

**The qualitative researcher, the suffering parent and the children's services
professional: An enquiry into the theory and practice of psychoanalytically-
informed interviewing in social work research**

Philip John Archard, MA BA (Hons)

**Thesis submitted to the University of Nottingham for the degree of Doctor of
Philosophy**

March 2019

Abstract

This thesis enquires into the application of concepts and practices associated with psychoanalysis (as a broad therapeutic tradition linked by a concern for what is unconscious) in qualitative social work research. It is specifically concerned with the theory and practice of psychoanalytically-informed research interviewing. The first half of thesis considers the application of free association and the use of therapeutic interpretation in interviews. It also provides a critical account of Hollway and Jefferson's (2000, 2013) "free association narrative interview method" - a well-known approach to research interviewing and analysis (at least amongst scholars interested in the extrapolation of psychoanalytic principles to extra-clinical qualitative research) that is grounded in a framework combining aspects of psychoanalytic and discursive psychology. The second half of the thesis then relates findings from an empirical study informed by this method which sought to explore how children's services professionals experience the suffering of parents in their work via 33 interviews with 15 participants. The reporting of this research allows for further consideration of how interview narratives can be understood from a psychoanalytically-informed perspective, and how participants experience being the subjects of this type of study. It also illustrates how insights from psychoanalytically based psycho-social theory can be used for enquiring into the ways in which parents figure in the minds of children's services professionals and how their capacity to hold the suffering parent in mind relates to working conditions and practices, and individual and organisational psychodynamics. Overall, in addressing these different tasks, the thesis makes a contribution, firstly, in rectifying a lack of critical concern amongst social work researchers with the free association narrative interview method. Secondly, and more broadly, it develops and refines understanding about the relationship between

psychoanalysis and qualitative research interviewing, the quasi-therapeutic qualities of research interview participation, and the nature of psycho-social understanding in social work research.

Acknowledgements

A number of people are for me connected to the work of this thesis, whether in encouragement, support, or advice. In particular, I would like to thank my PhD supervisors, Harry Ferguson and David Murphy for their ongoing support and encouragement in completing this work and my development as a researcher. I would also like to thank Amal Treacher Kabesh for her encouragement and expertise during her time as leader of postgraduate studies in the School of Sociology and Social Policy and as internal assessor of my work as a research student. I am very much indebted to the professionals I interviewed for the time they took to share their views and experiences despite being so hard-pressed with work commitments. Thanks are also due to fellow postgraduate students at the University of Nottingham alongside whom I have worked over the years and faced the challenge of doctoral research, particularly Steven Lucas, Jenelle Clarke and Thomas Elston. I am also grateful to the staff at the Kimberlin library of De Montfort University, Leicester who kindly put up with my writing the bulk of this thesis in the basement there over the last couple of years. Lastly, balancing study with other demands on one's time as a parent and helping professional is a difficult undertaking, and I want to thank my family for all the support they have shown me during my studies. I am particularly indebted to my partner, Julie, and father, Jon who proof-read the drafts of different chapters that comprise the thesis. The research on which this thesis is based was funded via an Economic and Social Research Council studentship (Ref: 1013476).

Table of Contents

Chapter 1: Introduction.....	1
From method to anxiety in social work research.....	3
Psycho-social analysis in social work research	11
Thesis structure.....	24
Chapter 2: The free association narrative interview method and social work research.....	27
Introduction	27
The free association narrative interview method.....	29
Doing qualitative social work research differently.....	34
Practice-near research.....	36
The research participant as defended psychosocial subject.....	39
Conclusion.....	52
Chapter 3: Interpretation and the psychoanalytically-informed research interview	54
Introduction	54
Interpretation in psychoanalytic therapy and research	56
The use of interpretation and feeding back of analyses in psychoanalytically-informed research interviews	62
Conclusion.....	74
Chapter 4: Free association and qualitative research interviewing.....	76
Introduction	76
Free association in psychoanalysis.....	77
The re-elaboration of free association in psychoanalysis	81
Free association and the psychoanalytically-informed research interview	83
Conclusion.....	98
Chapter 5: Methodological considerations in conducting psychoanalytically-informed and psycho-social research in a children’s services context	101
Introduction	101
Access and sample.....	102
Interviewing.....	105
Interview “process” notes.....	109
Data analysis.....	110
Researcher reflexivity and countertransference	113
Ethical issues	118
Conclusion.....	120
Chapter 6: The suffering parent in child protection work	121
Introduction	121

The suffering parent and relations with suffering parents in child protection work.....	123
Prioritising the child	123
Collaboration, sensitivity and direction as part of a child-centred orientation	126
Classifying the problems of parents	128
Learning to suffer	135
Contextualising how social workers position themselves in regard to the suffering of parents	136
Organisational dynamics and defences.....	144
The case of Emily	154
Discussion and conclusion	159
Chapter 7: The suffering parent in intensive family intervention work	165
Introduction	165
The intervention programme	166
The suffering parent and relations with suffering parents in intensive family intervention work.....	171
The “ecological” understanding of parent’s problems	171
Adopting a uniquely collaborative approach to work with families.....	174
The programme framework as “protective frame” and conduit of persecutory anxiety	179
Discussion and conclusion	189
Chapter 8: Dynamics of parental-status disclosure in child protection and intensive family intervention work.....	194
Introduction	194
Professional self-disclosure	195
Parental-status disclosure in child protection work	200
Parental-status disclosure in intensive family intervention work	211
Lying to parents	215
Discussion and conclusion	221
Chapter 9: Psychoanalytically-informed interviewing, research beneficence and containment	225
Introduction	225
Containment and research beneficence	225
Further exploring the link between containment and research beneficence	230
Benefits to participation	232
The experience of being interviewed as more or less containing	234
The interview as “free therapy”	239
Discussion and conclusion	247
Chapter 10: Conclusion	250

Introduction	250
The psychoanalytically-informed interview and social work research	251
Ethnographic research, free association narrative interviews and practice-near understanding	253
Personal reflections and researcher development.....	256
References	260
APPENDIX A: Ethical review form	I
APPENDIX B: Participant information sheet	XIII

Chapter 1: Introduction

This thesis is an enquiry into the application of concepts and practices associated with psychoanalysis (as a broad therapeutic tradition linked by a concern for what is unconscious) in qualitative research. Its starting point is a small but growing interest amongst social work researchers in psychoanalytically-informed methods in recent years which has interlinked with developments, more broadly, in the field of British psycho-social studies – a putatively new movement of transdisciplinary scholarship grounded in a desire for research and theory that “get[s] beyond the psyche/social dualism to think about the psychological and the social together” (Froggett, 2012, p. 179) (e.g. Gregor, Hingley-Jones, & Davidson, 2015; Henderson, 2016; Hingley-Jones, 2009, 2016; Noyes, 2015; Ruch, 2013). Psycho-social studies has been represented as providing avenues for a more reflexive engagement with psychoanalysis in social work, disentangled from the unfavourable meanings with which it has been traditionally associated (e.g. as apolitical and reductively focussed on intrapsychic dynamics) (Frost, 2008, 2016). It has also been closely linked with research that is “practice-near” and seeks to get close to the social and emotional complexity of practice and service user experience (Froggett & Briggs, 2009, 2012). However, much remains to be said about the implications of methodological debate and developments in the field for social work research, particularly regarding the impetus it provides for reflecting on the transformations brought about in resituating psychoanalytic concepts and practices away from their traditional clinical context in social research and theory.

This thesis focusses specifically on the theory and practice of qualitative research interviewing as a psychoanalytically-informed endeavour. It draws particularly on the work of Hollway and Jefferson (2000a, 2013) and their “free

association narrative interview method”. The free association narrative interview method (often referred to by Hollway and Jefferson and others using the unfortunate acronym FANI - the preferable, albeit clumsier, FANIM will be used here) is, in a UK and psycho-social studies context, well-recognised as an influential example of a psychoanalytically-informed interview approach. In this thesis, I seek to rectify a lack of critical concern amongst social work researchers with FANIM, and Hollway and Jefferson’s work regarding it, and address different topics surrounding how this type of research method is used and theorised. These include the application of free association in research interviewing; the use of interpretation and feeding back of analyses to participants; and Hollway and Jefferson’s conceptualisation of the research participant (via a combination of Kleinian psychoanalytic and discursive psychology) as a “defended psychosocial subject”.

I also report on empirical research informed by FANIM which sought to explore how children’s services professionals experience the suffering parent in their work. The reporting of this research, which involved 33 interviews with 15 participants, allows for further consideration of how interview narratives can be understood in a psychoanalytically-informed, psycho-social way, and how being the subjects of this type of research is experienced by participants. It also evidences how insights arising from psycho-social theory and analysis can be utilised for enquiring into how parents figure in the minds of children’s services professionals and how their capacity to hold the suffering parent in mind relates to working conditions and practices.

Overall, the thesis makes a contribution in refining understanding around the relationship between psychoanalysis and qualitative research interviewing, the quasi-therapeutic nature of research interviews, and how social work researchers should

approach debates around the use of psychoanalytically-informed and psycho-social methods.

The purpose of this introductory chapter is to contextualise this enquiry and issues addressed within it. I do this in two ways. Firstly, I provide a personal account of the development of my doctoral studies, of how I became interested in researching children's services professionals' experience of the suffering parent and psychoanalytically-informed research interviewing and ended up writing a thesis primarily concerned with methodological matters. Secondly, I seek to clarify the nature of social work research that is psychoanalytically-informed and psycho-social in nature. This takes the form of a critical account of a recent contribution from Ferguson (2016a) addressing the ethnographic study of child protection work. I address this contribution specifically because it illustrates the variable interpretations there can be of a perspective or methodology as psycho-social and the value of critically examining its use and function in social work research. I conclude the chapter with a brief outline of what is covered in the individual chapters of the thesis.

From method to anxiety in social work research¹

At the very beginning, when I first applied for and obtained funding for my postgraduate research training, I was interested in researching psychological trauma

¹ I am repeating here an inversion of Devereux's (1967) influential *From anxiety to method in the behavioural sciences* by Balbus (1998, p. 197). Crapanzano (1977, p. 69) has previously referred to *From anxiety to method* as a "significantly ignored book" in the social sciences. However, in recent years in psycho-social research work and other discussion of psychoanalysis and qualitative research, it has found a renewed level of interest. In short, Devereux's argument was that any attempt to study human life arouses anxiety and that most research methods developed to study it function as defences against this anxiety by removing subjective elements. He suggested that, rather than deny this anxiety, the researcher should make use of the "disturbances" produced in the act of research and view their emotional reactions as data (see Giami, 2001; Midgley, 2006 for discussion). The inversion, from method to anxiety, is used here in the sense that, from relatively early on in my studies, I developed a desire to adopt this sort of psychoanalytically-inspired research stance but in attempting to put it into practice, became increasingly preoccupied with (and anxious about) matters surrounding its theorisation and application.

and its social construction in social work practice; that is, how social workers account for trauma in their work and what this means for the experience of the traumatised client (following a critical literature on trauma knowledge in social work and the disciplines of medical anthropology and sociology) (e.g. Fassin & Rechtmann, 2007/2009; Humphreys & Joseph, 2004; Westoby & Ingamells, 2010; Young, 1997). However, in pursuing this topic, I became increasingly concerned with the experience of suffering. This concern was stimulated, in particular, by the work of Wilkinson (2005, 2012) who has highlighted how different sociologists and anthropologists have represented social science in general, and sociology in particular, as “failing to give due consideration of what the *experience* of suffering actually *does* to people” (Wilkinson, 2005, p.3, emphasis original). This resonated with my reading of the social work literature where the experience of suffering appeared to not nearly receive as much consideration as it deserves in view of the significance it has in the field. It is something with which social workers are fundamentally and intimately concerned, yet often – and despite the word suffering regularly featuring in the literature, there is limited attention dedicated to it, in Wilkinson’s (2012) words, “as a topic in its own right” (p. 182).

Having worked in youth offending and children’s services contexts prior to my research training, I was well aware of how relationships between parents and professionals in these contexts represented a meeting of groups of unequal status and resources, with the surveillance of families in child protection being associated with single parenthood, particularly mothers, and poverty (Morris, Mason, Bywaters, *et al.*, 2018). I started to conceive of a study that would address the “social suffering” or “positional misery” (Bourdieu, 1999) of living and parenting in socioeconomic adversity whilst subject to the involvement of children’s services. This would involve

interviews with both parents and child protection social workers and examine in depth to the lived experience of parents and their treatment by professionals, including the susceptibility of these professionals to social policy influences and dominant professional and social discourses (for example assumptions about gender roles, inequality and poverty and how much parents are to be held responsible for the difficulties of children) (McGhee & Waterhouse, 2017; Scourfield, 2001).

My own lived experience as a parent and the painful feelings it involved also played a part in this choice of study. The end of my social work training and beginning of my research training coincided with the birth of my son and I took primary caregiving responsibility for him after he reached ten months of age and my wife returned to work four days a week. I am aware of how fortunate I am to have been so significantly involved in his young life and the depth of feeling that goes with building such a close bond. Indeed, sometimes my identity as a helping professional and researcher feels insignificant by comparison to the one I have as a father. However, as his primary caregiver, I have also felt, at times intensely, the strong sense of isolation that can accompany this role. I have been greatly frustrated by the sense of nothing ever feeling properly finished and the ways my mental space was continually intruded upon – the experience of, as Baraitser (2009) has said of motherhood, “*the pitilessness of the present tense*” and the way “*reflective space is obliterated*” in caring for babies and young children for long periods of time (p. 48, emphasis original).

