in keeping with

the national average where 82% of UK social workers are female. Three of the seven were of non-white ethnicity which is slightly higher than the national average of 86% of while practitioners. The participants were mainly aged between 25 and 36 apart from one who was in her 50s. This is a younger sample than the national average age of 45 years old for non managerial practitioners. Four of the social workers were in their first post-training jobs and were less than two years qualified. None of them had more than five years experience as social workers, apart from the team leader, although they had worked in other professional roles before. The sample consisted of five observed interviews two of which involved the same practitioner. A pilot study involved observations of two interviews where there were other professional present as well. Each member of the team took part once and one member participated twice.

Social workers volunteered to be observed during home based interviews with clients on their normal caseload. The inclusion criteria for the interviews was that they should involve one parent only (to enable me to follow the process more closely) and that the social worker should anticipate that the conversation with the parent would be difficult in some way; how this difficulty was defined was left to the practitioner. During some interviews the children were present or nearby while for others they were at school. The clients had all met the social worker at least once before and some of them had been on the worker's caseload for a year or more.

The clients were all birth parents of children where concerns centred on issues of neglect. During preliminary discussions, the service manager expressed her view that social workers have more difficulty raising concerns with parents about neglect than they do about more overt cruelty or harm. The manager described how social workers felt uncomfortable discussing signs of child neglect with parents, such as physical dirt and smell, compared with talking about bruises or disclosures of abuse. It is estimated that at least half of registered child protection cases in the UK concern

neglect and some areas report as many as 75% where neglect is part of the picture (Masson et al 2008; DfES, 2007). These cases are much harder to assess using standardised protocols and practitioners have to rely on judgements based upon their interactions with clients. My study is concerned with communication difficulties in social work and it seemed pertinent to focus on conversations which were identified as more difficult and arguably more reliant upon interpersonal skills.

Procedure

Once a suitable interview was identified, I travelled to and from the home visit in the social worker's car. On the way, basic details were gathered such as how long the case has been open with the service and how long that social worker had been involved. Information was also collected as to why the social worker anticipated that this particular conversation was going to be difficult.

I observed the interviews in the clients' homes, remaining silent as much as possible and not taking notes. As soon as possible after the interviews, I wrote process recordings including as much detail as possible of the dialogue, action and interpersonal dynamics. Particular attention was paid to moments where it appeared that the social worker avoided or moved away from some aspect of the interview. This deviation could be conveyed through words or feelings but the important point was that something in the exchange seemed to be avoided, consciously or unconsciously, on the part of the social worker.

Notes were also taken about the emotional atmosphere as it changed within the interview, highlighting movement towards and away from emotional contact, as described in Betty Joseph's 'micro-process' method (Joseph 1989). I also noted my spontaneous, uncensored emotional responses, associations and ideas. This provided a route into thinking about the unconscious aspects of the encounter.

Reflective discussions using the FANI method took place soon after the home visit, usually back in the office. Social workers were invited to share their free associations to the encounter with the client which had just been observed. They were asked to describe how they thought the interview with the client had gone; what, if anything, had struck them during the course of the meeting, and whether there had been any moments of particular difficulty or progress.

It was important to keep in mind that the nature and task of the social worker's interview with the client differed from that of psychotherapy. In all cases the client had not chosen to meet and the subject of the conversation was unwelcome. The social worker's task was to explore issues and present information concerning sensitive matters while trying to retain an emotional link with the client in the interests of their children. The complex nature of this task had to be kept in mind at all times during the reflective discussion to guard against inappropriate feedback or advice.

Practical and ethical issues

Ethical approval for the study was obtained from University of Essex and was not required from the participating organisation. The social workers took part voluntarily having been fully informed about the study in advance. In turn, they sought verbal consent from their clients prior to the home visits and then written consent was obtained by me before the observations took place. I was struck by how indifferent the clients seemed to be about my presence. I thought this was a measure of how resigned they felt to professionals and authorities being involved in their lives, and how powerless they felt to question this or complain. This raises complexities as far as proper informed consent is concerned and my hope was that, in a part of the clients' minds, they could appreciate that I was there to help their social worker think about the work with them.

I was very aware that the clients and social workers were in an anxious state of mind in any case and the home visits were often fraught. There was also the reality of a power dynamic between the professionals (including myself) and the client for whom the stakes were very high. These issues, and the fact that I was a guest researcher in the private space of a client's home, needed to be respected at all times through how I conducted myself and the research process, including the client's freedom to withdraw consent at any time. Persecutory anxieties were a feature of how social workers and their clients presented and so it seemed entirely inappropriate to use recording equipment during observations and indeed I was asked not to do so. Process recordings were written from memory after the observations, a method with which I am very familiar from my clinical practice. However, after home visits this was more difficult as we would 'retreat' to the social worker's car where, often, the practitioner would engage me in conversation about what I thought. It was easier to wait until returning to the open-planned office to write notes and, even here, this was noisier and more distracting than I was used to.

It was anticipated that in the reflective discussions after home visits social workers would feel full of transference projections from their clients, particularly if the meeting had been uncomfortable or difficult in some way. This was relevant to the focus of the study and I needed to exercise sensitivity in my style of interviewing to allow strong or difficult feelings to be expressed in a way that felt appropriate and safe. There was also the fact that the social worker's practice was exposed to both client and researcher and this needed to be considered in how the discussion was handled.

The flexibility of the research design enabled me to respond to emerging insights as the study progressed, adapting the focus of my inquiry and refining key constructs. As I became more familiar to the team my relationship with them felt as though it evolved into something more like a mental health consultant or senior colleague. I

had to treat this movement with care and respect because the social workers might share information with me in a way they had not expected. Over time, I seemed to be 'held in mind' by the team more when I was not actually there. Cases would be set aside for me to observe, often ones where workers were struggling and needing help. I would feel a mixture of flattery and heart-sink at this, recognising that it was going to be harder to resist 'helping out' during the observation. Overall, I ended my fieldwork feeling that my involvement had been disappointing to the team owing to the limits I had to place around my availability; this was one of the hardest aspects of the research process for me.

Despite the small number of observations made, they were recorded in fine-grain detail which allowed greater saturation of data as the study progressed. A degree of distance and neutrality was enabled through my not being a social worker. While this was helpful, it also hindered me a little in terms of credibility and knowledge of how to navigate within the professional culture of social work which I found to be very different to my own. I was very definitely a 'visitor' to another profession but one who had shared the experience and difficulties of child protection work. I noticed a movement in my relationship to the organisation I was observing, to and from openness and growing familiarly, to other times when I felt more awkward and excluded. I thought this might stem from shifts between paranoid-schizoid and depressive position functioning in the course of our contact, as vulnerabilities were exposed and previously held beliefs were challenged.

Throughout the study I felt strongly that to be allowed to observe a social work organisation was a rare privilege given the high levels of scrutiny and criticism to which they are subjected as a matter of course. It was testimony to the open-mindedness and curiosity to learn of this particular team that I was there in the first place and this kept my feet on the ground as much as possible throughout.

Chapter 5

Data Analysis

Introduction

This is an ethnographic study of real social work practice using observation and interview data and qualitative analysis of psychoanalytic process. The research data consists of process recordings of observed interviews between social workers and adult clients during actual home visits. Transcripts were written from memory shortly after the observations took place. In addition, notes were made during reflective discussions with social workers occurring after the home visits. During the observations I was particularly interested in signs of tension or conflict in the social worker while interacting with the client. My subjective responses at the time were key to identifying what I understood to be indications of such tension. Some of these were checked out during the reflective discussion with the social worker after.

The data analysis hinges around a core construct called a 'moment of avoidance' (MOA). This construct stems from the orientation phase of the study when I noticed momentary diversions and changes in tone or register during interviews with clients. My prediction is that MOAs will be evident in the interview transcripts and will indicate that something difficult or uncomfortable is being avoided by one or both participants. This difficulty might relate to the direction or content of the interview or to the social worker's conscious or unconscious emotional response.

For the purpose of this study, I am focussing on evidence of MOAs on the part of the social worker only, although they may sometimes be connected to avoidance by the client as well. I am assuming that MOAs are, for the most part, an unconscious response to something which cannot be faced more directly during the conversation; they are not the same as a deliberate change of direction or approach and this

distinction is important. It is anticipated that MOAs will be embedded within the process recording of the interviews and will be identified through features of content, tone, and extent of emotional distance between social worker and client. During preliminary observations MOAs were found to have at least two of the following features and were not identifiable on the basis of one feature alone. This seems to reflect their largely unconscious nature as will be discussed later in the report.

An MOI is indicated by evidence in the transcript of two or more of the following features occurring at once, as coded in brackets within the transcript:

- Deviation from the direction of conversation (D)
- Change in the tone or register of the interview (TR)
- Change in emotional distance from the client (ED)
- Pronounced care or control (one obscuring the other) (PC)

Illustration of Moments of Avoidance (MOAs)

Below is a short excerpt from my observation of Case A, a home visit with a male social worker ‘Adam’ to a mother of two teenagers ‘Tina’. The case has been open since the children’s birth due to concerns about chronic neglect. The children have come and gone from foster care but concerns remain, alongside short periods of improvement. Currently, school attendance and Tina’s unavailability seem to be the main issues. Recent concerns might lead to a child protection conference and Tina is very upset with Adam about this.

Descriptions of the psychoanalytic process of the interview are noted in blue, highlighting two moments of avoidance (MOAs) defined by two or more of the above features. In this case both MOAs are defined by deviation (D) and change in tone or

register (TR) and are deemed to occur in response to tension in the social worker between care and control as indicated by the coding (C&C).

Excerpt from Case A

Adam Well Tina, today we have to have a conversation about what's in the written agreement and mainly about the children's school attendance. School tell me this past week K's attendance has been only 43%.

Adam gets straight to the point, asserting himself clearly in his monitoring role

Tina Really? How come? That can't be right; I mean she's had a really bad throat…tonsillitis. In fact, ever since we moved here we seem to have been ill, don't know why.

Adam It's not just bad, it's really bad Tina, way not good enough and it has to improve. The school still tell me that they can't get hold of you and that you're not keeping them informed about why the children are not in. You've said that K's been ill but all you have to do, Tina, is call them, it's not my job to do that for you, this is your responsibility. I can't keep tags all the time on whether they're in school and this figure is atrocious.

Adam is not deterred by Tina's earlier evasiveness and he spells out the concerns firmly. His use of Tina's name helps to maintain an alliance with her while confronting difficult matters; this looks like skilled combining of care and control. His use of the strong adjective 'atrocious' conveys a capacity to face facts truthfully and robustly.

Tina How can it be 43%? We were off Friday and then Monday was a holiday too, then she was ill on Tuesday.

Tina is uncomfortable and defensive and responds to Adam's confrontation by stalling, through presenting extraneous, concrete details which creates a diversion; perhaps she experiences Adam as persecutory or perhaps she simply feels caught out?

Adam **MOA(1) D/TR** The percentage gets worked out on a weekly basis and last week was a four day week and K only went in two days so that adds up to 50% and then that gets balanced with the previous week where K's attendance was 42% and so …

(*Adam sighs*) If they're ill, then it's a simple matter of picking up the phone and letting them know.

MOA(1) D/TR (C&C) *Seemingly in response to Tina's diversion, Adam falls into an MOA in the form of an enactment where he too becomes concrete and taken-up with details (change of register). However he soon recovers his authority by spelling out what needs to happen. But he does this with a sigh because he knows that the children are rarely ill and that their school absence is more complicated than this. There is a note of sarcasm here which might be heard by Tina as rather persecutory. Adam possibly feels some despair here as he meets Tina's first show of resistance, with which he is very familiar. The MOA seems to be in response to Adam's anxiety that his sigh and sarcasm were a bit harsh in his previous remark; therefore he seems to be in conflict about care and control (C&C).*

Tina Doctor's note… they have a new system at the school of just recording it as illness and… Oh Adam, you must think I'm a nightmare. I do need to work on the things that need sorting out. There's also been a lot of allegations of K dealing drugs at school and it would be good to get that sorted out once and for all *(Becoming imploring).* Honest to God, I do believe her.

Tina tries to resume her avoidance through pedantic, concrete talk about the school system but she senses that Adam is not 'buying it', as conveyed by his stillness and his fixed expression. Tina appeals to Adam directly, by name, which is disarming for him. She then turns to talking about her daughter K as the focus of concerns which distracts his attention away from her.

Adam **MOA(2) D/TR** Well there is a project at Circle 33, where young people can take a 30 day challenge if there are these kind of allegations, to clear their name. Do you think K would be prepared to do that?

MOA(2) D/TR *Adam is swayed by Tina's diversion into focussing on what the child K needs to do, and away from Tina's responsibilities as a parent (diversion). However, it is complicated because social workers are always required to prioritise the needs of the child. Adam is momentarily thrown by Tina's personal appeal, using*

his name, and again he falls into line with Tina's defensive diversion onto her child. He becomes concrete (change of tone/register); it is as if he makes a concession to Tina, unconsciously. He momentarily colludes with Tina's defence while at the same time conveying firmness through his posture.

Tina (*Sounding relieved*) Yes, I hope so? Drug testing would be best thing.

Tina is 'off the hook' and regains control of the interview through prescriptive talk about her child. Her tone of relief supports the impression that her diversion was a defensive move to relieve tension.

Adam What do you think they use?

Adam is still caught up in the enactment with Tina, getting sidelined into concrete discussion of the child K's drug-taking. It needs to be considered that Adam has a dual role here to gather information about the child's welfare at all times and this can set up a conflict in technique and a loss of focus and impact.

C Base

In this excerpt there are two moments of avoidance (MOAs) both identified by the features of 'diversion' (D) and 'changes in tone or register' (TR) where a minimum of 2 out of 4 features is required. In both MOAs the social worker is diverted from the main focus of the interview (D) into a discussion which is more concrete and didactic in tone (TR). This looks like an unconscious enactment where the social worker falls in line with the client's defence. The client offers concrete excuses, or mentions something of concern about her child, and the social worker becomes waylaid discussing these issues for a moment. These examples of MOAs also raise the question of whether social workers sometimes lose the focus of difficult conversations due to a constant background pressure to check up on facts and gather new information, or due to the requirement to prioritise the child at all times.

As a further level of analysis, I hypothesise that MOAs will occur at points of obvious tension for the social worker between care and control. Attention is paid to the psychoanalytic process leading up to an MOA to assess whether this kind of tension

is around at these times. Tension between care and control will be identified through my subjective impressions during the observation and through reflective discussion with the social worker afterwards. This area of analysis will point to indicative rather than definitive findings. In the above example, tension between care and control is identified in the context of MOA(1) only, coded 'C&C', and this seems to be linked to the social worker's anxiety that his previous remark had been rather harsh in tone. If this is correct then it seems plausible that he tried, unconsciously, to repair the situation by becoming rather placatory towards the client, and this, in turn, left him more susceptible to the effects of projective identification. By contrast, in MOA(2) he seems able to hold onto his authority (control) at the same time as following the client's diversion (care).

Five cases (A to E) were observed and process recordings for each were analysed and coded for presence of MOAs and any discernible tension between care and control. Case A was a preliminary case to evaluate the schedule for MOAs, Case B is the main paradigm case, and subsidiary cases C to E are used as illustrations or validation of key points of discussion and are included in the Appendix.

The cases showed marked discrepancy in the number of identified MOAs (see *Summary 1* below) and only Case B revealed more than two instances overall. Case B will be presented in detail followed by discussion of issues raised by the results in response to the research question. A retrospective transcript of the entire observation of Case B is presented below, with a commentary and process analysis in blue alongside. As far as possible, each paragraph in the observation is matched by a corresponding and adjacent paragraph of analysis. Moments of avoidance (MOAs) are numbered and coded in bold as they occur, including a note of whether they appear to be related to tension in the social worker between care and control (C&C). Some of the MOAs are explored with the social worker afterwards as a means of validation.

Paradigm Case B

Introduction

This is a home visit with a female social worker (SW) to a client (C), aged 21, and her 4 children aged from 11 months to 4 years; the children's father is not on the scene. The social worker is a middle-aged woman with grown-up children of her own. She has been a social worker for 4 years having re-trained after a career in teaching. She has a kind, maternal manner and conveys an experienced approach to the work. The concerns are about neglect of the children and indications that the mother is not coping with them at all. The purpose of the visit is to share professionals' reports with the client in some detail. This represents a move towards legal proceedings initiated by the social work team. There have been two child protection conferences before now and the situation is heading towards a third. There is high anxiety in the team about the client's emotional outbursts which have been volatile and uncontained in the past. Three professionals had planned to attend the home visit together to manage their anxieties about the situation. In the event two professionals go, along with me, and the police are asked to be on stand-by.

We arrive at a neglected-looking council house; there is litter on the doorstep and the front garden is very overgrown. SW knocks several times and there is no answer. We can hear children in the front room; SW looks through the window; all the children are there with no sign of C. SW knocks again and after some time C opens the door. The house is crowded, dirty and smelly. The front room has a soiled three-piece suite and broken toys all over floor. There is a television with no plug. The children are wearing clean clothes and their hair is brushed. In an adjacent room baby quails are in a tank on the floor along with two 'rescue Staffies' and a cat. Cockerels and hens are in a garden pen, having previously roamed around the house I am told. C is a tall, strong-looking young woman with messy hair, bare feet and a rather feral look. As we enter

the house she immediately sits down leaving us three ‘authority figures’ standing in middle of the room, towering over the family. I noticed that C’s hands were trembling. SW, C and I establish ourselves around a cluttered table in the back room to have the meeting while the other professional looks after the children. They can be heard banging about loudly through the ceiling above.

Process analysis of Case B

SW You know what happens before a conference don't you? I'm asked to write a report. *(SW explains the structure of the report, C reads to herself)*	SW appears anxious. She states the agenda for the meeting in a way that sounds factual and detached. This way of taking control seems to create distance between C and her.
C I'm not "overwhelmed" by my children, you just keep over-analysing everything! I'm only "stressed" because my neighbours don't like me. You really don't understand or believe me. You lot think I'm crazy, going mad or something! You think it's in my head and it's not!	C looks rather hemmed-in at the start of the meeting, as if she feels constrained by the descriptions of her in SW's report. She tries to defend herself and her desperation is quickly apparent as she raises her voice.
SW **MOA (1) ED/PC** So… what you feel about the report is important for us to note down.	**MOA(1) ED/PC (C&C)** SW sounds formulaic and disconnected from C's outburst. She seems to avoid emotional connection with C by replying in a rather standardised and bland way. Here, SW's caring feelings seem to conflict with her wish, or need, to control the interview and go through the report; C's expressed feelings are treated as further 'material for the report'. SW's way of speaking highlights the reality of her power.
C Everyone thinks I'm mad and I'm not.	C is denying the extent of her difficulties at the same time as expressing her feelings in an authentic way.
SW Right C, I'm listening to you about yourself and the neighbours but… we're going to have to move on… to what the children are seeing and their experience.	SW acknowledges C's feelings briefly and then steers away from them, as if they are a diversion from the more important agenda of the children's experience. SW sounds under pressure to control how the time is used. Her use of 'we're going to have to' suggests that she feels compelled, from within or without, to discourage C from opening up to her. This might represent a conflict for SW between care and control; however she seemed to be intervening in a conscious and considered way. SW diverts but without changing tone.

C It's like T *(Previous home town)* all over again; I'm feeling trapped and it's not nice.

There is now a more direct complaint from C, perhaps about not being listened to. C is speaking as if to someone else afar. There is a possible reference to previous disturbed feelings that have returned and a hint of a threat of explosion.

SW What happened in T when you felt trapped?

SW picks up on C's complaint (or veiled threat) and tries to make amends for her earlier avoidance by drawing C out through an exploratory question which seems meant to convey care. This is a detour from SW's agenda and doesn't come across as a genuine inquiry based upon concern. It could also be seen as SW avoiding the more pertinent issue of C's current feelings of being trapped, as if such dangerous feelings can more easily be approached in the past tense. This avoidance did not come across as an MOA but more as a tactful intervention.

C I don't want to talk about that *(Note of triumph)*.

C chooses not to respond, possibly in rejection of SW's 'olive branch'. C's note of triumph suggests that she senses that she has made SW anxious for a moment and C now becomes withholding (or avoidant) seemingly through projective identification with SW's avoidance. This restores in C a feeling of control over SW.

SW Okay, I'd like to go through the report. It's all factual stuff; information passed to us from various sources. I think part of today, it's important for us to recognise that…you won't always agree with me. When we get onto the section on my concerns about the children I know there'll be things you don't agree with, as well as things you do and it's important that we write those down as well *(upbeat tone)*

C reads, her head down; children thumping on the ceiling)

SW drops her earlier inquiry easily and re-gains control by returning to her agenda. She gives a preamble to the 'factual stuff' in her report. Her tone seems falsely upbeat, as if in an effort to settle C before a shock, but she also sounds as if she's trying to conceal her own anxiety. Although SW might want to appear caring in fact she is intervening in a controlling way, pre-empting C's response rather than allowing it to emerge. There also seems something disingenuous about the way in which she is preparing the ground for what she knows will be a far from innocuous document for C. SW's speech seems intended to convey transparency however in practice she avoids any real connection with C's state of mind. All of this seems quite deliberate and not an unconscious avoidance on SW's part.

SW What I've heard you saying is, the things that make you stressed, the neighbours etc; my concern is what happens to the children when you're stressed when they're around? First thing is where you live; that the children are not having any contact with their dad at the moment.

SW shows some conscious avoidance by presenting a hotchpotch of ideas which leads to a loss of clarity and focus. She seems conflicted about needing to show empathy towards C and getting the meeting off to an efficient start because there is a lot to get through. This avoidance does not amount to an MOA - it is more like deliberate skirting around and a bit of awkwardness.

C *(Slight smile)* He phoned me the other day.

C cuts through SW's muddle with a stark remark that may be intended, consciously or otherwise, to distract her.

SW **MOA(2) D/TR** Did he? *(Excitedly)*

C Yes

MOA (2) D/TR (C&C) SW seems to 'pick up the bait' and get diverted by C's sudden interjection. This could be a conscious concession by SW to provide a break from the tensions of the interview. Alternatively, it might be an unconscious enactment by SW in response to C's unexpected and powerful projection - 'he phoned me'. It seemed to me to be the latter, and therefore an MOA, linked to SW's conflict between getting the meeting 'on task' and establishing an empathic link with C (SW reported later).

SW If we concentrate on this section; this is the summary. What I would say is the sitting room is tidier than usual, I can see that you've really made an effort with that.

SW recovers her emotional equilibrium and thinking capacity and can now speak to C more directly. This may be because it is a more optimistic remark, a concession. SW exercises her authority while also forging an empathic link with C. This seems to promote more openness. It may also be that the brief diversion, conscious or not, has facilitated closer emotional contact between SW and C.

C Yes, I got up at 5 this morning…to sort it all *(They fall into chat about housework mixed with serious comments from SW about C's need to keep the home clean.)*

C becomes more frank and confiding.

SW **MOA(3) ED/TR/D** What are you going to do with the crib?

C Don't know, a friend told me …try and get rid of it

SW Have you heard of Freecycle?

MOA(3)ED/TR/D (C&C) SW seems to retreat from contact in response to C's greater openness; she may fear being pulled in to C's desperation. The talk becomes more trivial and 'chummy'. SW's question is a divergence from the report although it seems also to allude to an earlier discussion. It might also stem from SW's anxiety (later reported) that C would get pregnant again if she lost her children.

(C gets up and goes to feed the baby quails that are in a tank on the floor.)

SW What do you feed them with?

C Oh it's something called X pellets.

A collusive avoidance is enacted where SW and C chat like friends. The 'difficult conversation' has broken down and C is on the move, leaving the table to feed the quails. SW avoids real emotional contact by colluding with C's acting out and inquiring about the quails' food. It is as if she feels compelled to feign an interest out of a fear that she has lost C's attention altogether, or she may be anxious about C being on her feet and what this might signal about potential breakdown or explosion. There is an exaggerated show of caring by SW through which she loses her authority and control.

(C reads the report; SW reads out a section about how the children don't seem to react to separating from their mother at school drop-off)

C responds to SW's inquiry and then reads the report of her own accord, as if the diversion may have helped in easing tension. SW recovers her authority and reads out a difficult section.

C What! The children don't even say goodbye to me? I'm really angry SW, sorry. Who do you listen to? That Spanish twat who doesn't even speak English! *(C rants on)*

C is much more direct in showing her anger here, using SW's name and briefly apologising for her outburst. Her hurt quickly gives way to ranting.

SW C, I think there was a bit of you that wanted to work with us today.

SW is able to speak directly to C's internal struggle in a way which settles her for a moment and seems to promote painful insight. This is a way of talking to clients that I had discussed with SW on another occasion and she seems to be trying to use it here.

C (More subdued) Yes, but then I end up acting like this person! *(C smacks the report)*

C returns to ranting which seems to be a way in which she tries to stabilise herself psychically when she feels upset and exposed.

They cling to my leg when I say goodbye at school! My kids ain't fucked in the head!

(Discussion follows about how C gets very stressed in front of the children during her dealings with professionals. The children see her cleaning the house and going on about how 'the awful social workers are coming'. SW makes a speech about health risks to the children, as described in the report, if they handle poultry and dog poo. The tone is falsely upbeat as if they are going through an innocuous document rather than something as serious. This is interspersed with practical talk about how to deal with a broken window in the house; they move back and forth from the report.)

The content of the dialogue was difficult to recall here but the tone was innocuous and upbeat, mixing serious matters with trivia. This might suggest that there is a pronounced degree of splitting, fragmentation and denial on both SW and C's part at this point, making it hard to recall a coherent account of what was said.

SW OK, supervision of the children especially with the dogs…of course there are going to be times when you can't be with them; you have to answer the call of nature *(SW smiles)*

SW tries to lighten the conversation by using a euphemism and then smiling coyly. By doing this she seems to be avoiding a more direct discussion of the serious issue of supervising the children. However my sense was that this was conscious avoidance by SW, a type of tactfulness and humour to help the conversation along, and therefore it was not an MOA.

C He's got fucking lung disease
(Referring to the baby; C appears brittle).

(Gap in notes)

C interjects with a stark comment about her baby. This has the quality of a raw, expulsive, and almost concrete projection which momentarily obliterates thinking both in SW and in me as observer. This seems to be an outpouring of despair as well as a statement intended to shock. The meeting between SW and C becomes precarious at this moment, mirroring C's brittle state of mind. The flow of my process notes is lost.

SW I've used the word 'unkempt' because it's an all-round word

SW continues to discuss her report making light of her use of 'unkempt', seemingly to avoid further inflaming C. Again, this is avoidant of the true seriousness of the situation but also seems to be a *conscious* attempt to hold onto the engagement with C and so I did not regard it as an MOA.

C But look, *(C points to washing hanging out)* I've done three fucking loads, been at it since early this morning; I have to clean up every morning after the dogs peeing.

C becomes more desperate and imploring and there is note of grievance in the way she talks.

SW I've called it a 'reckless disregard' to the tenancy because in my opinion, you might not agree, keeping a safe roof over the children's head is really important. One of the things is getting rid of the animals and you haven't done that. What might happen to the tenancy as a result?

C's strong language seems to galvanise SW into speaking more bluntly about C's 'recklessness'. SW tries to adopt a problem-solving approach through her question 'what might happen to the tenancy?' perhaps in an effort to combine care and control interventions; however this is largely rhetorical and both of them know that C is taking a huge risk by ignoring SW's advice.

C Not much; can you imagine what would happen to me if I lost my animals? I really would go mad then. I'd turn into a dog and bite your fuckin' hand through the letter box.
SW *(SW smiles, hesitant laugh)* No threats C, remember we said no threats.

C seems to find the question patronising and she becomes petulant for a moment before moving into a state of identification with her animals who she feels are under vicious attack.

C If someone tries to take something away from me, like my animals, then I will go fucking mad, I will see them in court, I will slash their tyres. I won't be leaving here without the dogs.

SW is able to use some authority to speak directly to C about her threatening manner but it is clear that the heightened tension is making SW anxious.

C continues her aggressive talk in a way that sounds regressed and desperate.

(The children re-appear downstairs; SW and C smile and talk to the children through the kitchen door.)

The children appear at the door as if they might have picked up on the tension downstairs or heard their mother's raised voice.

SW **MOA(4)ED/PC** Let me get that right…if you had to get rid of the animals…you're saying you'd leave with the dogs

MOA(4)ED/PC (C&C) SW is anxious about C's aggression. She avoids a more direct and empathic recognition of C's feelings which might have been containing (care). Instead, SW seems to become procedural and controlling in response to C's outburst, moving to write it down as further evidence (control).

C The meeting I have with you guys just makes me more depressed.

In response to not feeling properly acknowledged or understood (lack of care), it seems that C becomes more consciously despondent.

SW **MOA(5)TR/PC/ED** I don't want to make you more depressed so let's also be clear about the things that are going well, so we're not entirely blind to your strengths as well. There are some really good bits about you too C, so let's save the good bits to the end *(SW returns to the report).* Let's look at what the nursery has said: "The children are coming in looking grubby, hair not brushed." Do you use conditioner on their hair? You know it makes it easier to brush. We don't want P getting teased when she starts school.
Then there's emotional stuff: "You don't know what to do when you're angry or upset."

MOA(5)TR/PC/ED (C&C) C's despair seems to make SW anxious and she tries to reassure or cheer C up in an equally desperate way. SW becomes controlling, suggesting they 'save the good bits to the end', although it seems intended to sound like care. This could be regarded as avoidance of C's feelings, in response to conflict. SW recruits the nursery to name some of the sensitive issues and her use of direct quotes distances her from the inflammatory words she voices, like 'grubby', and from ownership of the concerns. This is also a type of splitting where the (nasty) nursery raises the concern and the (nice) social worker softens the impact of this through practical advice (using a softener). The use of the third person in 'we don't want P getting teased' alludes to SW's statutory authority over C or it may be intended rhetorically to reinforce how an appropriately concerned mother ought to feel.

C So what should I do SW? What are you trying to tell me I should do?

C makes a direct appeal to SW which seems to be a response to SW's avoidance and an appeal for a more direct and honest exchange.

SW It's not…

SW starts to respond in a manner that sounds as avoidant as before.

C I cry so much because I've got such a fucking shit life.

C makes an authentic sounding statement of despair.

SW *(In soothing tone)* You have aspirations for the future. One of the positive things about you C is you're very bright; you have a lifetime ahead of you. Right now the priority is the children. Aspirations have to be put aside to do the basic stuff for the children. Have to get the building blocks right.
One of the things we're concerned about is that you might shout, kick or pull your hair when you have horrible feelings. Sometimes people manage these feelings in ways that don't frighten the children.
I think there is a part of you that wants to get things right but also a dark part of you that over-shadows this little bit of you that says 'I do want things to be better; good for my children'.

SW appears to be moved by C's state of mind and her response is to try to sooth and reassure. This is well-meant but it is mixed with an injunction to C to set aside her own feelings and concentrate on the children. This may be an example of how the requirement for 'child-centredness' within social work can lead to a lack of recognition of the child-like aspects of parents' functioning. If these are responded to then parents can feel more contained and understood and therefore more emotionally available to their children rather than in competition with them. It might also be that the principle of focussing on the children may be invoked defensively by social workers at moments when parents' own emotional or dependency needs threaten to overwhelm them.
Here, SW speaks more directly to C's struggle by describing the different parts of her mind working for and against change. This is a type of intervention that I had discussed with SW on a previous occasion.

C *(More subdued)* I am a good mum…
My Mum's a cock! She really is. I feel sorry for T *(C's younger brother).* He told her he's bisexual and the way she's dealt with it is shit. I feel sorry for T and then I remember it's my mum too.

C expresses her hopelessness and wishful thinking more openly - 'I am a good mum' - and she associates to this with the painful realisation of how hard it is for her to be a mother when her experience of her own mother was so poor.

(Pause… C is more withdrawn and upset, curled up on her chair but still engaged with SW)

At this point a real contact is made between SW and C as the impact of C's painful insight is felt by both - the ensuing silence is moving.

SW **MOA(6)TR/ED** Tell us about what you think a mum should be like?

MOA(6)TR/ED (C&C) This question comes across as ambiguous. SW may be struggling to be in contact with C's pain for long and so she becomes didactic, moving away from C's unique experience to the notion of 'a mum' in general. However the question is asked in a thoughtful manner and it may be intended to help C re-focus on herself and to initiate problem-solving.

My intuitive sense was the former and so I considered this to be an MOA in response to SW's difficulty in being in touch with C's pain and despair. SW wants to be caring but is anxious about C breaking down and so she turns defensively to a mode of control.

C She wouldn't give up.

SW's avoidance does not deter C and she rather creatively adopts the third person pronoun and continues to talk about herself.

SW We don't want you to give up on changing things for the better. Does that sound reasonable?

SW seems to speak from a wish to be fair and also perhaps to relieve her guilt. Her use of 'we' seems to echo C's indirect pronoun and it has a distancing effect.

C I'm not giving up on changing things for the better.

SW **MOA(7)TR/ED** I'm going to put that in 'Your Views' *(SW reads sentence out loud)* 'C doesn't want to give up on the children not being taken into care' *(upbeat tone of voice)*
So, to not give up on the children we need some things to change. And sometimes there's a big gap between your views and our views.