In taking care of my son, I also become keenly aware of how dominant discourses around parenting can interact with how mothers and fathers perceive themselves and their changing identities. For instance, prior to his birth and equipped with what was essentially an idealised and simplistic view of “attuned” early caregiving, I was convinced that my partner and I would be sufficiently sensitive to his

needs in not leaving him to cry (at least for lengthy periods of time). Yet, as I am all too aware now, I did not properly appreciate the demands this philosophy entailed, which was compounded by the fact that, from about five months of age (just about the time we were expecting him to begin sleeping through the night), he developed severe eczema. Despite our best efforts at different precautions and treatments, he would rub and scratch and wake himself four or more times most nights for the first three years of his life. This soon took its toll on our emotional wellbeing and it was a great struggle to cope with the day-to-day demands of caring for him and studying. I was often left feeling hopeless about being able to do a good job as a parent or researcher.

Of course, however difficult, our experience at this time was not comparable with the experiences of parents involved with children's services. We had meaningful work, an adequate income, and friends and family willing to support us should we ask for help. We also did not have to contend with having our caregiving professionally scrutinised in any depth. I recalled impressions I had about social workers I had worked alongside previously regarding the ease and sensitivity with which those I knew well had interacted with children and their realistic appreciation of the demands, contradictions and politics of family life and motherhood. These workers were often older and mothers and grandmothers themselves and well-aware of how taxing being a mother could be. Yet, I also knew how dismissive they could be of parents and the tendencies there were to frame parent's problems in a crude, sociologically naive fashion, as the consequence of poor choices they had made. I was often struck by the absence of soul searching there was about the meaning of the social role they occupied in their work.

During my upgrade review from MPhil to PhD status, when I put forward my proposal to undertake research into the suffering of parents involved with children's

services, questions were raised about the feasibility of interviewing both parents and social workers, particularly whether I would be able to gain ethical approval to complete the study with both groups and do so within the time available. Consequently, I made the difficult decision to focus specifically on how children's services professionals respond to and experience the suffering of parents. As with my earlier experience working alongside social workers in this context, there was still valuable research to be done and much to be explored, for example, in terms of the emotional impact parents' suffering has on workers, how they perceive and feel about inequality, and what they see of themselves in the parents they work with. I began pursuing this but as a result of difficulties accessing a sample of social workers (as detailed in Chapter 5), I ended up re-orienting the research again, albeit less substantially, to include interviews with workers from an intensive family intervention programme.

Prior to my interest in the experience of suffering, I had some knowledge of narrative and in-depth interviewing, including the work of Hollway and Jefferson (e.g. Hollway & Jefferson, 1997, 2000a), and it was a method I hoped to use as part of my research. Research I completed during my social work training linked to a therapeutic (but not psycho-dynamically orientated) placement had helped to familiarise me with the way in which the sort of "interviewee centred" conversations (Frosh, Phoenix & Pattman, 2003, p. 43) the method involves often pay dividends in terms of the richer, more experience-near interview material produced. When doing this earlier research, my concern was not so much with the psychoanalytically-informed or psycho-social quality of the method. I had read around psychoanalysis prior to and as part my social work training (albeit it had hardly been part of the core curriculum - more often the subject of jokes and general dismissal as an outmoded theoretical framework that had

historically influenced social work than anything else). However, this changed significantly during my research training. A part of me felt that using aspects of Hollway and Jefferson's method would at least offer a flexible way to allow participants to lead the direction of interviews and explore the meaning parents' suffering held for them. At the same time, I also wanted to engage with it in much more depth. In planning to do interviews, I returned to *Doing qualitative research differently (DQRD)* (the co-authored text in which FANIM is most fully set out, first published in 2000 with a recent second edition: see Hollway & Jefferson, 2013) and became increasingly preoccupied with questions around what it means to make use of psychoanalysis in qualitative research. I was also increasingly captivated by psychoanalysis and vocabulary it affords for thinking about the complex and conflicted nature of our internal worlds and social experience.

At first, being outside of an institutional context where applied psychoanalytic perspectives were not the norm and not having a clinical background, I was primarily concerned with developing a qualified mastery of the approach. I also saw my completion of the research as potentially providing useful evidence around the extent a non-clinical researcher can be psychoanalytic or psychoanalytically-informed in their work. However, the more I read the less certain I was about how much I could rely on Hollway and Jefferson's and other researchers' articulations of psychoanalytic concepts, which, in turn, induced more reading. As I began to complete interviews and analyse the material that emerged from them, I started to critically consider and write about how different psychoanalytic concepts and practices were being framed in regard to research practice.

At times during my studies, I have wondered whether I have become carried away with this methodological concern (that there were clearly good reasons why this

sort of work has been neglected by social work researchers). Perhaps it was more about my lack of understanding of psychoanalysis, or a retreat to the safer, more distant and philosophical position of policing “fuzzy” representations of psychoanalysis (Blass, 2010) - an example of methodolatry and preoccupation with methods for methods’ sake at the expense of the substance of research. These anxieties have not remained, and I have come to conceive of this work as helping to fill an important gap in the literature around the resituating of psychoanalytic concepts in social work research and an extension of a concern amongst psycho-social scholars with these issues in social theory and research (Frosh, 2010; Lapping, 2011).

With this, the broad standpoint from which this thesis is written is well-expressed in the following statement of Frosh (2016). He states: “There is no guarantee – indeed quite the opposite – that concepts which have a certain meaning when used to address clinical phenomena (e.g. transference) refer to the same phenomena when used in the broader social terrain, for instance in pedagogy, or politics, or research” (Frosh, 2016, p. 480). In this vein, social work research is more of an extra-clinical or applied use of psychoanalysis than a clinical one. Stating this is not to deny the overlap there is between psychoanalysis and other forms of therapeutic help and the influence psychodynamic ideas have had in social work and the study of it. It is not to suggest that social workers cannot be, in some way, psychoanalytic, therapeutic or informed by a psychoanalytic perspective in their work, nor is it to deny the influence social work has had on the practice of psychoanalysis clinically. I am well aware that social workers have figured, at times significantly, in the way in which psychoanalysis has developed, particularly in extending its reach and shifts towards giving greater credence to the role of the external and environmental in psychoanalytic theory (see, e.g., Brandell & Ringel, 2004; Danto, 2005; Kanter, 2000, 2005; Smith,

2006). Maintaining that social work research is primarily an extra-clinical activity is, however, to take seriously a view that the analyst-analysand encounter in the consulting room is the site where psychoanalysis is most fully lived and theorised (O'Neill, 2005) and to see an inherent value in tracking how applications of psychoanalytic concepts and terminology outside this context reformulate the meanings originally attached to them.

In the first full draft of this thesis, as I did not feel the empirical work I had completed concerning parental suffering was negligible or solely a vehicle for methodological reflection, I attempted to strike a balance between the empirical and methodological issues with which I was concerned. However, writing it in this way did not represent the work completed. About two thirds of the chapters addressed issues of psycho-social and psychoanalytically-informed methodology and method explicitly, and those that did not, tended to indirectly. Therefore, following feedback from my supervisors, I revised the thesis to its present form to be a primarily methodological contribution, even though this was not the focus with which I began my studies.

The purpose of charting the development of my research in this way is not simply to highlight the range of influences and factors that influenced its development or to show, as is typical of qualitative research, that the research aims addressed in this work were refined as it was ongoing (and the sense in which this can strengthen the value of interpretations made about the phenomena studied). Rather, I want to make clear that the thesis should be read, as much as anything, as a record of my experience of attempting to learn, and say something meaningful about, the use of psychoanalysis in social work research as an informed outsider to it. I have written it in the first person to situate myself firmly in the analysis and arguments made.

Psycho-social analysis in social work research

The above section has provided a personal narrative of the development of this research. This second section serves, as I noted at the beginning of the chapter, to clarify the nature of social work research that is psychoanalytically-informed and psycho-social. It is a critical account of a recent contribution from Ferguson (2016a) which addresses the ethnographic study of child protection work. I take time to describe and then critique this contribution in some detail because it usefully shows how research material can be opened up by different types of psycho-social interpretation and the complexity of attempting to do research in a psychoanalytically-informed way. It also deals specifically with, as with the research reported as part of this thesis, parent-social worker relations and social workers' experiences doing child protection work.

There are many good reasons to study this experience. Often implicit or explicit in the public and professional scrutiny of tragic cases where children have died or been seriously harmed is a view that what professionals (especially social workers) think and feel about the children and families they encounter is critically related to the decisions they make regarding the action/s required. Hence, clarity about what they actually think and feel is important so as to understand how they might misinterpret the significance of risks or warning signs they are exposed to about the potential for abuse and harm.

This is the type of view that Ferguson (2016a) follows in his examination of how professional and organisational failures to adequately "hold in mind" children are not exclusive to cases where tragedy arises (p. 4). Rather, by observing social workers as they go about visiting families and children at home, he found that examples of

children “becoming invisible”, that is, of being seen but not spoken to and left “un thought”, could be a part of everyday, routine practice (Ferguson, 2016a, p.4).

In contextualising the presentation of findings from his work, Ferguson reviews a range of influences that are seen to bear on why children known to be at risk are not safeguarded. One explanation that figures prominently in the social work literature is, he notes, of breakdowns in communication between involved agencies and professionals. Information is lost and risks not adequately assessed or addressed. Another is that workers have insufficient time to develop meaningful relationships with children because they are held at their desks (partly because of the recording and sharing of information they are involved in). They are constrained by heavy workloads and excessive case-recording requirements as a result of needing to comply with “performance”, in other words management and procedural, imperatives (Broadhurst *et al.* 2010; Munro, 2011). Yet another explanation is that social workers opt to remain with the findings of initial assessments and struggle to revise their views in accord with new information (Munro, 1999). They may fail also to give adequate attention to the backgrounds of parents and patterns of risky behaviour when inheriting or first obtaining a case- what Brandon, Bederson, Warren *et al.* (2008) have designated as the “start again syndrome”. Practitioners may also, consciously or unconsciously, avoid parents because of high levels of resistance or conflict, which can be extensive in this line of work (Tuck, 2013; Stanley & Goddard, 2002). Ferguson describes this process of avoidance as coinciding with another “hugely influential” perspective of social workers working to the “rule of optimism” (Dingwall, Eekelaar, & Murray, 1983/1995), that is, of social workers naively emphasising parents’ strengths and avoiding direct challenge because they are concerned about further marginalising already disadvantaged families.

Ferguson then positions his own research as an attempt to “advance” understanding around the process of how social workers can be in the presence of abused children but somehow disengaged from their experience. This means for him seeking to get “as close as possible to practice and what practitioners do and experience in their work with families” (Ferguson, 2016a, p. 4). It also means the use of psychoanalytic theory for thinking about the workers’ experience and the subjective reality of their encounters with children and families. A particular reference point in this is Bion’s (1962) work on container-contained dynamics as a means of elucidating the way affective experience is processed in human relationships and how parts of the psyche and states of affect pass between minds.

Ferguson reports how the material he obtained reflected closely how complex the work could be and the unpredictable and challenging nature of home visits. As he puts it: “Home visiting is very different from work that goes on in the office or the clinic, as workers have to negotiate with family members and relationships as they are lived out in their space, and deal with the presence of strangers and the impact of the home itself, such as smells and atmospheres (welcome, hostile) and dogs” (Ferguson, 2016a, p. 6). Furthermore, in visits, workers invariably had to complete multiple tasks in a time-limited fashion, for example interviewing parents and other carers, speaking to children on their own, observing interactions within the home, and inspecting bedrooms and home conditions. At times he found that social workers were momentarily led by a particular atmosphere or heightened tensions to lose focus on the child but were still able to act purposefully and not become overwhelmed. Nevertheless, in “a minority of cases”, workers were unable “to overcome these challenges and this resulted in different degrees of detachment from and invisibility of children” (Ferguson, 2016a, p. 6).

Describing three cases in which this sort of detachment was “particularly evident”, he reflects at length on the case of a two-year old girl (“Amelia”), who, it was alleged, had been found a long way from home after being left unsupervised. He shadowed the worker on an initial visit out to the home, a “beautifully presented” council property, to see the mother, a lone parent, “Mrs Brown” (Ferguson, 2016a, p. 8). During this visit - “the quickest assessment of the study” at 15 minutes, the worker did not engage in any attempts to build rapport with the mother or children (Ferguson, 2016a, p. 10). She merely stated the purpose of investigating the specific concerns from the referral sheet she had taken. Her focus on the alleged incident served to compound, what had been from the outset, an “oppositional atmosphere” with the mother denying that Amelia was left unsupervised and accusing the person who reported the incident of persecuting her (Ferguson, 2016a, p. 8). This seemed to disconcert the social worker and lead to a partial loss of professional composure. She forgot to introduce herself until 11 minutes in. She also did not interact with Amelia or her brother who were in the same room as her and Mrs Brown at the start of the visit. They did not attempt to talk or play with her and she reciprocated in kind. The worker also did not interact with the other adult present in the house or query who they were or the nature of their relationship with the children. Appearing hurried by this tense atmosphere and the parent’s anger, she also tended to rely on leading questions which elicited brief replies. When inspecting the children’s rooms, Amelia’s bed was found to be broken and collapsed, though the social worker never actually went in to her bedroom but rather stayed at the door, looking in. At this time, Mrs Brown volunteered that Amelia had broken the cot by jumping on it and this explanation was accepted at face value by the social worker.