MOA(7)TR/ED (C&C) SW adopts an upbeat tone despite C's more obvious depressed mood which seems to be avoided. SW appears to be going through the motions, falling back on procedure, and there is an awkward quality, exemplified by her double-negative 'C doesn't want to give up on the children not being taken into care'. It is as if perhaps SW is trying to compensate for her guilt about the foregone nature of C's situation. She tries to weave C's comment about 'not giving up' into an intervention and it comes across as contrived. She uses 'we' and 'our' at the end of the passage in a way that seems clearly to refer to the authority she represents. There is a slide here from a link with the client (care) to a link with her team or service (control) and this speaks directly to the difficult bind in which SW finds herself between reaching out to C and confronting her with difficult facts.

C *(C talks about a male visitor coming into the home drunk recently)* It took me back to X *(the children's father)* who just turned up one time and grabbed F *(child)* and took her off.

C ignores SW's speech and instead becomes absorbed in her own story about her ex-partner; she may be trying to distract SW away from her case through a dramatic story about someone else. It seems that she and SW are now talking at cross purposes and SW tries to jolt C's attention back by speaking more frankly about what needs to happen.

SW We were saying... to not give up means things have to change, like getting the children to nursery.

C *(C reads report without looking at SW)*
I like the way you've written it here… last time you made it sounds really bad…that sounds better: 'C wants to work as a …'

C reads the report in silence and her response is to become flippant, commenting on how SW has described her; this seems to be the start of a manic flight from what is in front of her.

SW **MOA(8)D/TR/ED** I can't keep up with want you want to be. In this section I've put that you want to be…

MOA(8)D/TR/ED (C&C) In response to C's manic defence SW seems to precipitate a mutual enactment where she enters C's unrealistic fantasy about career aspirations; this diverts both of them for a moment from the serious issues before them. Here, SW could be seen as avoidant through collusion with C's avoidance. This seems to be a defensive misuse of care (collusion) in order to avoid the difficulty of taking control.

C A teacher…yes!

(SW and C smile and slightly joke; then they jump suddenly to talking about the dogs being re-housed, or not, which leads to C becoming irate again)

SW So I'm going to write that down C. So I was saying C, when I looked at all the documents from all the professionals involved… the overall picture... it fits with the government's definition of 'neglect' in the 'Working Together to Safeguard Children document', which is a really strong word to use C, isn't it?

It is likely that SW is particularly anxious here. The meeting is leading up to her presenting the term 'neglect' to C, as a key finding in her report and one which opens the way to legal proceedings. SW tries to lessen the impact of this by speaking in an impersonal and more procedural way, projecting her views into the 'government', although of course it is also a fact that she has to measure her impressions against standardised criteria. SW doesn't wait for C's response to the term 'neglect' before appearing to pre-empt her by defining it as 'a strong word'. She uses C's name frequently as if in an effort to steady her or to hold onto a connection with her against the odds.

(Silence, no response from C and no contact between them sensed)

C *(Referring to another part of report)* Did you write this? It doesn't sound like you.

It seems that due to SW's anxiety about presenting the finding of 'neglect', she does not consciously notice that C is retreating from contact into manic denial and a split-off state of mind.

SW **MOA(9)D/TR/ED** Why?

MOA(9)D/TR/ED (C&C) Again, SW seems to collude with C's manic avoidance and she enters the spirit of C's mockery, somewhat masochistically, becoming deflated and confused in the process. It is as if one moment she was courageously approaching the climax of her 'difficult conversation' and the next she found herself somewhere else altogether, briefly lost in an enactment, driven by C's triumph and denial. Again this seems to be an unconscious misuse of care (collusion) to defend SW against the difficulty of maintaining control.

C It's too clever! Ha ha ha!

(Both SW and C laugh)

SW I did write it.

(SW and C focus on part of the report that describes how the children need to wash their hands after touching animal poo. They discuss using sanitiser spray; the tone is suddenly domestic and practical.)
SW I don't know about sanitiser sprays C.

SW and C then seem to settle down into a much more direct discussion of a less threatening part of the report, moving into jovial chat about 'sanitiser sprays' as if the two of them are friends. There is perhaps an unconscious reference here to SW's attempt to sanitise the awfulness of the discussion.

C I wouldn't touch shit and then use spray!
(A child sticks her head round the door and says:
'F has been sick, Mum')

There is an interruption by C's children who say that one of them has been sick.

C *(C doesn't move)* She hasn't, she does this all the time.
(C turns to F at the door) You're not sick…liar!

C responds in a harsh and neglectful way; SW avoids any direct mention of this and looks very uncomfortable

SW But C, she might be very worried if she's heard you saying how horrible we are and then you're in a meeting with us. I think you need to go and reassure her.

SW tries to reason with C, providing a rationale for the child's distress and a somewhat muted direction about what needs to happen. SW does the thinking and feeling for C.

C No, are you telling me to do that?! She's fine.

C challenges SW's authority with a direct question.

SW Let's take a short break.

SW calls a break, seemingly in order to check on the children herself. She appears to be trying to avoid a risk of confrontation with C and C uses this as an opportunity to meet her own infantile needs - for a cigarette and for affection. When they resume SW does not refer to the neglect that she has just witnessed and instead, takes control more decisively by wrapping up the meeting, referring to the impending child protection conference. This seems to be a conscious intervention and not an MOA.

C Yeh, I need a cig. I've needed one all morning. *(C rushes out to the garden without going near the children at all; she hugs and kisses the dogs on the way.)*
(Meeting resumes after 10 minutes)

SW Two more minutes C and then Y will go through her report with you. You know what's going to happen at the child protection conference don't you?

C Is that nice policeman coming? *(C laughs hysterically)*

C responds in an inappropriate and quite manic way.

SW **MOA(10)D/TR** He might be… So C, in the forms I've put that your GP can request a formal psychiatric assessment for you, to help you and us to understand what might help you manage your emotions more easily.

MOA(10)D/TR (C&C) C's remark unnerves SW who lapses briefly into an avoidant enactment (collusion) through 'he might be', before regaining her control. Her mention of a psychiatric assessment seems to be an indirect reference to the disturbed way in which C is presenting. SW is clearly worried about C's mental state (care) but seems unable to talk to her about this more directly, instead diverting her concern into procedural talk.

C *(Sounding more despairing and fragmented, C breaks off suddenly to deal with a dog in the kitchen; she returns and bangs her head repeatedly on the table)* Oh… do I really need to learn a whole new language…I can't find the right words. When I'm telling you what I want and need you don't understand what I mean.

C's despair and desperation is communicated more directly.

SW This is something different. This is to do with getting overwhelmed with…

SW also appears overwhelmed and stuck and her comment may stem from identification with C at this point.

C You don't understand…you've had a perfect upbringing. I've been in touch with a group on Facebook who I talk with and they really do understand…My upbringing was pretty bad! It's so stressful for me. I've moved to this nice house and I thought it would be good, but it's not.

(C's talk is more moving; there is a short silence which feels awkward and stuck)

C speaks to SW in a more personal way, referring to her fantasy about SW's upbringing in contrast to her own. C's talk sounds desperate and moving.

SW **MOA(11)PC/D/TR/ED** But also, I've put here…'do we need to have a legal planning meeting?' so that means we need to get some legal advice, talk to the lawyers about it.

(Other professional enters and meeting ends.)

MOA(11)PC/D/TR/ED (C&C) SW seems to be feeling desperate and floundering here and, after a brief silence, she becomes procedural and distancing (control), reading out her written comments rather than voicing her thoughts more spontaneously. She seems to completely avoid contact with C's state of mind at this point despite this being much more exposed (care). There is a conflict for her between a caring response that is stirred in her and a need to exert control in order to bring the meeting to a close.

Chapter 6

Results and Discussion

Research question

The study investigated whether moments of avoidance (MOAs) occur during social work interviews at points of heightened tension between care and control. My analysis of the data firstly looked for evidence of MOAs in general and then considered whether they occurred at points of particular tension for the social worker between care and control.

Results for paradigm case B

In Case B, 11 moments of avoidance (MOAs) were identified within the process recording, as coded in bold in the transcript and commentary. There was evidence of heightened tension for the social worker between modes of care and control preceding all of the identified MOAs, as described in italics in the commentary. The number of MOAs in the paradigm Case B was in marked contrast to the 4 auxiliary cases where far fewer MOAs were identified overall (see *Summary 1*). However all MOAs across all of the cases were found to result from significant tensions between modes of care and control.

Results for Case B are discussed in detail and auxiliary cases A, C, D and E are included in the appendix to illustrate contrasting findings. There were two further findings tangential to the main research which were interesting to note; firstly that some of the criteria for defining an MOA frequently overlap, and secondly that psychoanalytically-informed reflective discussion can serve as a useful research tool.

Summary 1 Comparison of the 5 Cases

Case A (April 2013) 3 MOAs

Male social worker - inexperienced, sensitive

Client - anxious, dramatic, single mother of 2 children; unstable affect and history of drug misuse.

Case B Primary data (June 2013) 11 MOAs

Female social worker - mid 50s, experienced, sensitive

Client - single mother of 4 children; marked emotional instability, tensions running high in social work team.

Case C (June 2013) No MOAs

Female social worker - mid 30s, moderately experienced, sensitive

Client - single mother of 2 children, vulnerable self-esteem, difficulty trusting, unreliable; conscious avoidance by SW but not MOA.

Case D (Oct 2013) 2 MOAs

Female social worker - late 20s, newly qualified, anxious, detached

Client - lone father of 2 children, anxious, dramatic and dependent vulnerability. Children present throughout; MOAs less conclusive.

Case E (Oct 2013) No MOAs

Female social worker - as featured in Case B

Client - married mother of one child, psychiatrically unwell with evidence of delusional preoccupations.

Integrity of my instrument for identifying MOAs

All five observations took place between April and October 2013. The initial Case A allowed me to test the sensitivity of my instrument for defining an MOA. Throughout the Case A interview I noticed diversions from the main focus of discussion. However it was difficult to distinguish between largely unconscious avoidance resulting from psychodynamic processes linked to anxiety (an MOA), and deliberate, professionally-sound diversions such as opportunistic information gathering by the social worker through pursuing a new line of inquiry. At times the client in Case A was evasive and the social worker was thrown off-course by the client's concrete excuses, leading to what appeared to be unintended diversions. At other times the client was frankly disarming by making over-familiar, possibly sexualised, appeals to the social worker's presumed generosity (or naivety) which led to obvious discomfort on the social worker's part. This was an inexperienced but skilled practitioner and during the observation I was struck by the particularly concrete quality of these diversions; they were also distinguished by my schedule for defining an MOA.

Using Case A as a preliminary case, my schedule for MOAs was considered sensitive enough to identify the transitory moments of defensive avoidance that I was interested in, and I decided to use the reflective discussion with the practitioner afterwards to distinguish between conscious and unconscious avoidance in the paradigm Case B. The sensitivity of my defining features for an MOA was evaluated further according to the frequency with which each feature occurred in Case B. Each of the 4 defining features occurred at least 4 times across the 11 MOAs; 6 MOAs were identified on the basis of 2 features alone and 4 MOAs were identified on the basis of 3. Of the 4 features, 'changes in tone or register' (TR) and 'emotional distance' (ED) were by far the most prevalent, each featuring in 9 out of the 11 MOAs and both occurring 7 times together. I initially understood this profile as

confirming an adequate degree of specificity for each defining feature of an MOA, although it did not confirm that two or more features are required to identify an MOA.

Later, on re-visiting the question of whether an MOA required two or more features from my schedule, I revised my argument that each feature was distinctive and independent of the others, towards a view that my four defining features were overlapping characteristics of unconscious enactments, discernible only by use of one's subjective response (or countertransference). For this reason the features 'change of tone or register' (TR) and 'emotional distance' (ED) were much more prevalent and frequently occurred together. Compared with the others, these features are more easily picked up through a subjective judgment at the time and are more difficult to detect from reading a transcript alone. From my analysis I would now suggest that (TR) and (ED) are always required for an MOA, either co-existing or along with deviation (D) or pronounced care or control (PC), in which case they might represent the unconscious element of an MOA which distinguishes it from a deliberate deviation on the social worker's part. Future research may need to consider the issue of overlapping criteria which was beyond the scope of this study.

Unexpectedly, only two further MOAs were identified across the other three cases and these were both in Case D (see *Appendix*). These MOAs were less conclusive because they also looked like conscious diversions by an inexperienced and anxious practitioner who appeared uncomfortable and emotionally detached from the client. It is suggested that the absence of MOAs in Cases C and E is mainly due to the practitioner working in a more circumscribed way, for reasons described below, and therefore not being as vulnerable to the unconscious effects of transference dynamics and conflict between care and control. With a sample of five it was not possible to test the effectiveness of the MOA schedule beyond initial impressions that it was able to identify that MOAs exist and to demonstrate a degree of variance between the cases. My study can be treated as a pilot to a fuller investigation of the

different possible motivations for avoidance, both conscious and unconscious. My distinction was made on the basis of subjective responses during the observation and on reviewing the transcript later; future studies would need to identify features that could specify more clearly a conscious or unconscious reason for the avoidance.

An interrater reliability check was conducted by showing the transcript of Case B to two social workers who were also psychoanalytically trained. They identified 6 and 5 of the total 11 MOAs respectively on the basis of my schedule of features alone. However they did not find any additional MOAs that I had not identified myself. This represents a poor level of reliability. However it might be due to the social workers having difficulty detecting changes in tone or emotional distance by only reading the transcripts to themselves. This is supported by my finding that when I read sections of the transcript out loud, one of the raters was able to identify an additional two MOAs. I thought this was because the affective colouring of that excerpt was conveyed which allowed emotional tone and distance to come through. While this is a possible influencing factor it was, nonetheless, still interesting as a finding.

Further analysis from the reflective discussion

The number of MOAs in Case B was greater than anticipated and distinctly exceeded the number identified in each of the other cases. Possible reasons for this were explored in the reflective discussion with the social worker afterwards using the method of free associative narrative interview (FANI). Although the discussion was unstructured and mainly directed by the respondent's free associations, there was a loose focus on the question of tensions and avoidance, as illustrated in the three excerpts below.

a) Early in the reflective discussion I commented on the social worker's statutory obligation to share the contents of her reports with the client:

FH This seems to throw up a real tension between care and control roles. Where were you today in this?

SW Control, yes, today, in relation to the children, but at times I really felt a tug of war in myself, I felt I wanted to care for C knowing her background, but also as an agent of control… I checked myself on several occasions; that I wasn't drawn in to the focus being away from the children on to C's own plight. Like, when she was crying with her knees up and she was talking about her mum **(MOA6)**. Another time we were looking at the recommendations 'under-developed emotional responses' and C talked about how bad her upbringing's been **(MOA11)**.

Here, I think the social worker is saying that she made conscious decisions to avoid getting involved in the client's emotional disturbance, which she regards as straying from her necessary child-centred focus. She cites two examples of such conscious avoidance both of which I had earlier identified as being unconsciously driven by tensions in her between care and control (MOA6 and MOA11). In both these examples the client became overtly distressed and my observation, at the time, was that the social worker became disturbed by this and avoided drawing closer to the client's feelings; instead, drawing back from contact into a more controlling mode.

Consciously, the social worker reported later that this was in order to stick to her task of sharing the report. However, I would argue that I picked up signs of unconscious anxiety at the time, due to the social worker feeling in conflict between care and control. For example, the social worker looked uncomfortable and there was a pressured atmosphere around. My subjective experience at the time was an overwhelming feeling of being pulled into the client's plight. This kind of response

could contribute to drawing up a more precise schedule for identifying unconscious moments of avoidance.

The social worker's initial reflections suggest that she believes she has more control over her moments of avoidance than I would argue she actually has. I think this is because she does not consider the effects of projective identification, where she is unwittingly drawn in to acting out her countertransference to the client's disturbance, rather than being aware of it and so being more able to withstand the ensuing tensions. There is also the possibility that, at the start of the reflective discussion, the social worker feels more exposed to my scrutiny and judgement and she uses rationalisation as a defence against both conscious anxiety, due to exposure, and unconscious anxiety evoked by reviewing the original interview with the client.

b) Later in the discussion I reflected back my observation of the presence of diversionary enactments/MOAs between the social worker and client:

> FH Yes, I see. There were other moments in the meeting when I think C moved you into chatting lightly about other matters, like what the quails eat or how to get rid of the crib on Freecycle, instead of staying with the serious talk you were having about the report **(MOA3)**.
>
> SW Yes, I remember those exact times.
>
> FH It starts first with the mention of the children's father, when C says 'he phoned me the other day'. You say 'did he?' Then you have to actively turn back to the report **(MOA2)**.
>
> SW Yes, I know exactly where you're meaning. Even though that would have all been useful information, I thought it wasn't the right time to go into it today.