Ferguson observes how this lack of professional curiosity, notably in regard to whether Amelia might be receiving a different level of care to her brother (whose bedroom appeared “comfortable” (Ferguson, 2016a, p. 9)) was also reflected in the fact the social worker failed to ask the mother why, in the middle of the afternoon, she was dressed in pyjamas and dressing gown (potentially indicating, Ferguson remarks, she was depressed). It also emerged on the interview in the car going back to the office that the worker was unaware if the other adult present in the house was male or female.

The worker volunteered to him in the car that she had considered speaking to Amelia’s brother but had opted not to because he was only five. Ferguson, however, knew this was not “a convincing reason” as he had observed her speaking to a five-year-old child alone in another case (Ferguson, 2016a, p. 10). Indeed, consistent with this appraisal, she commented a few minutes later after some silence that “But I’ll be honest, I didn’t, I didn’t even think about it, I don’t know why but I didn’t” (Ferguson, 2016a, p.10). Later, when arriving back at the office, she again referred to this seeming obliviousness to the children and appeared to struggle to explain to herself why she had not kept them in mind and engaged them in some way.

In considering the dynamics at play in this failure to pull on the threads dangled before her and seek more information that might clarify or at least deepen her understanding of the more ambiguous aspects of the situation, Ferguson notes that there are grounds, albeit tenuous ones, to claim the “key tasks” of child protection were performed: the social worker saw the children, they spoke to their parent, and they inspected the home. Of course in itself, as he also points out, this does not explain why the practice was so superficial. He rejects a naïve interpretation that it was just a case of the worker’s individual errors and lack of skills and ability to do the job given

that the workers who were observed to engage in superficial practice also practiced more competently with other families. Rather, he found that superficial practice tended to be a combination of organisational pressures and workers “being overcome by the sheer complexity of the interactions they encounter, the emotional intensity of the work, parental resistance and the tense atmospheres in the homes” (Ferguson, 2016a, p. 11). This was supported by the fact that he found that a general adherence to a procedural “tick box” culture was not the prevailing approach amongst the workers he observed (Ferguson, 2016a, p. 12). They generally strove to do more in-depth work, though children were most often seen for short amounts of time. This could be enough to ascertain whether they were safe, but appeared to be more dictated by timescales and the limited amount of time workers had to spend with them.

In the case of Mrs Brown and Amelia, the worker had been working on the duty desk all day and busy the entire time on the phone and computer. The manager had also been quite dismissive of the mother when discussing the case and the fact she had not engaged with workers following prior referrals. On the way out to the home, the worker had spoken about how difficult it was to shift from computer to face-to-face work. She had read the referral form but had no real plan for the visit. Ferguson notes how this showed not only how workers under organisational pressure can take “risky shortcuts” (citing Broadhurst *et al.*, 2010) but how a “bureaucratically preoccupied” state of mind can impinge upon direct work (Ferguson, 2016a, p. 13). The worker was “detached” in her approach because of the considerable time she had already spent at the computer and the fact that she was rushing to get back to her duty work. The difficult reception she received at the home also meant she was even more “defended” and “emotionally dissociated” from the children and the situation (Ferguson, 2016a, p.13). A valuable opportunity to rectify this was, Ferguson found,

lost in the manager not talking in any depth with the worker when she returned. Such a conversation would have provided “containment” through which she could have spoken about and made sense of the way she seemed to “forget” the children and, more or less unconsciously, wanted to get out the house quickly.

In line with the findings from this case, a conclusion he ends the article with is of how he found that the times social workers failed to engage with children or “challenge parents” was not so much “because of a ‘rule of optimism’ and seeking to put the best interpretation on events”; indeed, workers could be pretty pessimistic about parents (Ferguson, 2016a, p. 14). Instead, “it was rooted in a mixture of fear and other intense emotions, and other sensory experiences and organisational constraints” (Ferguson, 2016a, pp. 14-15). By this token, he suggests it is imperative that there are organisational cultures in which it is routine for social workers to “critically reflect” on their experience of the work and, quoting Ruch (2007), for workers’ emotional experience to be utilised as a “resource for practice rather than a reason for disengagement” (Ruch, 2007, as cited in Ferguson, 2016a, p. 15). He also emphasises that the work should not necessarily be done by lone workers given how “demanding” it can be (Ferguson, 2016a, p 15).

The example of the assessment of Amelia and Mrs Brown, like Ferguson’s contribution in this article overall, brings into sharp relief the inherent limitations to a perception of the social worker as simply a rational information processor. Assuming professional sense-making is a conscious, deliberate process, within which the most suitable choice is made by weighing up the benefits and risks of different options, is out of keeping with the complex reality of decision making and the combination of intuition and analytical judgement involved in it (see also Cook, 2017; Whittaker, 2014, 2018). His contribution can also be viewed as further evidence of the

insufficient acknowledgement there is of the role anxiety has on the emotional and interpersonal aspects of child protection practice (Ruch & Murray, 2011).

At the same time, it also speaks directly to the methodological complexity inherent to conceptualising social workers' experience of the work and families they come into contact with, particularly regarding the role of a psychoanalytic sensibility in the service of such exploration.

Ferguson characterises his approach as “psycho-social”. For him, this means drawing on psychodynamic, sociological and systemic perspectives “to frame social work practice as the product of interplay between practitioners’ lived experience, emotional lives and the effects of the organisations and systems they work in” (Ferguson, 2016a, p. 2). It is the sort of perspective that is “absent from influential texts such as serious case reviews and child abuse inquiry reports” where “practitioners’ lived experiences are left out of the script” (Ferguson, 2016a, p. 2). This contribution, like his work more generally (e.g. Ferguson, 2005, 2009, 2011, 2018), can be categorised alongside other research which makes a case for the rehabilitation of psychodynamic ideas in social work for thinking about the emotional experience and dynamics of practice, particularly in terms of the unconscious processes that inhabit relations between workers, services, and those subject to these services (see, e.g., Harvey, 2017; Henderson, 2016; Madembo, 2015; O’Sullivan, 2018; Stevenson, 2009). This can, moreover, be positioned as part of a broader and eclectic “therapeutic” or “relationship-based” tradition in social work with which many academics and researchers identify (Blewett 2018; Cooper, 2015; Cooper & Lousada, 2005; Davies & Collings, 2004; Hingley-Jones & Ruch, 2016; Ruch, 2007, 2009, 2014; Ruch, Turney & Ward, 2010).

Such categories can, all the same, still cover a variety of perspectives and it can be unhelpful to refer to them in generalised terms. For example, Ferguson (2016b) has characterised his ethnographic research as “near to practice” (i.e. as actively engaged with social workers as they go about their work and, in particular, the atmospheres and sensory aspects of home visits and mobile quality of social work practice) and different from “practice-near” research (which seeks to get close to the social and emotional complexity of practice and work with a relationship-based understanding but does not necessarily involve the direct observation of practice) (see, e.g., Cooper, 2009; Froggett & Briggs, 2009, 2012).

With regard to the psycho-social quality of his approach, we can also say that his stance echoes the way in which, in social work, the idea of an approach being psycho-social, often in practice and traditionally in the field of casework, is taken as synonymous with influential notions of “person-in-environment” or “person-in-situation” (see Cornell, 2006; Walker, 2003).² However, this is not necessarily psycho-social in the psycho-social studies sense of the term. By this, I mean that, in his account, there is some sense of a subject who is “complex and multi-layered” as proposed in the contemporary understandings in psycho-social studies as a putatively new movement of transdisciplinary scholarship (Frost & McClean, 2014, p. 9), but this only goes so far. The worker’s mind-set and experience are, for example, taken to be essentially independent of the systems in which they work. And this distinguishes it from a sense of the psycho-social, as it has been described in a psycho-social studies context, as more critically concerned with the interface between these domains and theories. This is particularly in terms of recognising psychoanalysis as both a source of insight and a disciplinary force in its own right and not simply an enrichment of

² As well as what we might term “middle range psycho-social theory” in social work (Shulman, 1991, p. 199). This seeks to understand how social work clients are oppressed at a societal level, but also to avoid a high level of abstraction by focussing attention on the individual circumstances of the client.

sociological understanding of the relative roles of social structure and individual agency by way of psychoanalysis (Baraitser, 2015; Frosh 2016)

In writing this, I am not denying that, in both a hyphenated and non-hyphenated sense, the psycho-social of psycho-social studies is “a slippery term” (Frost, 2015, p. 86), and the field is highly diverse, in terms of the topics addressed, approach used, and links with antecedent and related work in psychoanalysis and other disciplines (see, e.g., Burman, 2008; Clarke & Hoggett, 2009; Frosh, 2003, 2010; Frosh & Baraitser, 2008; Frost & McClean, 2014; Hoggett, 2008; Hollway, 2008; Redman, 2016).

Nonetheless, it can be said that social work scholars like Ferguson tend to relate their perspective to a longstanding tradition in social theory and social work (see, e.g., Megele, 2015) and, thus, something “both new and historical” (Frost & McClean, 2014, p. 9) and not necessarily distinctive from neighbouring fields of enquiry from which a concern to transcend the individual-social dualism emanates. Conversely, for psycho-social scholars, as in the case of Baraitser (2015) who describes the psychosocial studies department at Birkbeck college, University of London, the point of departure is a dialogue with various traditions of poststructuralism “that eschew an a priori distinction between psyche and social” (p. 208). As she puts it, these are traditions that “pursue ontological questions concerning the formation, potential and limits of such categories, with a commitment to understanding how each might be produced with and through the other, and how there simply is no domain we call ‘the psyche’ and that is not already premised on what is appealed to by the term ‘social’, and vice versa” (Baraitser, 2015, p. 208). She continues: “In neither jettisoning a human subject who comes to have a sense of interiority, however mistaken this sense is, nor letting up on the critical practices

available for understanding sociality in the most contingent and deterritorialized forms, the department appears to be trying to hold together and understand our tenacious attachments to certain social and political formations, whilst also offering an account of their maintenance and production” (Baraitser, 2015, p. 208).

Hence, what we are talking about here are not trivial differences but ones that bear significantly on how research is approached and the phenomena studied are theorised. For instance, in the case of Mrs Brown, the social worker is represented as being subject to certain implicit rules of feeling. By way of these, her openness to what the mother and children’s emotional experience is constrained by the administrative routine and fact she has had to spend so much time at the computer and the phone that day (on duty – and perhaps, we might add, in a rejecting mode of relating, ensuring the service does not become swamped by inappropriate referrals). However, questions can still be asked about how the nature of these systems bears on the workers mind-set and how, depending on the system used, they may be geared towards records being written in “factual” and descriptive ways (expressly, of who said or did what rather than reflecting on internal motives or what is left unsaid) to ensure records stand up to audit and legal scrutiny and are not perceived as speculative. The administrative context is, by this interpretation, not just a barrier to professional discretion and workers being able to record and reflect on their intuition and gut feelings (and indeed, be open and honest about any moments of confusion or witlessness) but a technology the worker is disciplined by and which can come to inhabit how they perceive their own thinking and decision making (Vrouva & Dennington, 2012; Winter, Morrison, Cree, *et al.*, 2018)

Ferguson’s account is also based on certain inherent assumptions about the social function of the work, and the home visit within it. In particular, there is a

limited sense of this being recognised as a means of governance through which social inequalities and norms are monitored and regulated (Waterhouse & McGhee, 2015). For example, Ferguson references an Ofsted (2010) report into lessons learned from serious case reviews and a 2013 report by Coventry Local Child Safeguarding Board into the death of Danial Pelka in describing the “rule of optimism” as a phenomenon of individual workers over-identifying with parents – though he also acknowledges that its use in such reports is disputed citing Dingwall *et al.*’s (1983) work in which the phrase was coined. Yet, in so doing, what he omits to mention is that although they coined this phrase in response to the phenomena of social workers overlooking negative parental behaviour on account of the adversity or social exclusion parents suffered, they did not intend for it to be interpreted as, as Warner (2015) describes it, “a psychological property of individuals” (p. 20) (see also Kettle & Jackson, 2017). The rule of optimism was, in Dingwall *et al.*’s original view, manifest in the individual thought and actions of professionals. But it reflected “a dimension of the organisational culture of child protection services which is founded on the deep ambivalence that we feel in a liberal society about state intervention in families” and thus, as much as anything, “a practical reflection of a political philosophy” (Dingwall *et al.* 1983/1995, p. 247).

Acknowledging this, we might revisit the question of why the social worker did not speak to the children individually and hovered at the door of Amelia’s bedroom and avoided closer inspection of the broken cot. We may think of her avoidant actions as being, as Ferguson alludes to, the product of unconscious anxiety about what may be revealed about Amelia’s treatment in the home or the greater work that might result from this knowledge. Yet, it is also striking how her hovering in the bedroom door is symbolic of tensions between children’s services and the family, the

balancing of care and control, and how much it is acceptable for a social worker to intrude into a family's privacy.

This point also touches on further questions regarding how much the researcher can assume to know about what is unsaid and the intersubjective and unconscious dynamics of research encounters and the co-construction of interview data. For example, it is conceivable that the social workers Ferguson interviewed would have felt obliged to engage in a more "reflective" type of discourse knowing he was an influential researcher with an interest in the "intimate" quality of child protection work. Also, the extent to which participants and researchers are in touch with their "defendedness" against knowing or realising certain things when trying to give voice to and reflect on their experience is, as this thesis will demonstrate, a complex matter.