FH I think this diversion is a way of letting off a bit of pressure, like a valve, for both of you, through a diversion from the difficult talk you are having; a way for both of you to cope with the meeting more easily.

SW They are points that I find anxiety provoking; that's very helpful actually. I think you're probably right about letting off a bit of steam for both of our sakes. But I see how you're saying that it creates a detour.

Here, I offered the social worker some direct feedback about possible moments of avoidance that I had observed. She recalls these moments immediately and initially accounts for them as conscious avoidance due to lack of time. However, after I make a more interpretative comment about their possible unconscious function (a way of coping with growing pressure) she then links these moments to anxiety, as if she is recognising it for the first time. This lends support to my hypothesis that unconscious anxiety underpins moments of avoidance, in this case those which take the form of sudden diversions in the conversation. I think that the social worker appreciated my sharing some of my thoughts about her work in an understanding way and this allowed her to risk a more honest exploration of her anxiety.

c) Finally, at the end of the discussion the social worker speaks more openly about her anxiety that she might cause the client to explode in a sudden outcry which would be unmanageable:

SW I remember I used the word 'unkempt'. I used it deliberately but I wanted to check out that she understood what it means. I wanted to go into more detail there but something got in the way, I can't remember what it was. All the time I had an underlying anxiety that I was going to say something and C was going to go whoosh! What you were saying about the crib and these kinds of distractions, I think if I don't acknowledge them then… it'll set the

> bomb off. I know it's derailing me... but if I set the bomb off, how am I going to deal with that?

Interestingly, the social worker is referring here to a moment in the conversation where the client interjected with the sudden and shocking remark *'He's got fucking lung disease'*, which functioned as a violent projection and led to a moment of heightened tension in the meeting. The social worker's reflection later that *'something got in the way, I can't remember what it was',* speaks directly to the effect of having her thinking instantaneously obliterated by the power of this projection. At the time I thought there was both conscious and unconscious avoidance in evidence, but that it was predominantly a conscious intervention due to the practitioner's anxiety at that moment about destabilising a disturbed client.

The reflective discussion with the social worker in Case B led me to the conclusion that the 11 identified MOAs vary in the degree to which they are consciously derived to a greater extent than I had hypothesised in my original thinking about them. However, this conclusion has to be balanced against my strong impression, during the observations, that the social worker was not in a position to notice many of her defensive manoeuvres due to the strength and suddenness of the client's projections or acting out.

Variation in number of MOAs

The discrepancy in number of MOAs found across the cases led me to ask what it was about Case B which might help to explain the much higher occurrence. I thought that the social worker in Case B was naturally more parental and caring in her professional manner compared with the other practitioners. I also noted that, unlike the other cases, the social worker in Case B had an overriding statutory task to achieve during that particular interview, namely sharing an important and sensitive

report with the client. Therefore it could be argued that a greater conflict between care and control was around from the outset in this case, namely a conflict between the worker's caring style and the imperative nature of the task. Additionally, in Case B the client had marked borderline personality disturbance and was more obviously troubled by emotional instability and persecutory anxieties during the meeting compared with the other cases. Finally, the social worker in Case B had more formal therapeutic understanding than the other practitioners, owing perhaps to her previous professional role. I thought that she worked in a more immediate way with her clients, positioning herself on the 'frontline' of the emotional encounter, and therefore she was more exposed to the client's raw projections.

Interestingly, the same social worker was observed in Case E (see *Appendix*) where there were no MOAs found. In this case the client was psychiatrically unwell due to an active psychotic process; her thinking was disordered and her emotional vulnerability was a primary concern. As such, the social worker's task was very clear and her stance was purposely therapeutic, confidently combining care and control. These two positions were not in conflict apart from on one occasion, where it seemed needlessly heavy-handed to threaten legal intervention if the client did not accept medical help. The practitioner explained afterwards that she had felt obliged to make procedural matters clear, much as she would do in any other case:

> FH It's difficult with your remit that you have to mention strategy meetings with the police and everything. It's hard… this is two different registers really.
>
> SW Yes, it's really difficult. We have complaints from clients who we take to child protection - "we were never told". It's defensive practice really; it's led to that kind of spelling out.

In Case C (see *Appendix*) where there were also no identified MOAs, an unannounced 'support person' had been recruited by the client to be present

throughout the meeting in a rather intimidating way. The client controlled the interaction most of the time by being verbose, deliberately evasive, and out of touch with the seriousness of issues. The whole meeting had a disingenuous quality which the social worker also felt but was unable to speak about. The client's contempt was so obvious at times that the social worker seemed lost for words or otherwise silenced. She stored up a lot of frustration and anger which surfaced very quickly during the reflective discussion afterwards. Expressing this anger gave way to greater empathy and insight into the client's history and current difficulties.

In Case C, I thought the avoidance was real but did not take the form of MOAs. It seemed to be more conscious and to stem from a feeling of being controlled and defeated by the client's defensive manoeuvres. It was more like a deliberate and somewhat desperate collusion with the client's defence in order to avoid angry confrontation. Or it might have been a conscious diversion by the social worker to distance herself from the client's denial which was so striking and difficult to confront. Alternatively it might have represented a change of tack to see if another avenue might be more fruitful.

I wondered whether, throughout Case C the social worker was never able to establish an empathic connection with the client from the outset due to the extent of the client's denial and control. The client seemed to be one step ahead of the social worker most of the time. If this was true, and the social worker was not engaged with the client in an emotionally close way, then I argue that she was less vulnerable to the impact of the client's projections and so felt less conflicted about her role.

Understanding moments of avoidance

My method of data analysis was informed by Betty Joseph's writing on psychoanalytic technique, in particular her emphasis on the ways in which

unconscious resistance and defence express themselves in the transference and are experienced in the countertransference (Joseph 1989). She described how in severe borderline personalities, the patient uses the analyst for their own purposes to help them with their anxiety, transforming the analysis into “a scene for action rather than understanding” (Joseph 1978, p224). Parts of the immature ego are denied and split off into the analyst, leaving the patient out of touch with themselves and with a distorted view of the analyst. Importantly, in this situation the patient will actively try to encourage the analyst to collude with their defences, to carry disavowed parts of their internal world, and to act out with them in the transference.

This was certainly evident in the cases I observed, where parents with marked borderline functioning used primitive defences of splitting and projective identification to manage the severe threat to their psychic equilibrium represented by the social worker’s visit and by nature and content of the interview. These defensive manoeuvres would occur suddenly and unexpectedly in response to something the social worker said or to an increase in pressure or anxiety in the client. It is this spontaneous and surprising quality that distinguishes an MOA from more purposeful avoidance on the social worker’s part and it was only really possible to tell the difference by attending to my countertransference at the time. I argue that it is meaningful to draw this distinction because I think that, unlike conscious avoidance, MOAs can throw practitioners off course and steer interviews away from difficult matters that need to be faced. This is a source of real anxiety and frustration to social workers and they can feel manipulated by clients for reasons they struggle to understand, tending to assume a persecutory or malign motivation which then makes the ongoing contact worse.

Bion distinguished between normal and abnormal projective identification according to the degree of violence of the projection and the strength of belief in omnipotent control of the object that the projection brings about (Bion 1962). It is this quality of

desperate and forceful evacuation in order to destroy awareness that characterises the excessive projective identification precipitating an MOA during the interviews in the study. The momentary obliterating of awareness occurs in the mind of the social worker in response to the client's projection and it is this lapse that moves the interview out of thought and into action.

My process analysis of the interviews suggests that most MOAs take the form of an enactment where the social worker veers in the direction of either more pronounced control, becoming emotionally detached and procedural, or a version of care that has a placatory or collusive quality, where the social worker and client engage in a diversionary exchange about something other than the concerns in front of them. In the first version emotional distance from the client is increased while in the second the social worker appears to move closer to the client's feelings but, in fact, the diversion is defensive and so the emotional distance is maintained.

These types of enactment occur at moments where the client's emotional disturbance or need is communicated more directly in a way which makes the social worker anxious although they may not register this consciously at the time. For example, the client in Case B sometimes revealed more of her depression and despair while at other times she took flight from it in what seemed to be a manic defence involving grandiosity, denial and omnipotence. At these times she would interject with inappropriate or histrionic sounding remarks which acted as violent projections, moving the practitioner into an unconscious identification with disowned parts of the client's internal world like guilt, vulnerability and need. Under sway of these projections the social worker may be tempted to retaliate by imposing control in a harsh or unwarranted way or, in response to feeling deflated, they may become falsely reassuring or try to deflect the client's hostility onto someone else. In this way an MOA can be understood as a type of acting out or momentary deviation from the primary task.

O'Shaughnessy (1992) reminds us that the communicative and controlling functions of projective identification will inevitably lead to a degree of acting out. She describes how analytic work can be deformed by more excessive versions of this where the analyst and patient take refuge from disturbance, in an analytic enclave, or the analysis is transformed into a series of flights, or excursions, from what is most psychically pressing. This second form of acting out aptly describes the brief diversions that I observed in Case B, where both social worker and client sought a moments of respite from the pressures of the situation.

During my observations I noticed a tendency for social workers to get anxious very quickly at the first signs of the client becoming upset or disturbed. I think this is because they feel they have to resolve or relieve the distress straight away or something more alarming might ensue. Of course children are very often around while the parent is getting upset and social worker feel a tremendous responsibility to prevent the situation getting out of hand. My impression is that social workers are not trained in communication skills which would help them to contain disturbed states of mind in others, perhaps especially adults. Therefore they tend to take over the very responsibilities they want to foster in parents or else err on the side of caution treading carefully around difficult facts.

Temperley described how social workers identify powerfully with their clients' plight and they have a desperate wish to be experienced as helpful. She warned that this can leave them vulnerable to "professional masochism" if they cling defensively to a caring role while underestimating the client's psychic need to denigrate, misuse or exploit their efforts. Temperley explains how important it is for social workers to acknowledge and address this misuse of help; otherwise clients will be left with the "unmitigated forces of their own superego" which will be much worse (Temperley 1979, p 7).

Further thoughts about Case B

This was a tragic and disturbing case to observe. The young mother had four children under 4 including an 11 month old baby. The children were all born premature and were clearly suffering from severe emotional neglect which each of them communicated in their own distressing way. The baby was totally undemanding and seemingly indifferent to the comings and goings of his mother, including no startle response when there was a sudden noise. With the little girls it was as if parts of their mother's disturbance was projected into each of them; one tearing around the house in a manic and chaotic way and the other seeming more suspicious and morose, banging mindlessly on a musical toy. The 2 year old boy sat on the social worker's lap, searching for her breast before being soothed to sleep. The mother ignored the children altogether even when one was reportedly unwell. Sometimes she addressed them in a harsh way but she was mainly wrapped up with herself, craving attention in a way that is characteristic of pronounced borderline and narcissistic disturbance.

The social worker knew the family well. Many attempts to help had failed and now this was the end of the line. It seemed possible that the legal imperative to 'share the report' was experienced by the social worker as an attack on her therapeutic work with this family which was now considered to have run its course. In turn, this might be felt by the mother as a sign of the social worker giving up on her. And yet the report was so important in terms of its impact on their working alliance and on the future of this family's life together. Understandably, it was hard for the social worker to tolerate feeling like a harsh, cruel superego-like figure, through identification with her incriminating document, at same time as holding onto a more empathic concern for this mother. The social worker aptly described her client as having "no map for how to be a mother" because of her own history and she was clearly moved by the young woman's predicament as well as rightly concerned about the welfare of the

children. The overriding priority of the child in statutory social work can act as an anchor to steady the practitioner when opposing pressures within the role are very strong.

In retrospect, I discovered that I was meeting this case at a late stage in the longstanding history of concerns and lack of change. The social worker seemed to be torn between a wish to give the mother one last chance and a need to finally take action to remove the children from her care. The fact that this case was at a legally critical state might have led to more tension for the social worker and to the higher number of MOAs. This would be an interesting direction to pursue in further research to consider a possible link between procedural stage of a case and tension related MOAs.

During the interview I thought it was the client's unpredictability that evoked the most anxiety in the social worker. At several points leading up to an MOA the client interjected with an abrupt, distracting remark before the social worker followed her into an enactment as a result of projective identification. It is helpful here to think about Bion's understanding of projective identification as the primary link between infant and mother which can become the target of attack in borderline states of mind (Bion 1959). The client's sudden interjections functioned as attacks on the possibility of an empathic link with the social worker's mind and this contributed to the high level of fragmentation experienced by her. Joseph describes how individuals who function through massive projective identification may be trying in phantasy to rid themselves of contact with their own mind. The extent of projection of the whole self into the object can result in the individual feeling trapped or claustrophobic and appearing empty or quasi-psychotic (Joseph 1987). This very accurately describes how the young mother in Case B came across, moving rapidly between withdrawn, anxious states where she was hard to reach, and omnipotent, manic-type diversions where she got to her feet and paraded around as if she momentarily felt in charge.

Unsurprisingly, the social worker found this fluctuation difficult, especially as she had a task to achieve, and it added to the atmosphere of tension that was around in relation to the client's potential to 'explode'.

A further tragedy in this case was that the mother was intelligent and at times, fleetingly, she could appreciate the extent of her emotional disturbance and how much work would be involved in overcoming her poor start in life. Her outburst: '*Oh SW, you want me to learn a whole new language*!' represents a brief moment of insight which, characteristically, is over-ridden by a more angry, defiant and oppositional part of her mind which pushes people away and makes others less inclined to stick by her. While observing the interview, I noticed myself often feeling detached from the seriousness of what was being said. I felt lulled by the social worker's soothing, upbeat tone of voice as if she was discussing an academic essay she had written which just happened to be about this woman's family; like going through the motions of genuine concern. I realised that this was probably an unconscious collusion with the client's own denial or avoidance and this led me to wonder about the projective pressures that might be affecting the social worker.

The social worker felt very sorry for this client and tried to share her critical report by speaking clearly and soothingly, hoping this would help. She struggled to find words to speak more directly to the mother about the part of her that denies or rails against unwelcome truths and cannot trust enough to let someone show her something painful, such as her neglect. Her four children in 4 years was probably a manic defence against her own dependency needs and I imagine she was briefly stabilised by the pregnancies. At the end of the meeting she said to the children: '*Let's get dinner on the go - chicken nuggets - it's always chicken nuggets*!' She added to us '*I thought I'd make a lasagne*', which I took to be a measure of a more ambitious side of her that she could not live up to, although I also thought, tragically, 'why make something so complicated when everything is falling apart around you?'

Contribution made by the study to the field

Theorising emotional disturbance

Social work is grappling with the problem of how to help practitioners manage the realities of working with very disturbed families. I have argued that the profession is drawing too narrowly from simplistic models of communication and care that assume a cooperative relationship with the client and ignore the ubiquitous effects of the negative transference which more commonly influence the course of the work. This inadequate theory base limits understanding of emotional disturbance, in particular borderline and narcissistic pathology, and the functioning of projective identification which underpins all transference relationships.

It seems to be the more hidden or perverse aspects of personality disturbance in adult clients which upset social workers the most. A practitioner described one such case to me:

> *"This one feels worse because the mum can come across as so credible and plausible. The case has drifted for years. Recently, we looked in detail at the chronicity and we were shocked to see how hard this mum has worked to undo all our work over the years".*

Here, the social worker felt betrayed by what she regarded as the client's deliberate duplicity. While this may have been right, the client's behaviour was more likely to be driven by a number of factors, both conscious and unconscious, which concepts such as splitting and projective identification would go some way to explain. Another social worker described the most difficult aspect of his work with a mother who has been neglecting her children for many years:

> "*I feel dread at the anticipation of the same rigmarole with her again; what tales she'll spin this time; how she'll wheedle out of it this time*".

This was a common story in the professionals I met. They were disturbed most of all by a feeling of being duped and deceived by clients and they had no model for understanding the psychopathology of this. The clients' understandable persecutory anxieties are projected into the workers who then start to feel persecuted themselves. This process of projective identification is central to the way in which frontline work becomes disturbing.

My study has shown that there are times during conversations with parents when social workers are so influenced by projective identification that they momentarily move 'off-task' and into an avoidant enactment with their client which I have called an MOA. The client needs to avoid something that cannot be faced and so, consciously or unconsciously, sets up the means to distract the worker's attention away from the source of anxiety and onto something else. In addition, I have suggested that these diversions happen at points of particular tension for social workers in reconciling their dual roles of care and control.

Enactment and avoidance resulting from projective identification would be expected given the nature of the social worker's task with highly disturbed clients. What I have hoped to discover is how such enactments begin; at what points in routine conversations with clients do social workers come under the sway of projective processes to such an extent that they change direction or briefly lose their way. Understanding this is important because these are the very moments of maximum tension during home visits when curiosity can be shut down, critical information can be lost from awareness, and professional authority can be denied. By observing real interviews in the field, I have found that a defensive remark or behaviour on the client's part can coincide with a difficulty for the social worker in holding the tension between care and control. These moments act like 'tipping points' in internal conflict for the social worker and make an avoidant enactment, or MOA, more likely to occur.

There is now greater appreciation in social work of the characteristics of adult personality disorder. However, these tend to be described in rather static terms and there is still need for a better understanding of disturbed patterns of engagement which involve marked splitting and projective identification. Fluctuation between paranoid-schizoid and depressive position functioning underlies clients' defensive manoeuvres during conversations about difficult matters, and practitioners could be helped to have a better grasp of this so that they might feel less persecuted by apparent 'non-engagement', and more thoughtful about their clients' psychic predicament. Social workers often said that the parent 'won't engage' when actually the parent is always engaging in some form or other which we can try to understand.

Care in adversity

The study focussed on communication in families where there were concerns about neglect. I learned that it is particularly difficult for social workers to talk to parents about such realities as poverty, squalor and wilful disregard and I have been interested in the reasons why. Beyond the more obvious sensitivities to clients' self esteem, I think that signs of neglect play into social workers' unspoken guilt about their own neglect of professional care by not engaging with root causes of family breakdown in social inequalities and financial strife. The current ideological drive is towards rescuing children from harmful parents and this can be felt by social workers as an attack on their moral sensibility and concern to understand the troubled families they try to help (Featherstone et al 2013). My study has illuminated subtle aspects of defensive practice during discussions with parents about neglect and has suggested that these result from intolerable internal tension in the social worker. It is possible that currently these internal tensions coincide with increased external tension in the social work profession as a whole. My findings might help in understanding how the current more 'muscular' approach to child protection might be playing a part in recruitment and retention problems in social work, as practitioners

are required to work in a culture of defensiveness that leaves little room for compassion and genuine 'social care'.

Limitations of the study and implications for future research

Size of study

There is very little research in the UK looking at social work home visits apart from Ferguson's large, ethnographic study based on 71 observations in which he emphasises the importance of accompanying social workers on more than one home visit in order to understand their practice (Ferguson 2014). This was possible with only one of the participant social workers, that of Cases B and E, and I would agree that I was more sensitive to the conscious and unconscious pressures felt by that practitioner as a result of getting to know her, and her work, more closely. Future studies might compare social workers' practice at different stages post qualification to consider whether level of experience changes capacity to tolerate anxiety or to manage the tension between care and control.

Methodological considerations

There are very few ethnographic studies of social work because of the ethical restrictions that have to be overcome and most local authorities do not welcome the close scrutiny involved (Ferguson 2014b). As an intruder to the organisation I observed, I was very aware of the curiosity and anxiety that my presence stirred, perhaps more so because I wasn't a social worker myself. I relied on the endorsement of one particular senior manager to gain entry into the service, practically and in terms of trust. I found that most resistance came from team leaders whom, I think, feared my link with the senior manager and how I might evaluate their work. By contrast, several more junior practitioners asked me to help them with

mental health questions concerning their clients and I sensed a hunger to have some direct input from me. At times this created an internal tension in me around how to preserve an attitude of openness and free attention without being pulled in to a more active role. I felt that this was made harder because I am a mental health professional and was regarded as being in possession of knowledge and expertise that the social workers somewhat revered. This, in itself, I took to be a measure of how desperately they often struggle to understand the emotional disturbances in their clients and they saw me as a possible container for their anxieties about this.

As far as the clients' consent was concerned, they raised no objections at all to my presence at home visits. This was not straightforward as my impression was that their consent largely resulted from feeling disenfranchised and at the mercy of authorities, with which I was also identified. Some clients appeared worn out and indifferent, seemingly saturated from years of scrutiny and exposure, and rarely showing any curiosity about my role. When it was emphasised that I was primarily there to observe the social worker's practice they took more interest, some even joking that this made a welcome change from years of feeling inspected themselves.

The study employed a psychoanalytically-informed method of observation based on the paradigm of infant observation (Perez-Sanchez 1990; Hollway 2000). I extended this method to incorporate a Kleinian account of transference dynamics which pays particular attention to movement towards and away from emotional contact during analytic sessions (Joseph 1978; 1985). This is signified by a moment in the session (or interview) where something is shared in a way that is moving and real, leading to a deeper connection between therapist and patient (or social worker and client), if only for a brief moment. This movement can be felt by monitoring one's own subjectivity very closely, paying attention to the quality of the conversational exchange over and above the content. This way of working was described by Joseph who was interested in problems of psychoanalytic technique in everyday clinical

practice. Joseph described how patients will ‘enact’ aspects of their internal world, consciously and unconsciously, through the ways in which they construe and conduct their relationship with the analyst. This might equally apply to social workers and clients where vital information about clients’ emotional lives can be gathered by attending to the quality of their interaction with professionals (Joseph 1989).

There is considerable debate about the validity of applying aspects of clinical psychoanalytic technique to research methods (Kvale 2000; Midgley 2006). At the heart of this debate is the question of how far unconscious processes like transference and countertransference can be included as legitimate data of social scientific inquiry, bound as it is by a different ethical framework and purpose. What seems clearer is that there is considerable mileage in adopting features of a psychoanalytic stance, particularly ‘free floating attention’ and ‘suspension of memory and desire’ (Bion 1970), to allow subtle movement between near and distant perspectives, mobilising unconscious responses to what is seen and heard, and bringing the research endeavour closer to the complexities of actual practice (Froggett and Briggs 2012).

When observing, I sat in the midst of the interviews, without taking notes, allowing myself to be open and receptive to what I was witnessing as it unfolded. This inevitably involved me being exposed to the client’s projections which helped me to appreciate how the social worker might be experiencing the encounter. Only afterwards, at a distance from the intensity of the visit, did I write my process recording from memory of what I had witnessed. This involved stepping back from relatively dispassionate observation of elements of a scene towards an emerging appreciation of the whole, where meaning started to make itself known. Later, through further familiarisation and stepping back I was able to analyse the psychodynamic process within the dialogues observed. This analysis was then

triangulated (yet further stepping back) by gathering free associations of the practitioners during the reflective discussions afterwards.

Throughout the study I had to actively remind myself that statutory social work and psychotherapy are fundamentally different roles where the contract with the client is voluntary in the case of psychotherapy (in response to a request for help) while in social work the contract is imposed, compulsory, and often deeply resented. I had to be alert to my own blind spots as a practising psychotherapist, where I might fail to fully appreciate the pressures felt by the social workers to comply with procedure and timeframes. During the reflective discussions, I was also aware of a somewhat ambitious wish to highlight moments of defensiveness that I thought I had observed, assuming this to be interesting and helpful to practitioners. I realised that this kind of detailed exploration of micro-process is much more familiar to psychoanalytic psychotherapists where there is the unspoken 'safety net' and reference point of one's own personal therapy or analysis. I quickly learned to be more careful in the reflective discussions, recognising the level of exposure and scrutiny they entailed.

Absence of children

Family social workers are often criticised for focussing on parents to the exclusion of properly engaging with the child. Similarly, my study could be criticised for researching child protection work through the lens of interviews with parents only. My interest was in the subtle defensive manoeuvres during adult conversations where there are tensions around power, responsibility and concern that have to be worked out. Furthermore, the difficult conversations that I was interested in were not appropriate for children to witness and I stipulated that the interviews should be with one adult alone. In the event, two children were present in Case D, running in and out of the room, and their father was rightly distracted by them at times. The most striking feature of this case was the father's desperate need to discuss sensitive,

sometimes sexual, matters, despite the children being present and the social worker's difficulty in cautioning him about this. A strange kind of parallel process ensued where social worker and client talked in codes, which meant that nothing was properly spelt out. This could be construed as another form of avoidance, different from an MOA, but equally resulting from tension or conflict, this time related to the social worker's difficulty in exercising authority around appropriateness. This takes us back to the issue of distinguishing between MOA-type avoidance, which I argue is largely unconscious and resulting from projective identification, and more conscious avoidance where the social worker feels uncertain or awkward about broaching a subject.

Working with social workers as an adult psychotherapist in a family court assessment team, I was struck by the way our understanding of the parents was divorced from that of their children and, moreover, how little attention was paid to the parents' own histories because this was seen to compromise or contradict the imperative of 'child centredness'. At first, my very presence as the 'adult clinician' seemed to provoke, and I felt some of the projections of hostility and blame that many parents report in their dealings with services. Over time, we came to look at this in the team as a defensive splitting of idealised child from denigrated parent, in order to simplify the often impossible and distressing context of our work. My study has gone some way towards understanding how this kind of organisational schism can add complexity to internal conflicts already felt by practitioners who are charged with protecting children from dangers that are hidden or poorly understood. It is as if social workers are so compelled to care for the child 'at all times, or else' that they fear making a proper contact with parents in case this throws them off the primary task of recognising risk and harm.

Other sources of tension

The approach I took to conflict between care and control was in terms of a presumed difficulty in moving from a therapeutic mode of intervention to one which exercises helpful authority. There was not an opportunity to consider other ways in which tensions between care and control might be construed and played out. For example, there is conflict between standardised, competency-based trainings in social work which offer an illusion of control, and more creative, intuitive models of reflective practice emphasising the centrality of care (Lymbery 2003). There is a concern that standardised trainings do not adequately prepare social workers for the judgements they need to make in practice because they do little to develop the curiosity and self awareness that help sensitise professionals to risk.

Alternatively, tension between care and control might manifest as a socio-political conflict in social workers who struggle to be agents of a political system they regard as causing the very problems they are setting out to prevent. Waddell describes how social work and psychotherapy are fundamentally different in the way the social worker has to hold socio-political realities in mind as well as the difficulties of the internal world.

> The difficulty being that there is something about social work that leads to those different vertices massively imploding in on each other, occupying the same space simultaneously, making thinking about experience doubly difficult (Waddell1989 p34).

It is a moot point whether such socio-political contradictions lie at the heart of tensions between care and control in current safeguarding practice. My strong impression was that social workers struggled to take up their authority in a compassionate way largely as a result of transference dynamics which they did not fully recognise or understand.

Finally, the study focussed only on tension evident in the social worker, even where this coincided with, or was precipitated by, a state of tension in the client also. Future studies might consider the interchange of tension between worker and client in order to understand the dynamic underpinnings of avoidance in more detail.

Sharing results with participating service

Impressions from the study were presented to the participating service during two feedback meetings. None of the participating social workers were present but their colleagues came from the wider service including team leaders and senior managers. My process analysis of the interviews resonated very immediately with the practitioners and they offered additional insights into the nature of the conflict they can feel at moments of heightened tension between care and control. For example, they spoke of a conscious fear that if they become “too interested” in a client’s material during a home visit, by listening carefully, they will “never get away”, back to the safety of their car. I think this refers to an unconscious anxiety in the social worker that their client’s emotional needs are overwhelming or insatiable and that to open up expression of these needs is to invite a level of dependency that would be unbearable and unwise. This was evident in the MOAs 3, 5, 6 and 7 of Case B when the social worker appeared uncomfortable in the face of the client’s more obvious disturbance and despair. This led to a retreat from emotional contact by adopting a more controlling and didactic mode of intervention.

The feedback meetings also confirmed my impression that many social workers regard the more relational aspects of work with clients as a luxury that is out of reach due to the timescales and pressures within which they work. They assume that building relationships with clients is a lengthy business and ultimately dispensable compared to the statutory duties which increasingly define their role. The social

workers did not easily see that forging a relationship with a client might in fact support and stabilise their ongoing work and therefore save time in the long run.

The participating service was very taken with the idea of reflective discussions in situ as a model of supervision that might be offered to practitioners in their early years. They appreciated the level of detail that the live observations allowed and the opportunity to catch fleeting moments of particular tension in the interaction with the client. Of course this kind of feedback is exposing and I was very aware that none of the participating social workers came to hear what I had found. I was reminded that the reflective discussions took place soon after leaving the clients' homes, when the social workers' minds, and sometimes bodies, were full of projections which left them very stirred up. This added another layer to the rawness of the encounter and was likely to have affected how I approached the discussions with the worker afterwards.

Implications for social work practice

My study has shown that subtle avoidance occurs during interviews with clients in response to unmanageable anxiety in the social worker. This seems to coincide with moments where responsibilities for communicating care and for exercising control are felt to be in such conflict that the worker loses their way, briefly, and an enactment of sorts ensues.

Care and control is now so assumed within social work that hardly discussed very much at all. It is absent from many training curriculums and where it does appear, it tends to be subsumed within topics such as anti-oppressive practice and citizens rights (Dominelli 2002). What seems to be missing is an opportunity for trainees to think about how care and control throw up tensions in their own lives and, by extension, in their work with vulnerable clients (Asquith et al 2005). Noticing when

they feel anxious or conflicted would help social workers steady themselves while under the sway of powerful projections. I hope that my study goes some way to highlighting the impact of internal conflict on interviewing skills and how social workers can pull themselves back from unhelpful diversions.

The term 'authoritative practice' has resurfaced in social work guidelines since the Munro Review; however there is still considerable nervousness about what it means for everyday work with clients who are hard to engage. Most UK safeguarding boards have adopted Gilgun's definition which emphasises the need for practitioners to be:

> Aware of their professional power, use it judiciously and that they *also* interact with clients and other professionals with sensitivity, empathy, willingness to listen and negotiate and to engage in partnerships (Gilgun 1999) (*Italics my own*).

This influential definition continues to draw a distinction between control and care, betrayed by the word 'also', and this suggests to me how hard it is for social work to think about using authority as part of care, or indeed caring in an authoritative way.

Work with disturbed and troubled parents brings practitioners into contact with individuals who have their own conflicts in relation to care and control. This can lead to a magnification of the tensions or to blind spots in workers about how care and control issues may be affecting their outlook and practice. Social workers have difficulty bridging care and control because they assume them to be antagonistic and distinct, involving different styles of interaction. This perspective results largely from clients who project into their social worker their own struggle to mediate and manage these roles. As soon as the social worker takes a bit of control they can be felt to be persecutory, and if adopt a caring approach they can be experienced as impotent, seductive or solicitous. Likewise the client often has trouble bringing ordinary

authority to their parenting and tends to oscillate between persecution of their children, or their neglect. These intrapsychic and interpersonal pressures further complicate the tensions brought by society's treatment of social work as a profession, where practitioners are vilified for being too soft or too harsh in their approach to work that no one else wants to understand or own.

The tension between care and control in social work speaks directly to the settlement struck in society between the state and family life. The current emphasis, post Munro, seems firmly directed towards greater control, with an imperative to intervene 'now or never', using the law and neuroscience to secure earlier removals and potential adoptions (Featherstone et al 2013). The problem with this approach is that it reduces social work to the role of policing risk reduction in the absence of a clearly articulated vision of how to support insight and change within families. It may even promote an idea of parents as deviant and unworthy, and child-centred practice as somehow in opposition to their interests. Social workers are now uncertain about their task of care, what it involves and what its aims should be. As a result they can find themselves feeling nervous or suspicious in response to clients' bids for emotional help or support. Furthermore, social care has been reconstructed into manualised, targeted interventions delivered by 'experts' and applied to families, with social workers acting as brokers rather than practitioners in their own right (Featherstone et al 2012). Parents now survive or fall on the strength of the progress they make in these standardised programmes and this devalues ordinary face-to-face family practice built around trust, connection and support (Morgan 1996).

All of this makes social workers more prone to persecutory responses to the ways clients communicate their need for help. I started out in this study thinking that care and control were bound to be hard to reconcile, because care involves relationships and trust while control is usually experienced as threatening and imposed. The study has led me to the conclusion that my initial understanding of this conflict was too

narrow. It is not simply a matter of how social workers manage to wear two hats at once. The study has filled-out the background context of the problem as I see it, namely the move in social work practice from a Victorian ethos of 'discipline-and-punish' to the current preoccupation with 'screen-and-intervene' (Rose, 2010; p79). It has gone on to discover how tensions between care and control manifest during face-to-face contact with parents, and made suggestions about how an expanded theory base, including areas of psychoanalytic understanding, can help practitioners feel able to work with families in a more intimate and transformative way.

When I set out in this study I thought that social workers' conflictual task of care and control was a tall order and that it might be better if the control function was split-off into another agency such as the police. I now appreciate the value of the same worker holding both roles - caring by helping and supporting the parent emotionally, and controlling by protecting and prioritising the interests of the child. This models the realities of ambivalence and guilt with parents who employ primitive splitting in their way of organising the world.

> The social worker can represent an invaluable hope of integration which she demonstrates by her capacity to tolerate the good and the bad in the client and by her ability to exercise both care and control where necessary. In so doing she conveys a faith that the client has a capacity to experience guilt and remorse, or to make reparation (Waddell 1982, p10).