Psychoanalysis may be characterised as "first and foremost an epistemology and a methodology" (Devereux 1967, p. 294) and the similarities between forms of attention in clinical psychoanalytic practice and ethnography cited in support of this type of near-to-practice approach (for example in terms of the focussed but free-floating attention and openness to different levels of communication). However, the similarities between the two can be easily overstated, and there is a need to consider how questions are framed in terms of particular received ideas and the cultural capital that specific frameworks or theory has within the discipline, and how this relates to desires researchers have about what they are studying and fantasies about how things should be.

In making these points, I am not seeking to suggest that self-critique is more important than the doing of the research. When on the move, as Ferguson was in his research, there is a pressing need to make sense of what one has observed and this can

make it a very difficult proposition to think critically about the interpretations one has arrived at, even after the fieldwork has been completed. I am, however, seeking to show that research material can be opened up by different types of psycho-social interpretation. Alternative claims could, of course, be made to the ones I have offered. Indeed, when I began to finally revise this section, I was troubled somewhat that my critique (and the work on child protection social work in the thesis) did not take seriously enough just how risk-to-self-averse child protection practice and social work has become and just how much this bears on the mind-sets of professionals. The way the worker had conducted herself in being frank about the concerns they had about Amelia's care strikes as unconcerned about coming across as authoritative or arrogant (or more concerned with children's than parents' needs). At the same time, it also speaks to how a transactional way of interacting with parents may, perversely, feel the safest way to practice to avoid recrimination for not taking risky situations seriously enough as a worker. Of course, this does not detract from the point that certain ways of articulating the nature of psycho-social understanding will have particular eventualities which, in turn, set parameters around the ways in which psychoanalytic theories and practices are drawn upon.

Thesis structure

With its methodological focus, this thesis diverges from the conventional research-based social science thesis structure (i.e. of a literature review, definition of an empirical problem, presentation of findings, and discussion of findings). Individual chapters address different topics, with relevant literature cited and discussed in each, and can be read on their own merits. They, nevertheless, involve a good deal of inter-

referencing which serves to establish where particular aspects of the different topics addressed are connected.

In Chapter 2, I critically consider FANIM, briefly reviewing its use in social work and other health and social care research, and providing commentary on Hollway and Jefferson's conceptualisation of the research participant as a "defended psychosocial subject". I also introduce in greater detail the idea of practice-near research. Chapter 3 is concerned with the differences and similarities between the dialogue that arises in (psychoanalytically-informed) research interviews and in psychotherapy and psychoanalysis. I explore how interpretation can be defined in regard to clinical and research contexts and consider different approaches to the use of interpretation or strategies of feeding back analyses and findings when using a psychoanalytically-informed interview approach (including where social work researchers may stand in regard to this). In Chapter 4, I focus on the application of free association in the qualitative research interview. As an idea and a therapeutic technique, free association has received very little attention in the social work literature, and its place and function in psychoanalysis is briefly discussed. Following this, I critically review different researchers' accounts addressing its application in a research interview context.

The second half of the thesis (Chapters 5 to 9) then deals more specifically with material from the research I undertook which was informed by FANIM and sought to explore how children's services professionals experience the suffering of parents.

Chapter 5 functions as a bridging point between these findings and the more discursive earlier chapters. In it, I detail how the research was completed, including access arrangements, the interview process, and analysis of the data. Issues of research

ethics, the sample make-up, the anonymization of interview material, and data management strategies are also covered. Chapter 6 explores material arising from the interviews with participants who were social workers and Chapter 7, the interviews with workers from intensive family intervention provision. In both of these chapters, in accord with the aim of the study, I look at emergent themes in the interviews concerning how participants positioned themselves in regard to the suffering of parents. I then consider how investments in these positions can be linked to different defences and dynamics discernible in the interview material.

In Chapter 8, I focus more on how participants described their practice with parents via the topic of professional self-disclosure. I consider what participants from both groups said about what they would reveal about their parental-status to the parents they worked with. This allows for further insight into how particular ways of viewing and working with the parent in children's services work, organisational dynamics and defences hook together and the interface between psychoanalysis, social work practice and qualitative research. Chapter 9 is concerned with the topic of research beneficence and how this might be conceptualised by recourse to Kleinian/post-Kleinian psychoanalytic notions of containment and container-contained dynamics. I do this, primarily, by exploring what participants in the study said about the experience of being interviewed.

In Chapter 10, I bring the thesis to a close by considering its overall implications and how the areas of investigation can be extended further. I also provide some personal reflections on completing the PhD.

Chapter 2: The free association narrative interview method and social work research

Introduction

Hollway and Jefferson's work around FANIM has informed a number of social work research studies, both in the UK and internationally (see, e.g., Dennis, 2004; Gregor, Hingley-Jones, & Davidson, 2015; Henderson, 2016; Noyes, 2015). Hollway is also no stranger to social work, having collaborated with academics in the field (Hollway & Featherstone, 1997; Hollway & Froggett, 2013; Froggett & Hollway, 2010) and contributed to the *Journal of Social Work Practice*: the principal outlet for psychodynamically-orientated social work scholarship in a UK context (Hollway, 2001, 2009). In one of these contributions, she discusses how FANIM produces research evidence that is in keeping with the type of evidence ("complex, multifaceted, holistic and humane") with which human services professionals routinely work (Hollway, 2001, p. 21). Writing in the preface to the second edition of *DQRD*, she and Jefferson also observe that the book has been most influential in "applied" contexts and "probably has made a bigger impact among critical psychologists, health care workers and psychotherapists working with families than within sociology" (Hollway & Jefferson, 2013, p. *xiii*).³

Despite this attention and the parallels between FANIM and practice theory and understanding, as was noted in Chapter 1, much more can be said about its application in social work research. Whilst *DQRD* and Hollway and Jefferson's work around FANIM have been critiqued by a number of researchers in the field of psychosocial studies and critical and social psychology (see Frosh & Baraitser, 2008; Fryer,

³ They also cite the *JSWP* there as a publication with "a primarily psychosocial agenda" (Hollway & Jefferson, 2013, p. *xiii*).

2001; Hepburn, 2003, pp. 76-78; Parker 2003, pp. 16-18, 2005, pp. 108-109; Spears, 2005; Wetherell, 2003, 2005, 2015), this has not been the case in social work research. Their work on FANIM is referenced in writing on practice-near research (Hingley-Jones, 2009, 2016) and has been discussed in terms of the overall implications of the field of psycho-social studies for social work (Frost, 2008), but there has been a lack of critical concern with the method in itself.

In this chapter, I work toward rectifying this (albeit from a broadly sympathetic stance towards what they are trying to achieve). I also provide a point of reference regarding the method and the idea of psychoanalytically-informed, practice-near research for the rest of thesis.

The chapter is structured as follows. I begin with an overview of the method as a psychoanalytically-informed approach. I then look briefly at how *DQRD* and the have been referenced and used by social work researchers and other researchers in allied fields. After this, I describe the idea of practice-near research with particular reference to Cooper (2009) and touch on links between this and FANIM. Finally, I critically consider Hollway and Jefferson's conceptualisation of the research participant as a "defended psychosocial subject". This provides an avenue to reflect on the relevance of some of the critique of Hollway and Jefferson's method for social work researchers. It also allows for clarity around the notion of unconscious mental positions associated with the work of Melanie Klein that Hollway and Jefferson invoke, and discussion of the biographical and social contextualisation of unconscious processes.

The free association narrative interview method

Hollway and Jefferson's "audacious" choice of a title for their book (Thomson, 2010, as cited in Hollway & Jefferson, 2013, p. *xi*) in *DQRD* is misleading in the sense that it gives the impression (particularly to the social worker interested in psychoanalysis but unfamiliar with qualitative research or social work researcher unfamiliar with psychoanalysis) of breaking new ground. This is true to a degree. *DQRD* is seen as a "classic text" (Bondi, 2014) and a "seminal" contribution in the "unprecedented revival in the application of psychoanalysis to the social sciences in the UK" represented by psycho-social studies (Hoggett, 2015, p. 50). Indeed, as part of a discussion of the relationship between qualitative research and psychoanalysis published twelve years prior to the writing of this chapter, Midgley (2006, p. 219) represented the book as "the only complete, psychoanalytically-informed model of qualitative research, which offers a fully elaborated theoretical model and a description of the implications of this model for every stage of the research process".

Their claim to be doing qualitative research differently is also valid, as they acknowledge in the book, with regard to previous research that had been conducted on the topic, fear of crime, through which they developed their approach. As they describe it, the book was "about how and why we came to develop FANI, and what is involved in using the method" (Hollway & Jefferson, 2013, p. *xii*). It was, as much as anything, the product of their practical dilemma of devising a method that incorporated a view of the research participant as "defended" (Hollway & Jefferson, 2013, p. *xv*).

However, one of the book's limitations, even in the second edition, is that is not very well situated in a tradition of comparable work. This can be framed in different ways. Thomson (2010, who is cited in the second edition by Hollway and

Jefferson, 2013, p. *xi*) describes it in terms of other psycho-social and social science research “that takes a more sophisticated approach to voice and narratives, that does not take what people say at surface value, but understands us as situated and shaped by both historical, biographical and psychic trajectories” (Thomson, 2010, as cited in Hollway & Jefferson, 2013, p. *xi*). It can also be framed, more specifically, in terms of the interrelations between psychoanalysis and research interviewing as clinical and applied social sciences. In recent years, alongside Hollway and Jefferson’s contribution, various models of research interviewing have emerged which make systematic use of psychoanalytic ideas and techniques (see Cartwright 2000, 2004; Holmes, 2017; Strømme, Gullestad, Stänicke & Killingmo, 2010; Wengraf, 2001). However, in all these cases, this is not exactly new territory and there are obvious antecedents (e.g., Hendin, 1964; Hendin, Gaylin & Carr, 1965, 1965; Herdt & Stoller, 1990).

In this vein, perhaps the best way to approach *DQRD* is not so much as a “fully elaborated model” as Midgley views it, but more as an attempt at establishing in clear terms how an explicitly psychoanalytically-informed approach differs from mainstream or conventional approaches to qualitative research.

FANIM can be characterised as made up of four elements. Firstly, there is the assumption of the participant being a defended psychosocial subject. In *DQRD*, Hollway and Jefferson emphasise that taking the research participant as “defended” means turning away from a view of them being, as is commonly assumed in qualitative research, “reality articulating”. They are not able to “tell it like it is” and not entirely self-aware of their motivations and the influences bearing on what they think, say and do. Moreover, the idea that their interview narrative is to be understood in a “psychosocial” way means the method is concerned with how interview dialogue

is socially constructed in nature. The social world is mediated through discourse and the socially organised meanings formed within it. Approaching accounts as the product of different socially available discourses means to apprehend how acts of clarification and definition are powerful mediators in belief systems being sustained and the way people organise and make sense of their experience. For example, referencing Hollway's earlier work (Hollway, 1989), Hollway and Jefferson cite the "permissive discourse": "a central proposition about sex that is based on the belief that sex with many partners can be both pleasurable and harmless" (Hollway & Jefferson, 2013, p. 4). As they note, "people's claims and practices refer to this, whether in agreement or not, as one of the dominant contemporary Western sets of meaning about sex" (Hollway & Jefferson, 2013, p. 13).⁴ It is, however, mistaken to simply view interview accounts as the product of various social discourses to which we are subject. There needs to be space "to account for individual differences in the way in which people make sense of the available information; that is, the discourses or systems of meaning within which they may be positioned" (Hollway & Jefferson, 2013, p. 13). In considering how our sense of subjectivity is mediated through discourse, they emphasise the need to consider a range of things, including people's social circumstances, as well as those that elude conscious reflection – for which they invoke Kleinian ideas around unconscious mental functioning.

As was acknowledged at the beginning of the chapter, this aspect of the method will be considered in detail as the chapter progresses. What can be said at this stage is that FANIM involves an attempt to facilitate responses that go beyond the usual "well-worn" or "predictable" types and give greater insight into the unique quality of positioning in discourse.

⁴ References to *DQRD* in this chapter cite the page numbers for the second edition. In this edition, the core text remains the same as the first. However, due to the inclusion of an additional material before and after this (as well as slightly different formatting), the page numbers are different.

This brings us to the second element of the method: a mode of interviewing practice that, in different ways, resembles psychotherapeutic or clinical psychoanalytic practice. Initial interviews undertaken with the method are minimally structured and participant-led and questions are open-ended (often phrased as requests, for example “Could you tell me something about your experience of...” and not using “why” so as to avoid intellectualisation in answers) (Hollway & Jefferson, 2013, p. 33). Prompts are phrased as much as possible using participant’s words and narrative order. In this way, the interviewer encourages a free flowing or “free associative” type of answer (that is, experience-based and involving storytelling) through which material of unconscious or emotional significance can come to the fore (in the way the participant “associates” with what was asked). Follow-up interviews are used to pursue emergent themes from earlier interviews and further facilitate insight into the participant’s meaning frame.

During data analysis, like the therapist, the researcher seeks to keep the totality of an account in mind and avoid fragmentation so that deeper meanings are not lost and interview material is considered to be the product of the specific circumstances of the interview, both in terms of the researcher and participant not necessarily having a shared reference point and the intersubjective dynamics that inhabit what is communicated.