This underscores the importance of remaining available despite rejection and a degree of attack. Resonances of the split between care and control can play into a split in the client's mind between love and hate, especially in those with more paranoid schizoid ways of functioning. A mother can feel that the social worker cares only about the baby and not about her own infantile strivings. Likewise, a social worker can feel torn between a wish to demonstrate care by responding to a

mother's emotional needs while also standing firm by reality, as represented by the control task which gives primacy to the needs of the child. Therefore we see how a difficulty for the worker in integrating care and control can parallel the client's own difficulty in considering their child's emotional life as separate from their own.

I have suggested that an understanding of the primitive defences of splitting and projective identification would help social workers stay on-task while being influenced by transference dynamics during conversations with clients. However there is also the possibility that what makes social workers good communicators is the very fact that they are defended from the full impact of projections of the internal and external chaos and uncertainty of their clients' lives. I would argue that this is rarely the case because, when encouraged to, most social workers will describe just how emotionally demanding the work feels.

My construct of an MOA was devised as a way of capturing, empirically, the subtle shifts and movements occurring during conversations at both an intrapsychic and interpersonal level between client and practitioner. At this pilot stage of inquiry there is some indication that MOAs are less unconsciously-driven than first thought, and that social workers deliberately back away from sensitive areas of conversation when they start to feel concerned about the client's state of mind. This sometimes occurs prematurely because the social worker is struggling to think about what might be going on. This study also suggests that MOAs occur particularly when there has been a sudden, more expulsive projection by the client in the form of an impulsive or seemingly-unguarded remark or a distinct divergence from the topic of conversation. Further inquiry is merited into the nature and quality of these projective processes and their effect on the practitioner. This could be approached by taking the social worker through the transcript and gathering a free associative account of their responses as they re-visit the detail of their interaction with the client.

Implications for training and support

My primary motivation in conducting this study was to be able to describe in close detail what happens during interviews with clients when social workers find themselves confused, provoked or distracted from their task. I wanted the research to be relevant and useful to social work training and support and a senior academic in the field suggested to me that this kind of close scrutiny of real practice was desperately needed. The study highlights how defensive manoeuvres during conversations can be sudden, unexpected and subtle. There is the suggestion that an avoidant move by a client can coincide with increased tension in the practitioner, resulting in a tipping point into enactment which disrupts the work. Being alert to these dynamics at the time is difficult because of the constant pressures on thinking brought by projective identifications between client and worker. The study has demonstrated the usefulness of retrospective process recording in capturing the detail of content and feelings evoked during interviews. Process recordings could enable social workers to revisit the ebb and flow of their interaction with clients in supervision, with the supervisor taking up a third position to promote reflection on what has previously been too close to be perceived or thought about.

The study has illustrated that parents under pressure of scrutiny and judgement by social workers will fluctuate during conversations between different degrees of openness and insight about their difficulties. This is very similar to patients in psychotherapy who move all the time between depressive position and paranoid schizoid functioning in response to transference effects and interpretations. By examining the dialogue in this way during supervision, social workers could be helped to notice and make sense of such movements, hopefully leading them to feel less persecuted by apparent ‘non-engagement’ and more thoughtful about their clients’ psychic predicament.

The study employed a method of reflective discussion in situ which was, in effect, a type of live supervision immediately after the event. The fact that, as researcher, I had been present during the home visit, but 'side-on and silent' to what ensued, enabled me to link with the practitioner very immediately, and empathically, to look with them at their work. There was a sense in which we had both witnessed something difficult but it was important that I placed the worker's emotional experience centre stage, and the reality of their different task, to encourage them to reflect openly on how they felt. This is an important consideration for reflective consultation teams where it is helpful if the consultant can convey both firsthand knowledge of the frontline work and a respect for the fact that they are not involved directly in what they are hearing about now.

Closing remarks

Writing about psychiatric care, Bott Spillius (1976) described how the mental hospital functions to control the patient on behalf of family or society which has failed to do so:

> Since the patient and society are in conflict and the hospital serves both, the hospital has an intrinsic conflict within itself. (This) is often evaded or obscured by social defences… it can be handled well or handled badly, but it cannot be eliminated (Bott Spillius 1976, p587).

She highlighted what she regarded as a dilemma or dishonesty in the core task of psychiatric care, namely looking after individuals on behalf of a society which fails to recognise its wish to punish or control that person, as well as help. This has striking parallels with the predicament of social workers who are charged by society to care and control those individuals who come to represent all of society's ills. Bott Spillius noticed an uneasy feeling in psychiatric nurses, which she linked to the disingenuous

nature of the role, and I vividly recall some of the social workers describing the same kind of disquiet as we drove to the home visits that I observed.

At the end of this study I am left with a greater appreciation of how hard social workers strive to reach a compromise within themselves to manage the conflicts inherent in their role. Becoming more alert to anxieties about care and control, and how it feels to hold the tension between the two, might enable social workers to step more closely into the relationship with their clients at the same time as working truthfully and authoritatively to address concerns. Finally, I have suggested that a psychoanalytic framework can contribute to thinking about how empathic relationships with clients are sustained while difficult conversations are faced. The relationship between care and control is more fluid in psychoanalytic technique; for example confrontation is a common intervention in psychotherapy and care is conveyed as much through abstinence as it is through supportive remarks. These sorts of ideas might help social workers navigate uncomfortable interviews with defensive clients. My hope is that, as a piece of practice-near research, the study can contribute to training and supervision initiatives for frontline professionals involved in this very difficult work.

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Appendix

CASE C

Observation of SW2 – a social worker several years' qualified.

Home visit with SW2 to client (C) a mother of 2 young children (A and B); C is significantly overweight and has a chronic and somewhat unexplained health condition which causes pain and disability; she is reported to be drug dealing and engaging in sexual 'mediation'; C presents as minimising and preoccupied with herself. Fragments of concerns have continued over several years but nothing clear has come to light. Recently son age 7 (B) sucked a younger boy's penis at school. B said he had seen a porn film at his mum's house when a neighbour was babysitting. C denies this and says B's father had porn when he was living with them several years ago. This is the first time B has done this; he is also soiling. Police have just raided the home this week after a call about drug dealing; cannabis removed with a warning.

Home is ok, a bit dirty and untidy. Bull terrier sent out to garden. Cat climbing over table where we sit down quickly and get established into the meeting. Tea offered and declined. In the room there is also a man (SF) known as 'stepfather' who sits on sofa, smokes and interjects throughout the meeting. No permission is asked for him to be there, it is assumed that he can stay as 'a support person'; SW2 doesn't ask him to leave although she has only met him once before and is unclear who he actually is. Discussion starts about the children witnessing the recent police raid of the house. All this is reported quite nonchalantly by C.

*

C They're terrified because last time the police came I was arrested.

Comment [F1]: Nonchalant and omnipotent tone

SW2 What was that about?

C My neighbours telling lies about me. It's taken me 6 years to get a police record!

Comment [F2]: Contemptuous irony; hysteria in face of her children's upset.

(Laughs ironically) 'A' got a bit hysterical that they were going to take me away. 'B' was half conscious. They checked everything, my bag, the cupboards, everything and they found nothing else.

Comment [F3]: Manic denial of seriousness of what she is saying **Avoidance**

SW2 So are they implying that you're selling drugs? (*SW2 sounds detached from concerns although she isn't)*

C Apparently so. They got a warrant from X court. Section 23 of the Misuse of Drugs Act 1971, I looked it up! Basically they think I'm trafficking drugs…Never…I'd never put my kids at risk through drugs…yes, I smoke a bit of cannabis for medicinal reasons but that's all…I'd never deal drugs…not ever *(sounds like a speech)*

SW2 How many joints a day?

C About 2 or 3

SW2 So the outcome is…with regards to the search…

C I got a slap on the wrist. If I re-offend I get an £80 fine and I could go to prison *(Again nonchalant sounding)*

SW2 And your prescribed medication, what are you on now?

C I'm on paracetamol and tramadol

SW2 Still in a dosset box? And an antidepressant was it?

C Yes all that, they've changed over my mental health drug to a new one, a weird one it is, Venlafaxine it's called.

SW2 And how is it?

C I feel really wiped out all the time, so tired I fall asleep on the sofa in the afternoons.

SW2 So what effect does this have on you looking after the children?

C They're good kids; they get themselves ready for bed and go upstairs when it's time.

SW2 What time?

C They get ready at half 7, and then it's lights out by half 8. When the police came they had to search their rooms so that was a pain

SW2 And how have the children been since?

C A bit unsettled, teary. It's the last thing they need right now *(sounds v detached)*

I've loads of friends round to my garden for coffee. This is the second week on my mental health drug and I feel like I'm losing my mind – I get really panicky. People say I'm…You can see my kids are clean, well presented, well educated. They're at school nearly every day, they've missed hardly any, they eat, they play, they're disciplined appropriately; I don't see what else I can do.

(SF makes long speech being positive about C's parenting as if in an effort to offer support)

C I would class myself a better mum than half the mums in this block.

SW2 Ok, why do you say that?

Comment [F4]: Narcissistic and grandiose defence against reality.

Comment [F5]: Grabs at opportunity to ground the discussion more in reality

Comment [F6]: Tip-toeing around C in the face of known deception. **Conscious avoidance but not MOA.**

Comment [F7]: Highly contemptuous

Comment [F8]: SW2 is going through the motions of inquiry; she knows C likes to talk about her medication. **Conscious avoidance but not MOA.**

Comment [F9]: As above

Comment [F10]: Colluding with C's narcissistic preoccupation with medication – **conscious avoidance** of more important discussion because it feels too difficult.

Comment [F11]: Seizes opportunity by tagging a question onto C's remark.

Comment [F12]: As above; rather desperate grab at information when stumbled upon. Interrogative style

Comment [F13]: C seems very much in control of the interview.

Comment [F14]: Complacent speech; thinly veiled contempt.

Comment [F15]: Blatent disregard for concerns about her parenting

Comment [F16]: SW2 seems lost for words; forced to enter C's sham. Incredulity? **Conscious avoidance of facts because too difficult.**

C Someone's kid was at the door at half ten at night asking for B to come and play, that's why.

SW2 Are they still going to school on their own?

C Well yes most of the time, the thing is I can see them up to the BMX track, that's about one min away from school. I watch them from the garden round the roads and then to the track.

SW2 Now you're back on your medication have you been able to get them to school in the mornings?

C No, cos I'm in such a lot of pain first thing and I need to help my neighbours out. The woman has a hernia the size of a football and she says it's like a dagger in her stomach.

SW2 *(turning to SF)* And how about you…can you take the children to school on the days you're here?

SF Not really cos I've got PTSD from after her mum went for me. I'm getting better slowly, C will know when I'm better cos I'll not be here as much, but at the moment I'm best here on the sofa…

C We've had a lot less soiling. We've been to the doctors and been prescribed Lactulose and that seems to help. I even mentioned to the Dr about Asperger's and that you're referring him to CAMHS. It's obvious that B's got some kind of special needs. Like socially, he can't see the consequences of his actions. He does strange things; he has his collections in his bed. He doesn't know how to react when someone's aggressive to him. I told a boy off for kicking a football full pelt in his face. Then I got it from his mother. Both of them are supposed to be referred to Young Carers but I've heard nothing as yet.

SW2 I'll look into that… but we need to be careful cos there are a lot of different services involved.

C It doesn't feel like it's happening quick enough though. I've been saying there's something up with the boy for ages now. I've been working on that boy for some time to make him a decent boy, a young gentleman with manners. My kids always say please and thank you and if they don't then I say 'what do you say?' before I give them something. You won't catch my children…

Anything disruptive could really unsettle them. I've been seeing the same Dr by the way, for consistency for you guys so you can monitor…The Dr this time, she felt his stomach and said it seemed soft so that's better, and A's too, she's been much better of late but after the police have come round…

Comment [F17]: Trying to move discussion into areas of concern.

Comment [F18]: C is able to present rationales to defend areas of concern.

Comment [F19]: SW2 is sticking to her agenda and being more insistent but she is still relying on catching C out rather than facing her more directly.

Comment [F20]: C calls SW2's bluff repeatedly as she can account for everything; she uses dramatic talk to deflect attention away from her.

Comment [F21]: Desperate move in face of C's ploys of avoidance. **Conscious avoidance of facing matters with C due to difficulty.**

Comment [F22]: C in full control now; speech-making, drama, omnipotence.

Comment [F23]: SW2 is momentarily drawn into taking directions from C before she pulls herself back into a more authoritative stance.

Comment [F24]: Speech-making about her children – distancing and out of touch emotionally.

Comment [F25]: Any genuine concern for her children is subsumed in defensive speech to protect herself.

(C then goes into long description of her own health problems)

SW2 So when the children come home, what's the routine?

C They play out in the park, or come back and forward between the house and the park. Or they sit on the sofa with the tele or in their rooms. I can't monitor the boy's behaviour 24/7 but I try to talk to him about it's a new day, and how we don't go to bed angry. If they're naughty I start taking tech away.

SW2 Tech?

C Tech, you know, X box, screens. I'll even unscrew the cable, confiscate the cable. You're not having no TV I'll say.

(SF makes long speech, uninvited, about his handling of the children in terms of discipline, the soiling problem. It sounds clichéd and unreliable due to exaggerated language and a tone of 'saying the right things')

SW2 So let's just see…since coming here, you've obviously moved on…

C Yup, there's obviously someone here *(referring to the neighbourhood)* who doesn't like me smoking cannabis, but there, you can't please everyone. *(Light smirk)*

SW2 Well, there's been two main concerns, the police raid and A going missing, then of course the soilings…

P Oh yes, when A disappeared that time …

(C goes on to recount A going missing in a supermarket, conveying the drama rather than her anxiety)

I thought 'Oh my God!'

(Long account of A and B's constipation, referring to A's 'copy-cat' behaviour in relation to her brother)

There's nothing wrong with *her*. I always ask B twenty minutes after he's eaten, does he want to go to the toilet and then once an hour, trying to be quite light-hearted about it, do you know what I mean?

(SF goes into long account of how he handles the children and sensitivities around B's toileting. He mentions how he has come up with nicknames for them both which they love – liquorice slipper for B and snot chops for A – SF and C laugh a lot at this)

CT There is a pressure around to be light about the concerns, with all responsibility located within the services.

C We're still waiting for the CAMHS to come through. Something's got to be done. Something's the matter with B and it's got to be sorted.

Comment [F26]: Narcissistic preoccupation setting up a conflict with her children's needs.

Comment [F27]: This is a helpful way in allowing SW2 to regain her authority at the same time as gathering valuable information.

Comment [F28]: Gathering her authority.

Comment [F29]: Indirect language - 'there's been' rather than 'I' or 'We have two main concerns' - makes it easy for C to remain distanced. Concerns kept at arms' length/academic sounding

Comment [F30]: As if she had nothing to do with it.

Comment [F31]: Emphasis on drama of the story rather than the anxiety.

Comment [F32]: Hint at harsh attitude to child A masked by a conscientious tone in her speech.

Comment [F33]: Countertransference

Comment [F34]: Note of complaint becoming more insistent.

(A neighbour appears suddenly through the kitchen door without knocking, then goes; the Staffordshire dog comes in and the cat jumps up on kitchen table where we are sitting)

SW2 Have you had any feedback from school about how the children are doing?

C Yes, I've had my instruction about the green card B can use in the classroom so he doesn't have to ask to go.

SW2 *(Gives summary of all the different services involved)*
We need to be careful not to overwhelm the situation for the children.

C Is it a problem that they're unsupervised? *(She describes how the children are not being accompanied to school by an adult because a service which did this has now stopped)*

SW2 Well it's not great…but I've spoken with school about it and unfortunately there's not a service now. The previous service suggested that you take your medication earlier in the morning, it takes some time for your meds to kick in, have you been doing that?

C Yes, I've been taking it at 7.30 but I'm still pretty wiped in the mornings…I can't…

SW2 Umm, we also need to look at activities for the children over the summer holidays.

C Yeh, I'm wondering whether I can get a swimming pass so I can take them.

SW2 Yes, probably. Well, we'll go now.There was obviously just the issue of the cannabis which we had to check...and I knew you were going to say what you said….

C *(Laughs)* Thanks for not telling me off *(baby voice)*

SW2 I feel like your mother now *(wryly)* It's not really about me telling you off…We need to go cos I have to see A at school now, remember?

C Yeh ok, bye

SF Bye, take care ladies *(obsequiously)*

……

……

Discussion with SW2 in car immediately afterwards.

Drove round the block and parked in spot where C wouldn't see us and where we wouldn't feel we were 'gossiping'.

F How do you feel that went?

SW2 *(Falsely upbeat tone about success of meeting but sounds at a step removed from the real encounter)* Yes, I put across what I wanted to; the issues were all spoken about.

Comment [F35]: The frame was never secure and is now intruded upon.

Comment [F36]: Again, trying to bring C back to the concerns, but indirectly, as if the school will spell it out rather than her. **Conscious avoidance of voicing concerns herself; deflection**

Comment [F37]: Oblique remark. **Conscious avoidance by being non-specific.**

Comment [F38]: C is so complacent about her responsibilities that she asks highly provocative questions as if they do not implicate her in any way. Almost perversely cynical. Belle indifference?

Comment [F39]: Colludes with C's denial and then recruits third party to help her raise sensitive matter with C. **Conscious avoidance** of more direct discussion of concerns.

Comment [F40]: As if SW2 can't bear to hear C's excuses, she moves the discussion on to a related area, **Conscious avoidance**

Comment [F41]: In face of further demands and passivity by C, SW2 becomes more openly despairing and speeds up the meeting towards a close.

Comment [F42]: Contemptuous remark and hysteria brought by relief.

Comment [F43]: Very interesting remark based on her countertransference; all parental responsibility is projected into SW2 while C becomes infantile and passive. SW2's comment is designed to redress the huge degree of control that C has managed to wield over her.

Comment [F44]: Contempt.

Comment [F45]: Stock reply, not what she really feels. As if she has become infected by C's deceptive state.

I wanted to gain an idea from her of what's going on for the children, how she talks about them, and to get her response, to get her to open up about what her views are so far, for example B doing 'funny things'. 'So what do you mean by that? Funny things?' *(Speaks as if she is saying out loud to me what she wishes she had said to C)* Not challenging her but let's be realistic here, B's a 7 year old boy, maybe it's ordinary childhood behaviour or maybe something worrying.

Comment [F46]: CT – I had a strong sense throughout observation and here of deflected rage and frustration at what is not being said. Stifling of the truth.

F Not challenging her but…

SW2 Well, it is challenging her but not directly. *(As if this would be unacceptable)* It wasn't that easy with him chipping in all the time. If it was just me and her it would have been a different conversation. I kept thinking 'hey I'm not talking to you, but then again I was interested in his views, some of the stuff he was saying about how he's talking to B about the soiling…I thought that was a bit much…and he's got PSPD, PTSD! *(She sounds impressed)* I thought the children have got both of you in the home with mental health issues and that they're talking openly about themselves, that was obvious, adult conversation in front of the children. How do we know how B's taking that…we don't know do we, how much this is affecting him.

Comment [F47]: SW2's façade is breaking down quickly and her frustration and fury is coming to the fore

Comment [F48]: Allowing herself to get angry seems to put her properly in touch with the children's situation.

It was clear how he was protecting C at every move, always piping up to cover her or back her up. They could be going out with each other, they have common interest of the mother, they've both had issues to do with her that they've come out of. I don't know what the real nature of their relationship is or they could be going into a relationship, I don't know. They weren't very clear how long he's been staying two nights a week. I've met him there once before only, this time he was more vocal. It's like she wants him there. She's done this on purpose, if I bring someone, so can she sort of thing. One time I went round and the next door neighbour, a male, was there. It wasn't clear who he was either. You can see there's always something going on in that home…interruptions.

Comment [F49]: SW2's despair and complaint is out in the open.

F And this makes your job harder does it?

SW2 Yes, not just when it's males, I don't mean that, but just having someone there so that I won't go too deep into a conversation so she cries…but then again she often cries and cries. Oh God, she does that a lot. So it's kind of like…so then it's easy then to not focus on the children. So you've got to keep on…keep on…you have to be mindful of what you're there for…cos I think she's very good at moving the conversation away from what you're there for…towards her ailments, her issues. It's a ploy on her part, deliberately, to

Comment [F50]: Hint at extent of C's anger;

avoid having a more serious talk about the children. You almost have to have a clear goal of what you're going there for, before you go, and then try and stick to it.

Initially, when I was going today, the police raid wasn't something I knew about, they hadn't told me. They said I could go ahead and talk to her about new information being received about her being a possible drug dealer. I would have welcomed the chance to go in there with some big news to shock her.

F Why is that? It's unusual to speak about wanting to shock someone…

SW2 Yes, but I would have liked to have some different news to bring because… she always minimises or normalises the situation or acts as if you're telling her off and then going into a baby mode so that you feel bad when all you're doing is trying to discuss the issues about the children…I could have seen if it made a difference if I'd had something big to say.

F As if you feel it would jolt her into taking things more seriously.

SW2 Yes, she works on *appearing* to be open, appearing to be signed up to the things you ask her, but it's false, it's just put on for you. The more she feels she gives you, the less she thinks you feel she's got something to hide. Cos I'm thinking 'well, she's open and honest, that's all fine'.

F But you're saying it's a sham?

SW2 I'm dubious, I just feel there's more to her, something she's holding back. I don't know enough about her mental health problem and what effect the medication would really have on her. All this stuff about tiredness - too tired to take the children to school.

F I think you're on the right tracks in your thinking about her. One of the issues I think is that she doesn't seem to have any anxiety about her children's experience; you're the one who has to keep mentioning the concerns.

SW2 Yes that's right, she's a bit blasé all the time and it's hard to get the conversation round. So I wonder where I can go with that. There's so many people working for the children cos we really need to hear it from them, but they may not be able to say because it's normal life for them. So I don't know if we're right to keep building something with the kids in the hope that we might hear what it's really like at home. Like when she says 'I don't shout at the children', well that's false, everyone shouts at their kids sometime, so I'm sorry but that's a lie. I've seen her get really hot at A very quickly when I was round there one time. She uses professional jargon or the things she's heard but she's being contradictory in a way. She says the kids have their routine,

Comment [F51]: Good insight into what she is up against in terms of C's defensive tactics.

Comment [F52]: SW2 has fantasy of disarming C by catching her unawares/breaking through her belle indifference. Aggression felt towards C.

Comment [F53]: Hint at sado-masochistic quality to their contact.

Comment [F54]: Complex formulation of the client's defensive manoeuvres.

Comment [F55]: Accurate insight I think and it may be that C is holding back her capacity to care.

Comment [F56]: SW2's irritation is clear.

Comment [F57]: Feedback to SW2 about C's projection of concern into her.

lights out by 8.30, but that's clearly not right because they weren't the other night because she said the police were there at 9.30 and the kids were awake. But the thing is, if I said anything she'd just say 'Oh that's different, the police were round and they had to check in their rooms'.

Comment [F58]: SW2 vents her frustration and irritation in a flurry of observations and ideas about C.

F How do you feel when you realise you're being spun a story?

SW2 I try to bring it back to having a more serious conversation with her, but without matey there. That's why I intend to put all my meetings together in a report and then talk to her on her own, more formally, for her to understand how we're seeing the children's situation.

Comment [F59]: Has a sensible plan.

(Feedback of core assessment report is used as a way of addressing issues more directly with clients, as if it arms the SW)

F What would it be like to describe to her what happens when you talk with her, how hard it is to focus on the children and not her, and whether this is a measure of how hard it is for her to focus in her mind on the children? Something like ' you know, C, I've noticed that we only touch briefly on how the children are before going back to speaking about you and your illnesses, and this makes me wonder if it's hard for you to focus, yourself, on the children's lives'. Could you imagine talking to her in this way?

SW2 *(with enthusiasm)* Yes, that's it exactly; I would *definitely* have a conversation like that, no problem, but not with him around.

Comment [F60]: Genuine relief conveyed at hearing someone else work with C, share the burden?

F And could you ask him to leave, say that he's not part of the meeting?

SW2 It's what needs to happen, now. This is what we all need to do. Get the whole thing onto a deeper level.

F Why not invite her to your office, a more serious context?

SW2 Yes, I could go and get her; that would work. I can see how that would give a different message.

F Because, the problem is that, in allowing him to stay, you're communicating something about the boundary, it keeps being intruded upon. You didn't want him there but you also wanted to hear what he said about…

SW2 Yes, I realise that… so I was…

Comment [F61]: Insight into the compromise she strikes.

F You would have to sacrifice that for now in order to concentrate on a serious discussion with her…

SW2 The problem is that the other, the adult services social worker has allowed him to be there as well, so I need to phone round and tell everyone that he's not to be part of discussions from now on.

F I agree with you that it seemed to incapacitate the meeting and make it harder for you.

SW2 He pulls her into a different way of coming across. One time I saw a different side of her, in a meeting at the school. She got furious when she was confronted and she shouted that we were demonising her son, again another tactic… a different one.

She's more upbeat when he's not around. What's it called, co-dependency?

(Short gap in record)

F I found the way she spoke about B, calling him 'the boy' strange and concerning.

SW2 *(Rather excitedly)* That's exactly what the GP said this week. She phoned me about it. She found it distancing and harsh. Mum goes on and on about the soiling being a medical issue but the GP is clear that it's behavioural. I need to get round to that with her, now a medical cause has been ruled out. Yes, 'the boy' it sounds all wrong.

F You could try to catch it in action and do what I call 'wonder out loud' with her about this way of referring to her son. Something like 'hey C that's a strange way to refer to B, as 'the boy'' and just see what response she has. Or you could wait until the end of the meeting, gather it up a bit, and say something like 'I've noticed that you sometimes refer to B as 'the boy'…'

SW2 I like that style of doing it. It brings it out but not in a way that will just get her annoyed and do the usual cover up. I'm going to get another wall up if I challenge her more directly. That way would be more open and put it back in her court without her being able to get out so easily. It's like being more direct about the issue with her. I've opened it up into a deeper conversation, because we're analysing it, aren't we? Without it becoming a confrontation.

F I call it 'wondering out loud'

SW2 That's it exactly. I like that because it doesn't sound accusing or anything. That's a way to get her interested in *why* she talks that way about her child. Is it that she's starting to begrudge him because he's pooing all the time; does she just find him really tiring or irritating right now. If she could talk more in this way that would be great! *(SW speaks empathically about the Mo for the first time)*

What I wanted to say to her was 'Look, whenever we talk about the children you make it sound like nothing's wrong, it's all fine, but we both know it's not all fine, that's why I'm here.'

F That sounds very straight and direct, just what you need to say…

Comment [F62]: Interesting that C's anger was what was revealed this time. I felt very aware of her repressed rage.

Comment [F63]: SW2 becomes excited when someone else has ideas about her client which are congruent. Gives impression of having felt very isolated in her work with this case.

Comment [F64]: Introducing a more interpretative way of talking to a client.

Comment [F65]: SW2 very insightful and able to grasp the approach, seeing its potential benefits.

Comment [F66]: Exactly

Comment [F67]: Having me thinking with her about her client opens way to more generosity and insight from SW2.

Comment [F68]: Precisely what would be helpful to say. SW2 freed up.

SW2 It would be really nice to feel realness with her. You feel it in some homes don't you? She plays to engage, pretends but she's not is she? We're not getting down to the realness.

Comment [F69]: Sadness conveyed at the pointlessness of defensive work and longing for more authenticity.

F The atmosphere was shallow and detached

SW2 I know, I kept looking at the clock, not because I had to go but because I just knew there was no point in going into things, it was just going to go the same way and I felt ready to go.

Comment [F70]: Greater honesty.

F Going through the motions?

SW2 Yes, it's not meaningful.

I will try that approach out on my children, to practice. I can see how it could be used…Your insights have been really helpful, can you come with me on all my visits *(SW2 laughs)*

Comment [F71]: Relief and gratitude.

Case D

Observation of newly qualified social worker (SW3); this is her first job and she is only a few months in. She is visiting a father of 2 young boys.

SW3 told me she had always wanted to do child and family social work; she left school with no exams and came back to it later through an Access to Social Work course. She felt a sense of pride in her achievement 'the hard way'. She said she was very adamant about everything in life and could be impatient and cut and dried. She doesn't like not having a clear set of directions from managers in the work. She recalls learning about 'use of self' and countertransference on her social work course. She seemed to me to want to convey that she had everything under control but she was clearly anxious. She launched in to tell me about a case of 3 yr old girl exposing her genitals while sitting in between her parents on a sofa opposite the social worker. She has felt very uncomfortable about what this might mean and what to do about it.

Visit to C a father of 2 boys (Child D and Child E) aged 4 and 2½ who were also present; his wife, the children's mother, has learning difficulties and has left the family to live with another man. C alleges his wife had sex with different men at home while the children were around. There was a long delay before an assessment took place. This current referral is about child D who is apparently talking about 'Mum having sex' and displaying sexualised behaviour at school. No restrictions have been placed on the mother's contact with the children but she is hard to reach. C wants his wife back and talks constantly about his relationship with her, including talk of their sex life.

SW3's task today is to go through main points of her assessment report - 'He needs to know that social workers are not counsellors' she says. He talks constantly about his partner and him instead of discussing areas of his parenting and D's worrying behaviour. D has said 'someone's grassed us up to social services' as if he's heard this from his dad. SW3 has doubts about sexualised behaviour in D and wonders if he's being affected by Dad's talk.

On the way there -

Me What might be difficult today?

SW3 Dad's not going to like hearing that the team thinks D might be affected more by what Dad says in front of him. Also, he's a bit annoyed that there's a delay before therapeutic 'keep safe' worker input; it won't be starting for a while. Also, I'm concerned about how Dad can want his wife home at same time as her being this kind of risk.

Comment [F72]: SW3 sounds critical of C

Me Do you like this dad?

SW3 2 weeks ago I would have said absolutely not but I've thought about it; it's a big change for him, his wife left, he's on benefits now, was previously some kind of maintenance worker; he stepped up willingly to look after the boys. He's struggling with boundaries, the kids will run riot today. There have been concerns about his drinking and him being preoccupied with sex. He can be provocative with social workers saying it's your fault that children have died.

Comment [F73]: Some empathy mobilised perhaps by my question

(We arrive at the house on a rundown estate. C is standing outside watching out for us. The boys are playing outside, one in his school uniform. We establish ourselves in the living room which is bare apart from two sofas and a toy box.)

SW3 How's things been?

C Better, I'm sleeping better now.

SW3 You look better, more fresh-faced.

C Yes, X (a parenting helper) came round and brought toys for the children. He's going to do a family story and show me ways of reading a story together with the children.

SW3 Are you still going on the Incredible Years?

Comment [F74]: SW3 diverts conversation but to a related subject. SW3 doesn't pick up on C's comment but it does not feel like an MOA as it seems to be a deliberate move on her part and more to do with her need to gather information at the outset of the meeting.

C No it's so over-subscribed. It's OK; I've got X at the moment. I can do it later.

Comment [F75]: C returns to talking about X who is his new support worker

SW3 So you're happy to book onto it at a later stage?

C I think at the minute I'm doing a lot better with them. X thinks so too. I had speech therapy on the phone for J (youngest child) and I cancelled her. He's doing great now. Really come on. The girls at nursery are quite happy. He knows all the names of the neighbours. He's actually saying sentences. In two months his speech has come on unbelievable.

Comment [F76]: This seems more like deliberate avoidance of what C wants to talk about, namely X. I wonder if she is concerned that C gets 'over-excited' about new people?

SW3 Why do you think that might be?

SW3 Cos I'm spending a lot of time with him, talking and playing etc.

(Child D says to C 'you haven't got any teeth')

C *(to D)* No, I don't so you have to look after yours.

(C sets D off reading his books)

SW3 So nursery are happy with his speech.

C I don't know if I'm doing right but it seems to be working.

SW3 I spoke to the nursery for about two hours. I spoke to K. She said there were no issues at all with the behaviour we wondered about. No concerns about either D or J.

C I spoke with them as well, and with D's teacher; she was quite happy.

SW3 They feel you engage well. And if you're going to be late you always phone.

C All I want is the best for my two boys; the best they can get. When I first met you I was angry but I'm a lot calmer now. I'm angry with her. The biggest problem I had was I wasn't there to protect them. She locked them out. The one person who could have stopped what went on was me. I feel bad about that; it makes me angry. But I couldn't see the signs even of a night-time. I was coming in and they was all dressed smart as if nothing went on.

SW3 **MOA(1)D/ED/PC (C&C)** Well yes, a lot of time did pass before the referral was picked up. But today, what I want to do is go through my assessment. I won't say the words but I'll refer to the behaviour. I will also be saying 'alleged' because it's based on what you've told me. I can't be sure.

(SW3 takes assessment report out and has it on her lap to read out; she starts reading from a subheading 'protective factors' - 'C meets the child's basic needs well' and 'A has a positive attachment to the child'; the discussion becomes formulaic and procedural.

C I've gone from being a working dad to being a fulltime dad, pretty much 24/7. I'm not counting much on their mum at the minute as she's been giving out to me. I did speak to her the other day.

SW3 **MOA(2)D/TR (C&C)** She hasn't been answering my calls

C I have an idea why. I think she might be 'PG'. Like she's thinking 'stuff them, I'll have my own'.

(Child D drinks his dad's coffee)

SW3 You need to take that off him *(referring to the coffee)*.