In-depth researcher reflexivity is viewed as an integral part of the method and detailed “process” notes about what happens in interviews are used to record feelings stirred up in completing interviews and other aspects of the interview that cannot be captured by audio-recording and transcription alone. There is a general slowing down of the process of data analysis and Hollway and Jefferson emphasise that the researcher should take care not to speculate beyond the evidence they are able to

amass. “Pen portraits” or “structured summaries” of individual participants or interviews are used so as to ground the analysis in the material that emerged in interviews, including what was not said, or appeared as if it could not be said, contradictory aspects of the participant’s account, digressions and parapraxes (slips of the tongue, misnaming and so forth).

The third element of the method is a specific take on issues of generalisation. For Hollway and Jefferson, working in such an in-depth way as they propose and often with single case studies or small numbers of participants, has implications for the generalisability of findings. It is not just that there are limits to generalisation when using this method, but that their approach raises questions about how generalisations are made in qualitative research. By drawing out important personal and biographical information, its use can lead to the re-appraisal of assumptions that have been made about a particular demographic (as with their research into gender differences and the fear of crime).

The fourth element of the method concerns the issue of feedback and research ethics. Owing to the emphasis on participants’ defendedness, participants may, Hollway and Jefferson say, not agree with or like any analysis or findings developed. Various views have been put forward as to whether and to what extent this sort of analysis (which involves addressing the unconscious motivations underlying the investment in particular discursive positions) can be shared (see Hoggett *et al.*, 2010; Hollway & Jefferson, 2013, pp. 152-155; Holmes, 2013; Nicholls, 2009) and this matter will be considered in detail in Chapter 3.

For Hollway and Jefferson, viewing the participant as a defended subject and adopting a participant-led interview approach also brings into relief the problematic quality of traditional notions of informed consent and the avoidance of harm as ethical

research practice. As part of their method, they propose alternative ethical principles of “honesty, sympathy and respect” for participants (Hollway & Jefferson, 2013, pp. 92-94). The interviews, like psychoanalysis or psychotherapy, may lead participants to confront distressing events or experiences. But such events should not automatically be equated with harm. They may even be a helpful experience for participants. At any rate, data should be approached “open and even-handedly” with clarity about the theory used, to try to get alongside the complexity of experience without adopting a judgemental or blaming attitude. This allows for a “true recognition” of the participant independent of either the participant or researcher’s “self-serving defences” (as in, for example, to “respect the person” whilst condemning their actions) (Hollway & Jefferson, 2013, p. 94).

Doing qualitative social work research differently

The studies in social work, and the fields of health and social welfare more broadly, that have made use of FANIM and Hollway and Jefferson’s work tend, overall, to be informed by it rather than apply it in a thoroughgoing fashion.

There are studies that generally adhere to what they propose, in terms of the theoretical framework and approach to interviewing, or that develop the sort of psychosocial understanding they seek via their method. These have addressed a diverse array of topics, including how gay psychotherapists experience working with male clients and the experience of suicidal ideation amongst gay men (Beattie, 2012; McAndrew, 2008), older people’s experiences of frailty and bodily change (Blake & Jackson, 2009; Nicholson, Meyer, Flatley, *et al.*, 2012), and the experience of parenting children with gender identity issues (Gregor *et al.*, 2015). It also includes studies on stigma and HIV (Cooper & Foster, 2007), domestic violence perpetration

(Garfield, 2007), experiences of growing up in care (Guest, 2012), service provision for persons with learning disabilities (Storey, Collis & Clegg, 2011; Sutton, 2012), fatherhood and masculinity (Evans, 2009; Robb, 2004), and the experience of direct work as a child and family social worker (Henderson, 2016; Noyes, 2015).

There is also a larger body of research that draws on aspects of the method more selectively. These studies address a similarly diverse array of topics to the studies which use the method or emulate its understanding in a more thoroughgoing manner and likewise involve both service user and professional participant groups (see, e.g., Boyle, Kernohan, & Rush, 2009; Brooks & Dallos, 2009; Bury, Raval, & Lyon, 2007; Capri & Buckle, 2015; Dennis, 2004; Elliott, Lowenthal, & Greenwood, 2007; Graham, 2007; Harlow, 2009; Holland & Crowley, 2013; King, 2016; Lillrank, 2002; Martin, Godfrey, Meekums, & Madill, 2011; Moylan, 2009; Owens, Owen, Belam, *et al.*, 2011; Ramvi & Davies, 2010; Sagan, 2007; Smith, 2011; Starr, Ciclitira, Marzano, *et al.*, 2012; Summers 2003; Swartz, Rohleder, Bozalek, *et al.*, 2009; West & Carlson, 2006; Wexler, 2008). Among this group of studies, there are contributions classifiable as psychodynamic in nature (some even draw directly on data from counselling or psychotherapy sessions). However, this is far from the rule, and in many cases this quality of the method is downplayed. A view of the participant as “defended” is, for example, realised simply as an acknowledgment that the meaning frame by which the question is given and responded to are different. Alternatively, *DQRD* simply functions as a means of referencing a narrative or participant-led approach to interviewing.

Now, there is, of course, nothing inherently wrong with the part-application of a particular research method. This can be necessary to avoid causing harm to participants and can result from issues that arise once fieldwork is underway. It can

also be an important part of recognising the limits of expertise in research practice. Indeed, there may be advantages in using aspects of the FANIM (and this may be part of the reason why *DQRD* has been referenced by many researchers in these fields). For instance, the interview approach may help to yield richer, more experience-near accounts whatever the analytic framework used for the analysis of interview data. Similarly, in-depth “process” notes may not be used to illuminate the unconscious dynamics of the interviewer-participant relationship but still add depth to the analysis in terms of helping the researcher attend to what was unsaid as well as what was said. Nonetheless, it is important that any pretensions are managed and Hollway and Jefferson’s work is not used to dress up a more or less conventional approach.⁵

Practice-near research

A way in which the method may be more fully utilised is in research that is, as some of the social work studies making use of the method in a more thoroughgoing fashion are characterised, “practice-near”.

The idea of being “practice-near” in research has its origins in an Economic and Social Research Council funded seminar series (which ran from January 2007 to January 2009, and to which Hollway contributed). Froggett and Briggs (2009, p. 370) define it in reference to these seminars as “a useful way of conceptualising a cluster of methodologies which share a common aim of ‘getting closer to practice’” and building

⁵ Dennis (2004), for example, utilises Hollway and Jefferson’s work in a study of clinical social workers reactions to overweight clients based on 18 interviews with nine participants. In the thesis on which this research was based, she refers to FANIM as a “new narrative approach” and observes that the method is “particularly useful” for clinical social work researchers given the “interviewing and analysis techniques are similar to those used by psychotherapists” (Dennis, 2004, p. ii). However, in presenting her findings, she goes against much of what it stands for in opting “not to include inferences of unconscious content” (Dennis, 2004, p. 119). In her words, this was because participants “did not appear to be highly defended” and concerns she had that the description this would likely entail meant participants might be recognised by colleagues working in the city in which the research was undertaken (Dennis, 2004, p. 119).

“research mindedness” amongst practitioners. Along similar lines in the same issue of the *Journal of Social Work Practice* dedicated to practice-near research,⁶ Hingley-Jones (2009, pp. 413-414) designates it as working from the view that “positioning research close to practice creates opportunities for a greater complexity of experience to be understood by practitioners, across a wide number of fields”. “These fields”, she says, “range from considering the impact of structural disadvantage facing service users and their families, through to capturing inner world, emotional experiences which have an impact on people’s lives” (Hingley-Jones, 2009, p. 414). In this vein, whilst such a definition can potentially include, as is indicated in the quote from Froggett and Briggs, various theoretical and methodological perspectives of a family resemblance, there is a natural consonance with psychoanalytically-informed and psycho-social research approaches. And this has been taken further by different researchers, including Hingley-Jones (see Briggs & Hingley-Jones, 2013; Froggett & Briggs, 2012; Cooper, 2009).

Cooper (2009) does not write explicitly about any connections between practice-near research and the field of psycho-social studies. Rather, he draws on the work of doctoral students he has worked with at the Tavistock Clinic, some of which have involved the use of FANIM (see, e.g., Gregor, 2013; Noyes, 2015). His account is, all the same, written from a broadly psychoanalytic stance.

He defines practice-near research in terms of emotional and physical proximity to people and on the basis of four intertwining elements. Firstly, it involves “the smell of the real” (Cooper, 2009, p. 432). It is research “passionate about passions” and gets close to people in emotionally live ways. This means the boundaries of the researchers’ self are liable to “become fluid and uncertain” (Cooper, 2009, p. 432).

⁶ Hollway also contributes to this issue (see Hollway 2009), but is concerned with “experience-near” quality of psychoanalytically informed research methods rather than practice-near research specifically.

Secondly, because it gets close to people and practice, it involves a blurring between the researcher's self and the subject of study. Researchers lose parts of themselves in others and take on parts of them. Hence, a theoretical framework is required that can help to unpick this and resolve confusion. Thirdly, the level of emotional intensity and emphasis on the researcher-researched encounter and relationship means practice-near research will involve personal change. Indeed, in his estimation, an indication that research qualifies as practice-near is the researcher feeling they have undergone this in some way. Fourthly, it involves discovering "complex particulars" (Cooper, 2009, p. 432). It does not tend to involve large samples and generalisation. Instead, it takes seriously the complexity and "messiness" of "real-world" situations and relationships through in-depth case studies and involved reflective accounts. Despite this focus, such work does have wider significance in the similarities it has with other situations and the insight it may provide to practitioners. Indeed, as he puts it, it is imperative that social work research is able "to provide us with an in-depth understanding of our complex psycho-social world" (Cooper, 2009, p. 440). And this means engaging with the psychological and social processes, not by applying abstract principles in a top-down fashion, but rather appreciating that "*each and every situation or context is unique and particular, and must be understood – "apprehended" on its own terms*" (Cooper, 2009, p.440, emphasis original).

Addressing these qualities, Cooper notes his "special aversion" to the presentation of qualitative research as "loosely themed groupings of quotations" and avoidance of "expert" interpretation so as to preserve the sovereignty of the perspectives of those being researched (Cooper, 2009, p. 440). He also draws attention to the sociological work of Anthony Giddens and the critical realist philosophical tradition: the former for his attempts to consider how the social subject has "agency"

but is also socially structured (avoiding a collapse into sociological determinism or naïve individualism), and the latter for “articulating a kind of surface and depth model of social processes” (Cooper, 2009, p. 440).

The parallels between this sort of practice-near understanding and the type Hollway and Jefferson are trying to create a space for in their method are, from this description, well apparent. Both depart from conventional assumptions of research participants being able to “tell it like it is” and lay emphasis on the research subject being both sociologically and psychologically theorised, as well as on researcher-participant intersubjectivity and the in-depth study of specific cases. It can also be noted that Hollway and Jefferson describe their methodological stance in *DQRD* as “critical realist”, albeit very briefly (Hollway & Jefferson, 2013, p. 3).⁷ Evidently, though, this does not mean that FANIM should inevitably be viewed as a practice-near method and it is necessary to ascertain how it might function as such and what adaptations are required to ensure this is possible. The next section of the chapter, in which I reflect on Hollway and Jefferson’s conceptualisation of the research participant as a defended psychosocial subject, can be thought of as an example of what this sort of consideration might resemble.

The research participant as defended psychosocial subject

It should be clear from the initial description of FANIM that, in *DQRD*, Hollway and Jefferson’s view of the research participant as defended psychosocial subject is as a meeting point of internal and external worlds.

⁷ And, I would say, not very convincingly. They cite the work of Bunge in support of their claim of being critical realist in approach, a philosopher who was, in fact, highly critical of psychoanalysis, its scientificity and as a form of therapy (“I have never seen any good things resulting from psychoanalysis” (Bunge in Bunge & Moessinger, 1987, p. 387)). Citing Bunge specifically, they also overlook work which has connected the critical realist tradition and the practice of empirical discovery and theory-building in clinical psychoanalytic practice (e.g. Rustin, 1991, Ch. 5; Will, 1986).

Other writing of theirs, in and around FANIM (though not exclusively concerned with it) aligns with this perspective (see, e.g., Hollway, 2001a, 2006, 2011b; Hollway & Jefferson, 1996, 1997, 2000b, 2005a, 2005b; Jefferson, 1994, 2002, 2004). For example, in this writing, there is reference to the risks of “discourse determinism” and the role of psychoanalysis and “its core notion of a dynamic unconscious” to “conceptualise people’s actions as unconsciously, as well as consciously, motivated and conflictual” and for thinking about “investment” in different discourses as a process over time (Hollway & Jefferson, 2000b, p. 136). As they put it, this is “an essential step if the psychic side of the psychosocial equation is to be given equal weighting with the social” (Hollway & Jefferson, 2000b, p. 136). In this work, it is clear that they envision their work as aligning with a guiding sense of the psychosocial as, reflecting the way it is conceived in the “new paradigm” of psycho-social studies (Clarke & Hoggett, 2009, p. 1), concerned with the refusal of binary-type distinctions between the personal or individual and social domains.⁸

However, as was acknowledged in Chapter 1, this can still mean a variety of things, and a central thrust of criticism of their work has been to query how adequately they incorporate the social side of the psycho-social equation (see, in particular, Parker 2005, pp. 108-109; Wetherell, 2003). For these critics, there is a failure to adequately account for how people compose themselves differently in different conversational contexts and to see social discourse as a constituting people’s sense of their subjectivity rather than just shaping it. These critics and others (e.g. Frosh & Baraitser,

⁸ As with Clarke (2006, p. 1160) who characterises psychosocial research as a “best of both worlds” scenario of combining aspects of sociological theory and psychoanalytic psychology, and Roseneil (2006, pp. 847-848) who defines it as an approach that “seeks to transcend the dualism of the individual and the social, and takes seriously the realm of the intra-psychic, ‘the power of feelings’ (Chodorow, 1999) and the dynamic unconscious, but does so without engaging in either psychological or sociological reductionism”. Alternately there is Brown (2009), who classifies it as involving “a kind of binocular vision in which in which we are asked to zoom in on the micro (personal, familial histories, self/other experiences, self-narratives etc.) and pan out to the macro (socio-historical structures, socio-cultural discourses) and look at the ways they intersect” (p. 153).