So I've put under 'identified risks' G and C could get back into a relationship and then the children could witness more alleged 'you know what' behaviour.

C I don't think it would happen without us getting the help she needs and we need. It would be like starting over again but unfortunately we've got the boys. I'm thinking she don't give a stuff about these two, she does about him *(Child E)* but not him *(Child D)*, never has. That's why I think she might be the other way. If she did give a stuff then she'd be on the phone to you. I wrote

Comment [F77]: Helpfully returns C to what he was saying

Comment [F78]: Encouragement

Comment [F79]: As above

Comment [F80]: MOA(1)D/ED/PC SW3 responds bureaucratically and does not pick up on C's distress. She misinterprets C's need to be heard as self-pity which she finds hard to tolerate. However, he is mourning the fact that he has not been available to notice his children's maltreatment and this needs some working through. SW3 controls the agenda in a rather contrived way as it involves adult discussion in front of the children about sexual relations. **(C&C)** SW foregoes a caring response because she fears being drawn into something too emotionally close; she becomes controlling in order to distance herself.

Comment [F81]: C is still needing to talk about his own experiences and so they are speaking at cross purposes.

Comment [F82]: MOA(2)D/ TR SW3 reacts to C's return to talking about himself by moving the focus onto her. She avoids responding to what C has been saying and reacts opportunistically in pursuit of info about the children's mother. **(C&C)** As above, SW is anxious about emotional closeness to C which she fears would swamp the meeting and prevent her completing her task in relation to the report she has to share.

Comment [F83]: SW3 continues on with her agenda, seemingly ignoring what C has just said.

her this letter, took it down there by hand, his mum and dad are on holiday and so they are there and I thought it would be a better time..

SW3 What does the letter say?

C To phone me and phone you. I've put your number in. Nothing about me and her. I just want her to be a mother to her children.

SW3 I think that's positive that you want to involve us. If you did get together with her again this would have to go to a strategy discussion; do you know what that is?

C Not really.

SW3 Where the team gets together to work out how best to respond to the concerns.

C Yes, I know that everyone would have to be involved.

SW3 Can I just go back to this bit in the report about… You know when it first came out you were talking about what she had been doing, in front of the children, but I notice today you are being more careful about how you speak.

C I read a story to him last night. It was one about Mummies. He wanted that one and so, even though, you know what it's like, I had to read it….I think she's done enough emotional damage by herself.

(Short gap in record)

SW3 The professionals team commented on you being emotional and talking in detail about *(makes noise)* in front of the children. So, I've put here that I think you should get some counselling for yourself. But, as we said there has been an improvement.

C What I want to know is what happens if I meet someone else? What do I do about introducing her to them?

SW3 Is there someone you're thinking about?

C Yes, maybe; at the moment we're good friends. The boys know her and her children. They're from the local area.

SW3 Well, given what's happened, we would need to think very carefully about it. She would need to be assessed by us to see that she's safe.

C That's the problem I've got…how do we go about *that* situation *(laughs coyly)…* It's going to have to be Tuesday and Thursday afternoon while they're at school. What if she was there one time in the morning? Of course I'm not talking about anything happening with the children around but they might see someone next to Daddy in the mornings… If things progressed...

Comment [F84]: Moving C on to what she regards as relevant areas; more concrete focus on info-gathering.

Comment [F85]: Encouragement and information-giving. She is more comfortable with this.

Comment [F86]: Setting agenda

Comment [F87]: All the talk between them is about 'inappropriate talk' in front of the children yet the entire meeting is taking place in front of them.

Comment [F88]: SW3 discusses referral for counselling when this is something she could do herself in a way which would help her get to know him better as a parent.

Comment [F89]: Helpfully direct

down the line. I'm not meaning them seeing 'that' of course but just there in the morning.

SW3 Well, it's very early days after what's happened so it probably wouldn't be a good idea just yet for someone to come in. That's something we can talk about when it happens. *(Turning back to report)* We were just concerned about what the children might be exposed to in the way you have been talking. We think it would be good to have some counselling.

C I feel in a good place now. I was very stressed when I first found out but not at the minute. I'm happier in what I'm doing and how I'm coping with the routines. It's getting better. These two are in bed by 8 o'clock in the evening every night.

SW3 That's really good. I think you have to take credit for that. Can I just go through the recommendations?

(SW3 reads out from report) 'A referral to the 'keep-safe worker' has been made, it will be a three week wait.'. She will do hands on work with you and D when J's not around. I'm aiming to sort this out urgently. I've pushed with management.

'I feel it would be beneficial for D and E for the case to remain Child in Need and not Child Protection; that way, we can continue to monitor your situation without having to complete child protection assessments with a view to…

(She goes into explanation of terms, 'child in need', 'child protection'…etc; C is not following and it sounds like a flurry of noise of concrete stuff about social work jargon. All the while D is being very boisterous and noisy while E is subdued, sitting on C's lap. The talk from SW3 is all about acronyms, jargon and whether she will be around or 'stepping down'.)

C I was chatting to her foster brother the other night. He hasn't met these two yet but he's going to be getting involved.

SW3 Who is he? Is he 'safe and appropriate'? I will need to look him up. Are you going to be facilitating the contact? Oh ok.

(The boys are clambering all over C)

I think someone needs their nappy changed. How's the potty training going?

(She gets up to go)

***

Reflective discussion on way home -

SW3 That went very different from any other meetings I've had. He usually gets more cross because he doesn't like what I'm saying. He even looked better in

Comment [F90]: Awkward coded talk bet C and SW3; hard to tell whether he is genuinely concerned about the issue or whether he is being gratified more perversely by talking in this way. SW3 acts as if it's the latter.

Comment [F91]: Tries to wrap up the topic as if she senses he would prolong it given the chance.

Comment [F92]: These are concerns that speak directly to the issues C has just raised; an opportunity is missed to do some exploratory work within the meeting.

Comment [F93]: Brief encouragement before returning to her agenda. Is she concerned about exciting him in any way?

Comment [F94]: SW3 is acting more as a broker for interventions provided by other professionals; this is becoming increasingly common in social work.

Comment [F95]: SW3 becomes entirely procedural as if she feels under pressure to see through a task or perhaps she is using procedure to keep C at a distance from her. She feels anxious, it seems, about any more relational way of talking with him.

Comment [F96]: SW3's priorities and language which comes between them.

Comment [F97]: It is as if SW3 has lost her ordinary thinking capacities and is being anxiously drive n by rules.

Comment [F98]: The boys' noise and smell of the nappy brings her to her senses. She decides to leave very suddenly – disgust at the smell?

the face; weller. I reckon he's seeing someone. He's needy. He's not looking better cos he feels better about himself as a father. It's to do with a woman.

Me What bit of the meeting was most difficult for you?

SW3 Talking about the bloody sex life! What he should do…if he has a new …If one of my friends asked me what they should do…I don't know! Obviously not in front of them!

I don't have answers for everything! He'd need to manage the situation! It's a bit much to ask! Or maybe he feels he needs to ask, in order to work out…I just feel 'why do you need to ask that, do you want reassurance?'

Me Are you saying you don't know if his question is genuine?

SW3 I think it is genuine but I just think…I think the case will close and step down to 'team around the family', and then in 6 months re-open…if mother is pregnant again, or if dad gets into a relationship with another woman whose not appropriate. I don't trust Dad's judge of character.

Me What went well?

SW3 I felt like he understood my concerns. I felt our relationship has improved since the last two conversations on the phone where I told him I didn't want to keep hearing about G.

Me So you put some boundaries around it, set some limits?

(Pause)

SW3 Have you got any feedback for me about how it went?

Me My main thought was that the issue you most want to discuss with him is about what is and isn't appropriate to do or say in front of the children and yet we were doing that very thing by having the conversation in front of them.

SW3 I know, I thought about it several times. I felt like a hypocrite while I was talking. But the thing is, the pressures of the job; we're on duty next week and so I'm not allowed to go on any visits…it makes it very hard. We're expected to see the children and have these conversations. I just don't feel I have the time to see him separately.

Me Had you thought that he might come to see you at your office?

SW3 Yes, I suppose so. He would probably say he couldn't pay the bus fare. But I do see what you mean. I feel really bad about talking in front of the boys. I suppose I could have seen him during the school day this week, it wasn't too bad. I'm quite pleased that it didn't get into an argument with me.

Comment [F99]: She may be right but it comes across as quite harsh.

Comment [F100]: SW3 does seem concerned that C is discussing sex in a perverse way.

Comment [F101]: It may be more C's neediness that bothers her rather than risk of perversion.

Comment [F102]: SW3 confronted him in a way that seemed to have set some boundaries and mutual respect.

Comment [F103]: SW3 seemed to become anxious about something during the pause, which prompted her direct question to me for feedback.

Comment [F104]: I felt pressurised into giving feedback in a way that differs from my research protocol. I use 'we' to mitigate any critical tone in a way I haven't done with the others.

Comment [F105]: Complaint about working conditions.

Comment [F106]: She hears my comment as criticism. She was the most concerned about having me observing and this response is in keeping with this anxiety – superego+

Notes -

My feedback seemed to deflate her rather manic high after the meeting. She started to talk in a more complaining and dismissive way about the pressures of the work and the 'stupid' re-design of the assessment report schedule which 'has just been given a new name but is essentially the same'. She complained that she had only been in the job a few months and already she was 'at capacity'. She asked me more about my background, as if in a wish to turn the tables on me by applying a kind of scrutinising pressure. There are possibly two MOAs but these feel less conclusive in that they may be more like conscious diversions. SW doesn't feel comfortable with much of C's talk and keeps him at arm's length from the outset. She is not working at a close emotional proximity to C and so is less likely to be affected by his projections. In turn C is not borderline and his projections are of a less disturbing nature. He is more helpless dependent in character and SW reacts to this by drawing away from him emotionally and working at a distance in a bureaucratic manner. Pronounced control to exclusion of care much of the time?

Case E

Observation of SW visiting a woman (C) at home where there are concerns about her deteriorating mental state and the impact on 5 year old daughter. C has a physical disability to her leg. C's husband (H) is also present; he has Asperger's Syndrome. The daughter has reported at school that her parents are fighting at home; Dad pushed Mum and her on the bed and she is frightened to go home. C has physical disability, leg problems and possibly a history of mental illness. H works in a university administration job. Both parents are graduates and recognition of this is important to them.

SW Last time I came to see you I talked about gathering information from the GP and health visitor. Well, I've got that information back and what I need to tell you is that some people are a bit worried about you. What do you think people might be worried about?

C Don't know; that I've been quiet lately? But I'm always busy doing things; cleaning the house and all that.

SW I can see that you've been doing that, yes. People have expressed their worries but it's also important to say that there's been a lot of positive things said too.

G *(C's child)* has been telling me that you're really good at giving her cuddles and you clean her teeth and look after them. And school is impressed that, although she has got a problem with her teeth, you are doing something about it.

Comment [F107]: SW emphasises positive factors in anticipation of having to broach a more difficult area.

C Yes we are. The thing is, we went to Spain, to Tenerife, and the water there wasn't clean.

SW And that reminds me that I need to talk to you about some of the things that people are worried about.

Comment [F108]: SW picking up on C's paranoid anxieties.

C What things?

SW That you've been feeling ill and that you're hearing voices.

Comment [F109]: Bold

C That's not true. I'm not hearing voices. I should know, I'm a psychologist for goodness sake!

SW And G has talked about being pushed down on the bed.

Comment [F110]: Recruiting child's report to reinforce concerns.

C I'm not ill at the moment. I'm not seeing a psychiatrist and never have done in my life!

SW Ok, so we might have a different view than you. *(gentle tone)*

Comment [F111]: Introducing possibility of different views co-existing.

(To H) Do you get stressed?

(To C) Look C, what we're talking about are worries about you, including your Dr. And worries mean just that, we don't know, but G is telling us stuff that we are concerned about.

C I haven't got any psychiatric problems! I'm really offended now! I'm having some healing done by X at 22 P K Lane, you can check, and she's been healing me, and my leg and stuff, look how much straighter it is now. That's who I was talking to the other day, that weekend. You can ask her. I'm getting really upset here. I'm getting mislabelled by my husband now. I'm having healing done and I'm getting really upset. It's taken too long to get this leg sorted out and she's really helped, X, and now I'm getting mislabelled as nuts! I'm going now, I'm getting out! *(C leaves the room and returns twice)*

C *(to H)* H, I'm really furious with you! You rang them up because *you've* got a condition and you told them it was me!

SW I can tell you're upset C. Look, F and I will go out for a bit, outside, and leave the two of you for a short while. We'll go outside and so you can talk about it. There is something else important that I need to say to you. We're worried that G is seeing things that frighten her. And because we are that worried we will have to have a strategy meeting which is a meeting with teachers, the police and others.

C *(Very agitated)* I love my daughter and have done everything for that girl, and now I'm getting mislabelled.

SW You're not getting mislabelled…what I'm saying is…

C I don't want you in my home because you're going to take my child away. I love that child and now you're saying you're going to take my child away. Is it alright if I ask you to leave now?

SW You have asked us to leave and I respect that this is your home, but I do want you to also respect that there's just a few more things I need to go over with you. So shall we all sit down?

C Yes, OK *(calmer)*

SW *(turning to H)* G has mentioned that you have Asperger's Syndrome and C has just mentioned it today; is this right?

H I've never been diagnosed with that.

SW He has mild Asperger's syndrome. My sister's a child protection social worker!

H I've been doing 'Beating the Blues' programme on the computer. I can get quite down. C heard about it first; they gave it to her but she didn't do it. So I've started it and it's helpful.

Comment [F112]: More direct and fair communication.

Comment [F113]: SW's instinct is to leave the setting for a while in response to C getting upset. SW then adds in information about statutory processes which she feels compelled to do before leaving. This probably makes C more panicky.

Comment [F114]: C is feeling anxious and panicky

Comment [F115]: SW initially responds literally to C's request but I encourage her to stay put. She manages to **bring** some firmness to the situation and this seems to settles C.

(C leaves)

C says she's been talking on the phone to X but she told me she'd heard X's voice on the radio waves.

(C comes back in)

SW I guess we all want the same thing and that is for G to not be frightened.

C She's lovely isn't she? Turned out really well.

SW G is a lovely little girl. So look, I'm going to work with you and be upfront and honest with you like we agreed and I'd like you to be honest with me too.

C Yes

SW And so what I'd like you to do is make a doctor's appointment soon, by the end of this week, and for you to let me know when you've done that. Is that OK? You have my email. And your doctor will let me know as well.

C Yes, I can do that, ok.

SW I hope they can see you this week.

C Yes, they'll give me an appointment I'm sure.

SW If we can work together then it's more likely we don't need to go down the child protection route. If we can work together we can go down the voluntary route.

C What's the voluntary route?

SW Working together so we might not need a meeting

C Ok yes, we'd like to go on holiday to Butlins. She's a gorgeous little girl; pretty isn't she?

SW Our work is so she doesn't have to feel frightened any more.

(Next appointment is arranged)

C *(referring to H)* He likes routine.

SW Yes, and I'm aware that we were a bit late today, I'm sorry. This next appointment, if I'm late it'll be due to me running late due to my previous appointment; it's not deliberate.

***

Reflective discussion after -

Me What was the most challenging bit of that meeting?

SW That I was sitting opposite a disabled woman. She was likely to have a history of oppression and I was concerned that my practice could be experienced by her as further oppression and I wanted to be anti-oppressive.

Me What would that involve?

Comment [F116]: SW makes a helpful bridging remark which is clear about priorities while also forging a link with C.

Comment [F117]: Frank and honest.

Comment [F118]: Clear spelling out of what needs to happen.

Comment [F119]: C gets on board as she feels some control is with her.

Comment [F120]: Emphasises child focus of her work; appeals to healthy parental functioning in C to underpin an alliance.

Comment [F121]: Hears C's remark within the transference and responds on the basis of this, setting expectations for future meeting. Shows respect.

Comment [F122]: SW's response is quite dogma-driven and formulaic but I think well meant.

SW Making sure that she can take responsibility as much as possible. Not assuming that she needs me to go along with her to the GP. She chose to go by herself and to get her own appointment.

Comment [F123]: More meaningful when she situates it within C's case.

Me The use of that way of talking about 'having concerns about you', is that how you would usually broach this?

SW A bit, and you've mentioned it before…I wanted to emphasise that we all want the same thing.

Comment [F124]: Appealing to healthy part of C's functioning.

Me It's difficult with your remit that you also have to mention strategy meetings with the police and everything. It's hard…this is 2 different registers really.

Comment [F125]: Care and control.

SW Yes, it's really difficult. We have complaints from clients who we take to child protection…"We were never told". It's defensive practice really; it's led to that kind of spelling out.

Comment [F126]: SW refers to a more formulaic way of spelling out the statutory role.