2008) also argue that, with the method, the researcher is enlisted into an expert position vis-à-vis the unconscious meaning of what participants say or do not say in interviews, seeming to have more insight into participants' unconscious worlds and emotional lives than they, themselves, do.

When I first encountered these criticisms relatively early on in my studies, I wondered how much of my own work using FANIM would end up liable to a similar appraisal. However, thinking about them during the course of my studies and reading further, I became more aware of the how they represented, in different ways, distinctions between different “dialects” in the field of psycho-social studies (Redman, 2016) (as Hollway (2008, pp. 388-391) and Midgley (2006) both touch on).⁹ I came to see them as reflective of complexities, more generally, surrounding the use of psychoanalytic interpretative strategies in qualitative research: how researchers may fail to consider sources of agency other than what is unconscious in an interview narrative and make restricted, even misleading, interpretations that do not follow the careful exploration characteristic of clinical practice (Frosh & Emerson, 2005).

I cannot comment on behalf of all the social work researchers interested in practice-near research and psychoanalytically informed methods, but I would imagine that most would see these criticisms as having only a part bearing on their work. In the UK, at least, the Kleinian and post-Kleinian psychoanalytic perspectives that Hollway and Jefferson make use of as part of their method is a well-established point of theoretical attachment in therapeutic and relationship-based practice approaches.

Researchers interested in FANIM would likely not discount the need to be cautious

⁹This also relates to the issue of the hyphen in psycho(-)social and what it means. Hoggett (2008), for example, stresses its importance in this type of post-Kleinian, object relations work on account of it representing “the link that both joins and separates” (p. 383, citing Winnicott, 1991). In his view, “the hyphen in psycho-social signifies a difference that cannot be dissolved” (p. 383). It is “neither psycho nor social”- “the hyphen connotes what is “other than” both, that is, what is different from either of the two milieus that generate it” (Hoggett, 2008, p. 384).

and methodical in one's analysis and recognise the potential for prematurely locating unconscious significance in what is said (do we, for example, explain all slips of the tongue in interviews along psychodynamic lines rather than thinking about them in terms of habitual over seldom used language structures?). Yet, they would also likely see the boundaries between what is clinical and extra-clinical as relatively porous in research and practice and maintain that to reject this sort of stance is to position clinical psychoanalysis and applied forms of helping and research in unhappy competition.

Reflecting this line of argument when discussing the relationship between practice-near research and psychoanalytically-informed approaches, Froggett and Briggs (2012) have the following to say. They note that whilst there are “unresolved questions” regarding “what kind of non-conscious processes can reliably be accessed in research”, which “unconscious phenomena” constitute “an ‘admissible’ object of social scientific inquiry... is a question which will probably preoccupy psychosocial researchers for decades to come” (Froggett & Briggs, 2012, p. 5). However, in the context of professional practice, “certain phenomena such as the transference-saturated nature of normal professional-client interactions have practical implications for policies and interventions and require further research” (Froggett & Briggs, 2012, p. 5). They observe that psycho-social research concerned with health and social welfare services in the UK tends to be grounded in post-Kleinian (and object relations) psychoanalysis and that, for professionals, there are “pressing reasons to adopt ‘real world’ approaches to research which avoid psychological or sociological reductionism, and which can grasp complexity and social embeddedness” (Froggett & Briggs, 2012, p. 5).

In *DQRD*, Hollway and Jefferson also blur the boundary between what is clinical and extra-clinical by highlighting how thinking beyond what is knowingly “given” in conversation is not a phenomenon confined to psychoanalysis. They claim the idea of the participant as “defended” is, as much as anything, a means of embracing a greater degree of “everyday subtlety” in research endeavours (Hollway & Jefferson, 2013, p.3). Though there may be no formal theorising involved, there are often times we disagree with others about something that happened or would interpret their experience of what happened differently (including wondering to ourselves whether this was coloured by personal baggage or hidden agendas).

I have reservations about this point in that I think it goes too far, overestimating the nature of what we can know (and assume to know) of others’ unconscious motivations in everyday conversation and simplifying the nature of what is unconscious and/or different ways we “defend against” different thoughts and feelings consciously and unconsciously. Nevertheless, I think it is still a valid claim and that it is acceptable (so long as one is transparent about doing so) to read beyond what is knowingly given by participants in interviews. For me, it seems as important to ask not just how researchers will read between the lines of what is said, but why they might want to avoid doing this and be led to a more orthodox and “tolerable” analysis of research material.

Of course, clarity regarding the theory underpinning the method clearly helps in responding to critiques that depict it as a psychologically reductionist and expert-driven approach, and it is to this that I will now turn.

In *DQRD*, when considering how positioning in discourse cannot be reduced to cognitive factors but needs to attend also to internal, unconscious factors, and the way these interact with a person’s social environment, Hollway and Jefferson reference the

“internal world” of Kleinian psychoanalytic theory and, specifically, notions of paranoid schizoid and depressive mental “positions” or functioning (see Klein 1935/1975, 1946/1975, 1952/1975). Their theorisation of the defended psychosocial subject follows a fashion in Kleinian and post-Kleinian psychoanalysis in which our unconscious and emotional life and development is considered the product of the “interaction” and “repeated cycles of projection-introjection” (Bott Spillius, Milton, Garvey, Couve, & Steiner, 2011, p. 521).¹⁰ They work on the basis that the research interview, like the encounter between therapist and patient, generates anxiety (especially when asking the participant about topics that engender this) and will lead to insight into a respondent’s defensive organisation.

The paranoid-schizoid and depressive positions are configurations between the self and object (crudely, the idea one has of someone or something to which one has an emotional connection) and unconscious defences against anxiety. They are characteristic of the functioning of the infant’s mind in relationship to the caregiver but returned to throughout life.

Simply stated, the paranoid-schizoid position is a more omnipotent position, one of resort in the face of perceived threat, and based, at a fundamental level, on the splitting of objects into good and bad. As Hollway and Jefferson describe it, it is “a position to which we may all resort in the face of self-threatening occurrences because it permits us to believe in a good object, on which we can rely, uncontaminated by bad threats, which have been split off and located elsewhere” (Hollway & Jefferson, 2013, p. 18).

¹⁰ It is beyond the scope of this chapter to address this in-depth (though see Seligman (1999), Layton (2008) for broadly similar positions to Hollway and Jefferson’s, and see Fonagy (2008) for discussion that relates Kleinian theory to the findings of observational child development research and attachment theory). It is important nonetheless to stress that whilst the mental life of Klein’s infant might impress as adultmorphic, for her primitive fantasies about the caregiver are experienced in concrete terms. They are more somatic sensation than abstract image (see Caper, 1994 for overview).

Conversely, the depressive position involves relating to the object in a way that grants a greater degree of reality to the equation, acknowledging a mixture of good and bad coexisting within it. Whereas in the paranoid schizoid position the mother is “split” in the infant’s mind into “good” and “bad” caregivers, one satisfying and the other frustrating him or her, in the depressive position, the infant conceives of the mother as a whole person, both fulfilling and frustrating their needs. The depressive position also captures, in this sense, the infant’s achievement of the experience of guilt and anguish over attacking the mother and the damaging external and internal objects. In the form of “depressive position functioning” it can be read as an individual’s capacity to take personal responsibility and keep in mind a vision of her or himself and the other as separate beings.

To give an illustration of this from *DQRD*: Hollway and Jefferson discuss material that emerged in interviews with Roger, a white, working class father and grandfather in his late fifties (Hollway & Jefferson, 2013, pp. 13-19). They identify discourses in this material that is characterised as “consistent with a paranoid-schizoid splitting of good and bad” (Hollway & Jefferson, 2013, p. 18). These are discerned in connections between the nature of the representations of his experience (that is, of being black and white and rigid) and the meaning they appeared to hold for Roger and his past and present experience.

For example, Roger described the council estate in which he resided as a place of decline in the present, linked to an influx of “riff-raff” that is of different ethnic and cultural groups, in his words, of “coloureds”, “Scots” and “gypsies”, the formation of certain areas within the estate which are no longer safe to walk at night, and a lack of respect for traditional patriarchal authority where teenage boys could now get away with extensive violence. He had not personally been a victim of violence but spent a

lot of time at the gate to his front garden, watching local teenagers' joy-riding or transporting stolen goods and hearing stories about local burglaries and police powerlessness.

Hollway and Jefferson question why, despite knowing about “the mundane reality of local crime”, Roger was drawn to more lurid narratives of vicious violence (and “animated” by “tales of murder and mayhem””) and to represent the estate in interviews as fundamentally different from when his family moved there (described by him as “smashing”: “you never got no trouble then”) (Hollway & Jefferson, 2013, p. 14). They draw links to how, for Roger, growing up on another local estate, there were beltings for him in his crowded and cold family home, absent parents, caning at school and smacks from the local police officer. He talked of his father in terms of respecting his (violent) authority, but also of how much he “ated” his cruelty to both him and his siblings and the regular beatings meted out to his mother. They suggest that his nostalgia and lack of a more nuanced outlook (that might tolerate the good and bad of both times) in his narrative suggest he was defending himself against feelings of vulnerability and pain originating from the harshness of his earlier life (Hollway & Jefferson, 2013, p. 18). It also appeared connected, they observe, to a work accident early in his twenties which left him permanently disabled. Following this, he was unable to do anything but “light work”, labouring until being laid-off in his late thirties during the recession of the 1970s. The sense of individual mastery and independence he could have experienced as an adult man was thereby significantly undermined.

They also point to evidence of an “ambivalent, more depressive, relationship to the past” in Roger’s account (Hollway & Jefferson, 2013, p. 19). This took the form of him recalling the single occasion he struck his daughter and how he felt “orrible” and his wife “went mad”, which, they say, “suggests a capacity for empathy more

compatible with an ambivalent than a split relationship to his father's cruelty", reinforced by a capacity to recognise the shifting societal views on the role of fathers in family life and childcare, and what qualifies as appropriate parenting (Hollway & Jefferson, 2013, p. 18).

It is important to be clear that this use of ideas of paranoid-schizoid and depressive functioning is just one example of such an application, and the case of Roger is just one example from *DQRD*. They are heuristics for making sense of unconscious processes. Frosh (2006, p. 100) writes of "the Kleinian metaphor" as "the only safe way to regard it, as belief in the concrete reality of Kleinian concepts is a dizzying experience".

One may argue that this application, or similar, veers towards psychological reductionism. In spite of Roger not being simply designated as prejudiced on account of his early trauma and more general experience of social dislocation, much is read into his early life regarding how he came to invest in the views he related in interviews.

However, this sort of understanding does not necessarily eventuate from the theory used. I want to make two points in regard to this. The first is to underscore that Kleinian psychoanalysts see the depressive and paranoid-schizoids positions as being in dialectical coexistence, with one liable to be transformed into the other.¹¹

The depressive position captures the emergence of moral consideration, the ability to mediate between contemplation and sensory experience, and a fuller recognition of the other as whole and separate. Depressive anxiety may be described as a more "civilised" form of anxiety than that which is paranoid-schizoid and destructive (Hyatt Williams, 1977, p. 169). At the same time, as Keylor (2003) puts it,

¹¹ In *DQRD*, Hollway and Jefferson touch on this in noting how they are something "we all move between" (Hollway & Jefferson, 2013, p. 19). However, in other ways, they gloss over it.

a “symbolic equation of the paranoid-schizoid position with pathology” obscures why the term “position” was opted for by Klein (p. 236). This was not just to illustrate the “to and fro” movement of the development, but to highlight how “the disintegrative tendencies of the paranoid-schizoid stance are essential to counter the stagnation of the integrative tendencies in the depressive position” (Keylor, 2003, p. 236). Specifically, “a healthy dialectic between these mental capacities is essential for creativity and change; overridealization of the depressive position ignores the dialectical tension between the positions that is needed for a healthy balance of integration and disintegration” (Keylor, 2003, p. 236). The paranoid-schizoid mode of functioning, turbulent as it is, disrupts the tendency in the depressive position to order and contain experience. This is not to say, as Frosh (2006) observes, following Elliott (1996), that the paranoid-schizoid and depressive modes of functioning should be considered “morally equivalent” (p. 102). However, it is to establish the extent to which “emotional turbulence” and “irrationality” are integral to our mental health and “creative living” (Frosh, 2006, p. 102).¹² This is also important to acknowledge because it means that labelling how someone talks or describes their experience as one or the other is far from straightforward. For example, I may describe my own functioning as depressive because I am able to view the good and bad in someone else’s views while recognising them as different to my own. This may be true, but there may also be a certainty, or arrogance, to my view that reflects a paranoid-schizoid mode of functioning, a denial of how different my views and those of the other person are.

The second point I want to make surrounds the extent to which these positions are heuristics for making sense of unconscious processes not just at an individual

¹² As he notes, the process of psychoanalytic therapy is not seeking to relive, eliminate, or escape from, this turbulence but rather an attempting at providing an opportunity to better tolerate and take ownership of it by “exhausting the capacity of the mind to self-reflect” (Frosh, 2006, p. 102).

level. Other researchers who do not see Hollway and Jefferson's work as veering towards biographical determinism and undertake research involving a biographical emphasis may opt to follow a similar approach. However, researchers interested in exploring how social workers "defend against" certain situations or knowledge may find that *DQRD* is insufficient, in itself, as a reference point. In this scenario, the tradition of exploring social defences against anxiety amongst groups and organisations, recognised particularly in Menzies Lyth's (1960) influential study of nursing staff, has an obvious affinity. This tradition has been drawn upon in social work scholarship considering the socio-emotional life of organisations and professionals working within them (see Cooper & Lees 2015; Lees, Meyer & Rafferty, 2013; Taylor, Beckett & McKeigue, 2008; Waterhouse & McGhee, 2009; Whittaker, 2011 for recent examples). However, it is not discussed in *DQRD*, where it would be useful to have more said about the links that may be drawn between FANIM and this paradigm of applied psychoanalytic work.¹³

In her landmark work, Menzies Lyth (1959/1988) examined hospital nursing practices. She found that as a way of avoiding primary anxiety, expressly of being faced with death and illness in patients, structures and practices were instituted

¹³ Elsewhere, Jefferson (2008) quotes a brief critique made by Cavaletto's of his and Hollway's research through which FANIM was developed, and as reported in one of his own publications (Jefferson, 2002). In a footnote, Cavalletto comments that "Jefferson's attempt at finding connections between psychosocial variations in fear of crime and neighbourhood location is frustrated by an approach that focusses psychological enquiry on the unique psychobiographies of individuals rather than more broadly contextualised psychological processes" (Cavaletto 2007 quoted in Jefferson 2008, p. 372). Jefferson responds to this criticism in terms of the perennial, unresolved problem of "how to connect the individual and society, biography and history, the person and culture" (Jefferson, 2008, p. 328). This is a fair response, but he could have just as easily invoked how Kleinian theory has been used in a range of social and political theory and research and subject to influential application in, as with Menzies Lyth's work, the examination of the unconscious life of groups and organisations. Hollway (2013, p. 25) has referred to the social defences against anxiety tradition and how she "absorbed a lot of this way of thinking... in an earlier phase of my career" during the 1970s and how she is intrigued how much this learning is "expressed in my more recent interests in research methodology". For her, the approaches share a commitment to "the use of complex real-life data and – I would expect- a commitment to allowing the data to lead the analysis, rather than the theory" (Hollway, 2013, p. 25). There is a continuity furthermore, she remarks, in terms of the space for taking into account "organisational roles" and extra-individual "systems of regulation" that govern psychic processes (Hollway, 2013, p. 25).

whereby care became de-personalised. Longer term care and relationships with patients were discouraged by scheduled task-based work rather than person-centred care, “splitting” care in both time - the order of tasks dealt with - and space -the physical or emotional proximity to patients as people. This system not only failed to alleviate the primary anxiety but also served to generate a great deal of secondary anxiety. Nurses, she suggested, often enter the nursing profession motivated by an unconscious desire to deal with infantile anxieties to make reparation but, in the setting she observed, were prevented from doing so. They were unable to witness patients’ recovery in a way they could straightforwardly link to their efforts and thus deprived of any potential psychological benefits they might accrue as a result. Instead, they became increasingly alienated in their work as a result of a loss of emotional and moral meaning.

Menzies Lyth’s work is seen as a step forward from the earlier work of Jacques (1951), in which the term social defences against anxiety was coined (see Lapping, 2011, pp. 152-161). Lapping (2011) notes how it shifted the focus of analysis away from interpretation at an individual level to be more psycho-social in terms of taking the unconscious functioning of the organisation as an entity in itself and accounting for the wider structure and purposes of an organisation. The “objective situation” of the hospital setting is seen as significant, and the exposure of nurses to physical illness is taken seriously as separate from individual phantasy. However, as Lapping points out, this does not mean that it adequately engages with the social sphere, particularly structural factors in shaping practices and professional attitudes, nor have problematic aspects in terms of how the individual is situated as part of it (see Chernomas, 2007; Cooper 1996; Hoggett, 2015).

Touching on such issues, Auestad (2011) points out how Menzies Lyth's contribution was developed through a synthesis of Kleinian thinking and attachment theory. Essentially, the analysis was that the entire institution was paranoid-schizoid in its functioning, and this led to a failure to attend to the needs of nurses and patients for dependence.¹⁴ Central to this analysis was, she notes, the nurse have to "swallow" (p. 400) or, as Menzies Lyth (1960) put it, undergo a "forced introjection of the social defence system". Auestad observes how the analysis affords "a sophisticated account of processes of unconscious interaction between the oppressors and the oppressed – to show how A often "collaborates with" B in oppressing A" (Auestad, 2011, p. 407). Part of the nurses wanted relief from the feelings of guilt they experienced and the heavy responsibility and desired the depersonalisation the system afforded. This did not mean, though, that they were altogether willing participants in the system, or equally responsible for it. However, the way actual experience and phantasy are allied in this framework means the unconscious becomes "a very 'social' entity" (Auestad, 2011, p. 402). Essentially, "the nurses all found themselves in the same situation, subjected to the same pressures; and their anxieties, phantasies and defences were apparently all the same" (Auestad, 2011, p. 402). The potentially "subversive" functions of the unconscious, how it may be "of value as a potential source of resistance to domination" (Auestad, 2011, p. 402), are absent from the account. It is reported that some of the experienced nurses left their posts and this is portrayed as the only avenue for constructive action in a system that is seen, and theorised, as "immutable".

To be clear, the social work researcher attempting to explore social defences in services or organisations may not consider the FANIM all that necessary and rather

¹⁴ As would be the case when patients are able to depend on care tailored to their needs and a continuity of relationship, and the nurse can understand the totality of patients' needs and has the capacity to exercise professional judgement from which to derive a sense of moral purpose.

opt for group interviews and observation of some sort. However, they may also have something to gain from it. Following Hoggett (2015), it can be said that what is interesting is how the FANIM and the theoretical framework of social defences against anxiety may complement each other in developing a psycho-social understanding. The emphasis in Hollway and Jefferson's work on biographical experience and the role of broader social discourses in the way we think, articulate and make sense of our social experience may provide avenues for thinking about how individual trajectories mediate the way in which defensive systems of organisations influence the individual and for thinking more closely about researcher-researched dynamics.¹⁵

Conclusion

In this chapter, I introduced FANIM as a psychoanalytically-informed approach to qualitative research interviewing and looked at how it has been referenced and used by social work researchers and other researchers in allied fields. I then described the idea of practice-near research with particular reference to Cooper (2009) and highlighted links between this and FANIM. Finally, I considered Hollway and Jefferson's conceptualisation of the research participant as a "defended psychosocial subject", biographically inclined to invest in and adopt particular discursive positions. As part of this, I was able to reflect on the relevance of some of the critique to which Hollway

¹⁵ The need for consideration of such interrelations between personal, organisational and broader social and discursive dimensions of interview accounts is illustrated in a recent study of frontline child protection work by Henderson (2016) which used a FANIM style of interviewing alongside direct observations of practice to explore the "micro-process" of interactions in which difficult matters were discussed by social workers and tensions between care and control. In the study, transitory "moments of avoidance" in worker-parent interactions were identified and linked to processes of projective identification between parents and workers, for example where the worker somehow lost the thread of what they were saying or omitted to ask certain questions during a visit. However, in concluding the study, Henderson regrets perhaps having been too focussed on the interpersonal dimension, in and of itself, and her understanding of the care and control tensions in the field being "too narrow" (Henderson, 2016, pp. 131-132). She comments how she was not properly aware of how much direct helping work had been devalued in the field and the sense in which this leaves practitioners "more prone to persecutory responses to the ways clients communicate their need for help" (Henderson, 2016, p. 131).

and Jefferson's method has been subjected by other psycho-social researchers for social work research and the notion of unconscious mental positions associated with the work of Melanie Klein that Hollway and Jefferson invoke.

The chapter was, in this way, concerned simply with helping to rectify a lack of critical attention dedicated to Hollway and Jefferson's work and FANIM amongst social work researchers and to provide a point of reference regarding the method and the idea of psychoanalytically-informed, practice-near research for the rest of the thesis, particularly the analysis reported in Chapters 6, 7 and 8. It, nonetheless, indicates that, whatever their merits, FANIM and *DQRD* should perhaps be approached with care by social work researchers. They may be better viewed, as one reviewer described *DQRD* following its original publication, as a series of valuable ideas about – as opposed to “a prescriptive ‘recipe’” setting out - “how to do qualitative research differently” (Elliot 2001, p. 262).

Chapter 3: Interpretation and the psychoanalytically-informed research

interview

Introduction

The issue of interpretation figured relatively early on in my studies, initially as a practical concern I had about what I might reasonably say to the professionals I was to interview. At this stage, I was unsure how psychoanalytic the analysis would end up being and whether anything I did find out about what was unsaid or unconscious could be shared, and indeed, whether I was sufficiently qualified to share it. However, I was also not entirely convinced this was the most desirable option and had a nagging sense that a “good” social work researcher would somehow seek to give respondents a say regarding any analysis that ensued and provide them with some form of feedback that might help them in thinking about their work. I knew that in doing multiple (two or three) interviews with each participant, in accord with what Hollway and Jefferson recommend, there would be some scope for this.

The sharing of preliminary analyses and findings with participants (often referred to as a “member check” or “member validation”) is widely considered an effective way of ensuring validity in qualitative research. As part of their “consolidated criteria for the reporting of qualitative healthcare research” for example, Tong, Sainsbury and Craig (2007, p. 356) advise that “obtaining feedback from participants on the research findings adds validity to the researcher’s interpretations by ensuring that the participants’ own meanings and perspectives are represented and not curtailed by the researchers’ own agenda”.

However, in the case of psychoanalytically-informed methods, this imperative seems rather simplistic. As a conflicted and defended subject, the participant is

presumed to be in touch with their “own meanings and perspectives” to varying degrees. Additionally, there are questions about the similarities and dissimilarities between research and clinical psychoanalytic and psychotherapeutic practice. For example, it may be argued that to share analyses that address unconscious processes is to conflate research and therapy and risk exposing participants to “insights” they may not desire or be equipped to receive. At the same time, by refraining from sharing analyses, researchers may equally be criticised for elevating themselves to an expert position in their use of psychoanalysis. Not only do they deprive participants of a meaningful voice in the research and increase the potential for their preconceptions to be passed off as “analysis”, they also forfeit any self-insight participants may stand to gain in being informed of what they thought.

My aim in this chapter is not so much to provide solutions to these quandaries as to engage in a ground clearing exercise around the issue of interpretation in psychoanalytically-informed research interviews and how the deliberate use of a therapeutic style of interpretation and strategies of feeding back psychoanalytically-informed analyses to participants might be approached by social work researchers.

I begin by looking at the meaning of interpretation in clinical therapeutic and research contexts and how the “therapeutic” practice of research interviewing relates to what the researcher brings to the interview on account of their disciplinary and professional background. I then review different perspectives on the use of a quasi-dynamic style of interpretation and feeding back analyses as part of a psychoanalytically-informed interview approach, and what is said about the ethics, benefits and risks of different strategies. Lastly and more briefly, I reflect on my own experience of doing interviews for the research reported as part of this thesis vis-à-vis

the issue of interpretation. With this, I focus on the case of one participant and the interpretative quality of setting agendas for follow-up interviews.

Interpretation in psychoanalytic therapy and research

In a passage often quoted from *DQRD* by researchers using FANIM, Hollway and Jefferson distinguish between interpretation in the “clinical psychoanalytic setting” – the “therapeutic technique” of interpretation as they describe it – and interpretation in qualitative research on account of the “reach” they respectively have. In research, they say, interpretation goes beyond the “inner world” that concerns the psychoanalyst and psychotherapist and accounts for social and external influences as well (Hollway & Jefferson, 2000a, p. 78).¹⁶ Elsewhere, they also point out that the validity of an interpretation is not confirmed in the same way in research as it is in therapy. In therapy, the patient’s response is critical in ascertaining its validity. Conversely, in research, this is found in the way an interpretation “illuminates” other data. It is, they say, analogous to casting a stone in a pond: “if an interpretation ‘works’ the ripples reverberate through the rest of the analysis” (Hollway & Jefferson, 2000a, p. 60). In short, interpretation in research is “an activity associated with data analysis as opposed to data production”: the psychotherapist will “interpret into the encounter, whereas researchers will save their interpretations for outside it” (Hollway & Jefferson, 2000a, p. 77). Or, put differently, “researchers, not being therapists, will be careful not to interpret at the time the information is being provided by interviewees. Their interpretive work comes later, is separate from the interviewee and has a different audience” (Hollway & Jefferson, 2000a, p. 77).

¹⁶ Clearly, as Hollway and Jefferson point out, this does not mean that psychoanalysts are not or cannot be concerned with this. However, they seek to help the individual change and focus on their inner life.

This is not all Hollway and Jefferson have to say on the matter in *DQRD*, notably. As is noted below, on the very same page, they acknowledge how this distinction breaks down at times in exchanges in interviews. In the second edition, they also consider the implications of a broad definition of interpretation, acknowledging how the term covers the way in which we all accord meaning to experiences, sensations and feelings ourselves and others have and that it is not a term exclusive to psychotherapy or psychoanalysis (Hollway & Jefferson, 2013, pp. 152-157).

This distinction between interpretation as in-session in psychotherapy or psychoanalysis and outside the encounter and data-based in research bears dwelling on, all the same, because various related writings tread a similar path (see Braddock, 2010; Clarke, 2002, pp. 187-188; Kvale, 1999; Ewing, 1987, p. 36; Jervis, 2011, p. 127).¹⁷ These writings do not dispute that the researcher cannot, or should not, seek an awareness of the psychodynamics of participant-interviewer relations, just that they do not get involved interpretatively in a comparable way to the therapist. The lack of an ongoing therapeutic relationship means the research interviewer is not in a position to question a participant's self-understanding directly as the therapist can. The therapist is licensed to be sceptical of what their patients tell them as the patient has sought their assistance and consents to engage in a process that explores unconscious motivations and how these are refracted through their self-understanding. This usually takes place after considerable working through of the patient's resistance to this process. In comparison, while the researcher may be sceptical about what a participant says, they will not use comparable techniques to address it as it is usually the interviewer who

¹⁷ As with other reference points in this thesis, this includes researchers who are associated with the field of psycho-social studies in a contemporary sense and psychoanalytically-informed research methods, as well as researchers who are on the edges or outside it, or whose work preceded it.

seeks the participant's involvement (and the participant is not necessarily looking to use the interview to better understand themselves).

In conceiving of an alternative to this stance, we are already returning to some of the complicating factors Hollway and Jefferson acknowledge. For one thing, we can debate how much the interviewer is able to keep hidden a questioning attitude of the manifest content of what the participant says and not display this in their interviewing technique. In clinical psychoanalytic practice and psychotherapy, interpretation can mean a multitude of things. Brown (2007, pp. 493-4) describes it to be as much “a way of relating” or “process in relationship” as a “deconstruction” and “breaking down” of defences. The term may evoke an idea of dialogue characteristically different from everyday conversations, whereby, for instance, the psychoanalyst makes a lengthy statement connecting the way the patient relates to them (for example, in terms of distrust or idealisation), their experience of early caregiving relationships, and patterns of relating outside therapy. However, it can just as much refer to anything communicated by an analyst or therapist. A murmur, a sigh or a slightly raised eyebrow all place an emphasis on the significance of things said and not said – and these are things all interviewers will, wittingly or unwittingly, engage in. This is what Hollway and Jefferson are getting at in their observation that the idea that the interview is a “non-interpretative” activity “breaks down in the necessary exchanges of understanding taking place in the interview” (Hollway & Jefferson, 2000a, p. 77).

Also, just because researchers do not actively promote some sort of therapeutic expectation from participants does not mean that they will not experience a researcher's involvement as therapeutic. In the quiet, private space of the interview with a receptive and concerned listener, participants may be able to clarify feelings and thoughts about previous experiences and reflect in-depth on personal worries,

hopes and fears. The interviewer may not seek to deliberately instigate it, but a participant may feel they see themselves in a different light or that they have changed emotionally as a result of being interviewed and feel they have been helped to question the given-ness of assumptions they have made about their experience.¹⁸

Equally, of course, they may not. And in this vein, the therapeutic action of the research interview, particularly that which surrounds the interpretive aspects, can be viewed as closely related to what each party brings to and expects of an interview. A participant may, for instance, comment to their interviewer that they felt they were “really listened to” by them and ask directly for their opinion on what they have said. Alternately, in the case of the interviewer with training in psychoanalysis or psychoanalytic psychotherapy, they are accustomed to a certain way of listening. This may serve them well in the listening work of interviews, but also create difficulties by predisposing them toward a more actively therapeutic role than is appropriate.

Long and Eagle (2009), as psychoanalytic psychotherapists and qualitative researchers, provide a series of experience-based reflections on what can happen when this is the case. As part of this, they note how the psychotherapist, having a professional identity in which listening is at the heart, will tend to interview in a way that leads to high levels of disclosure from participants and this can lead to conflicts between clinical and research ethics and identities. They advise that the therapist research interviewer should seek as best they can to avoid imagining themselves as a “therapeutic agent” and develop an awareness of how their clinical identity influences the way they act. Interpretative comments that go beyond the brief of the research setting, even if more low-key, should be avoided. They should not challenge the

¹⁸ There is a wealth of work, though not necessarily conceptualised psychodynamically, on such “therapeutic” benefits (see, e.g., Birch & Miller, 2000; Hutchinson & Wilson, 1994; Hydén, 2014; Koelsch, 2013; Osofsky & Osofsky, 2009; Lakeman, McAndrew, MacGabhann, & Warne, 2013; Snyder, 2016; Warne & McAndrew, 2010; Westlake & Forrester, 2015).

“reality” of the participant as such challenges cannot be revisited and worked through, as they would in therapy. For example, interpreting a shift in topic as an indication of resistance may be possible in both contexts but in psychotherapy the therapist can be much more specific about what motivates this resistance (i.e. how it relates to the object of talk and what this means in terms of the patient’s specific conflicts and personal situation). They also note, though, that this is an easier distinction to make in theory than practice. It is sometimes unavoidable that interviews will touch on conflicts, fears and desires the participant may not be consciously aware of, and it can be hard to gauge when questioning has become intrusive or distressing and the participant is at risk of emotional harm. In this vein, they say, “the interpretative nature of interviews cannot be avoided” (Long & Eagle, 2009, p. 42). Questions on sensitive issues can sometimes function as interpretations and lead to the participant getting a different take on their reality.

The case of the social work researcher or social worker as research interviewer can be thought about in terms of similarities and differences with the approach of the psychotherapist as research interviewer. Social workers, when they are not additionally trained as psychotherapists, can certainly have personal conversations that deal with intimate and personal matters as the therapist does. These will not be focussed on drawing out what is unsaid and unconscious as psychoanalysis or psychodynamically orientated therapies would but can be experienced as “therapeutic” if only just simply in the broad sense of initiating “an enhancement to personal understanding or well-being” and the person they are working alongside feeling their views are respected and “heard” (Millar & Corby, 2006, p. 897). Indeed, it may be argued that when social work practice is conceived of as in some way attuned to unconscious processes, as with the traditional influence of psychoanalysis on

casework practice, this is manifest in qualities other than interpretation – what Saari (1994, p. 35) refers to as “traditional social work conceptions of treatment which viewed the relationship, rather than interpretations, as the critical curative element”. This is not necessarily to distinguish the practice of therapeutic social work from psychotherapy and clinical psychoanalysis as non-interpretive - social workers do make comments that have may have a strongly interpretative quality in terms of bringing to light what is unsaid or lies outside conscious awareness (for example, in speculating on what a service user may be feeling, acknowledging perplexity or “reaching into” silences) (see, e.g., Dore & Alexander, 1996; Longhofer, Kubek & Floersch, 2010; Gunter & Bruns, 2012; Kanter & Vogt, 2012). However, it is to underscore how a more formal type of psychotherapeutic interpretation is seen as unlikely to be beneficial when it is essentially a vehicle for the worker to enjoy a “sense of having been clever” (Winnicott, 1969/1971, p. 86). Receptivity and thoughtfulness count over technique and haste to make observations means the importance of listening and waiting or taking practical action is overlooked.

There are, all the same, complexities to this position in terms of how it relates to research interviewing, which may mean that social work researchers are more in favour of some form of formal interpretation or feeding back of analyses. As with my ambivalence about what to share with participants, in making use of Hollway and Jefferson’s approach, social work researchers may see the sharing of analyses as the only way of avoiding a “top-down” application of psychoanalytic knowledge. An influential understanding of qualitative social work research (and, indeed, qualitative research more generally) is that it involves consciously grappling with issues of power and responsibility in representing the perspectives and experiences of others, particularly the marginalised individuals and communities with whom social workers

are involved (see, e.g., Carey, 2011). Also, in the case of practice-near research, a key concern for developing this type of research surrounds improving the “research mindedness” of social work and other health and social care professionals (Froggett & Briggs, 2009). Being positioned close to practitioner’s day-to-day acts and working concerns (though not necessarily confined to an individual level of analysis) likely means that researchers will be inclined to feel that to not share their understanding with the individuals or services involved is somehow a disservice. This would particularly be the case in scenarios where practitioner-researchers are doing research on their own organisation or colleagues.

The use of interpretation and feeding back of analyses in psychoanalytically-informed research interviews

This brings us to the work of various researchers who have, in recent years, considered the potential of different forms of quasi-dynamic interpretations in interviews. This work can be viewed as residing on different continuums regarding the philosophy adopted and level of formalisation in practice. Observational comments about the setting and the here-and-now interactions have, for example, been discussed as a means of helping participants to give voice to what they are thinking about whilst being interviewed (Bondi 2014, p. 49; Henderson, 2016, p. 70; Holmes, 2013, pp.1190-1195, 2017; Strømme *et al.*, 2010). Such strategies, though, fall short of full or “formal” types of interpretation (as with making explicit connections between the nature of the interview-interviewee relationship and others or impromptu formulations informed by psychoanalytic theory). Alternately, there are more active stances towards the use of interpretation in interviews which use a more formal style of observation in interviews or feeding back of analyses (Hoggett, *et al.* 2010; Nicholls, 2009; Stopford,

2004; Guest, 2012, p. 114; Cartwright, 2004) and are often, but not always, characterised as a way of militating against the prospect of an expert-driven application of psychoanalysis.

Holmes (2013) for example, in comparative work concerning the parallels between psychoanalysis and qualitative research interviewing and a model of “reverie-informed research interviewing”, proposes the use of reflective, “interpretation-like responses” (p. 1191). In this, he takes inspiration specifically from Ogden’s (2009) emphasis on the role of an experience-near vocabulary in psychoanalysis, of “talking simply” and providing interpretations the patient can relatively straightforwardly take in and make use of. The researcher works, like the analyst, on the basis of the associations and feelings that arise when listening to the patient. These are consciously scrutinised and used to formulate responses focussed on here-and-now emotional states (Holmes, 2013, pp. 1192-1195). He provides an example of this taken from his own practice working as a researcher on a study of adolescent experiences of psychotherapy for depression. Interviewing a generally uncommunicative teenage girl, he strongly felt a sense of standoffishness or hesitancy on her behalf whilst feeling uncomfortable himself, as if, even if he did formulate more open or sensitive questions related to the interview topic, these would be brushed off in a similarly monosyllabic way to his earlier questions. Sensing this, he drew the participant’s attention to how he seemed to be asking her something she had been asked “many times before”. He found that this resulted in a sense of recognition from the participant and the interview progressed in a more conversational, free-flowing way.

Discussing this approach, Holmes explores tensions between the agency the participant has in making sense of what is said in interviews and the licence the researcher has to offer interpretations. He maintains that such an approach needs to be

used in a way that is not misleading to the participant, for example by nudging them into saying more than they would perhaps have wished to.¹⁹ Its use should be discussed with participants when obtaining their consent to participate, with the researcher making clear that he or she can engage with prompts only to a degree that feels comfortable and appropriate. He also maintains that it does not eventuate in a “top-down” assertion of psychoanalytic knowledge because the researcher’s self-reflection takes seriously the intersubjective nature of the interviewer-interviewee relationship. The researcher is not solely a target for the projections of participants or extracting data from them, but positioning themselves as a significant figure in the research encounter and relationship.²⁰ What is more, the participant holds greater control in directing what is and what is not revealed in the interview and in negotiating the meanings that emerge during an interview.

However, clearly with such a strategy, a lot still rests with the researcher in terms of the how what is said is ultimately explained. One might even argue that Holmes’s approach grants more of an “expert” status to the researcher than if it was not adopted; the use of such interpretations simply provides richer data for the researcher to exploit to further their own arguments. If the participant’s role is confined to interviews, they will have no meaningful say in establishing how their accounts are understood via any substantive claims in the eventual analysis or findings of the research.

His account can, in this way, be contrasted with that of Hoggett *et al.* (2010) who take a much more active position. In addressing how “psycho-social” research can be done “dialogically”, they describe a strategy they developed during a study of

¹⁹ Long and Eagle (2009) similarly warn that trainee or inexperienced psychotherapists may unwittingly do this when doing research interviews by virtue of not adequately understanding how to focus their clinical technique.

²⁰ He specifically criticises Strømme *et al.* (2010) for failing to take account of this as part of their “research interview informed by psychoanalysis” (p. 712)

the ethical decision making of youth and community development workers for sharing emergent findings. The research team set out to use Hollway and Jefferson's method in initial interviews but moved on to develop, what they characterise as, an alternative approach in which a psychoanalytically informed "psychosocial" perspective was maintained. In this, there was an extensive involvement with participants – up to six interviews over a period of approximately 18 months. The research team felt that they did not need to rigidly separate out data generation and analysis. Thoughts and hunches about emerging themes and findings could be shared with participants during the course of the study. This strategy served to avoid psychodynamic ideas being used to interpret the data in ways that would "veer towards some form of 'wild analysis', in which subjective speculation was left unbalanced by reality testing" (Hoggett *et al.*, 2010, p. 175). It also linked to the "strongly democratic values" of the research team and their discomfort "about excluding our interviewees from the process of 'doing research'" (Hoggett *et al.*, 2010, p. 175). Day long research team meetings were convened to discuss transcripts, interviewer interpretations and hypotheses to be explored in future interviews.

There was some apprehension in the research team around disclosing thoughts with participants regarding "more intimate material" (Hoggett *et al.*, 2010, p. 175). However, they still found in doing interviews that it was possible to test psychodynamically conceived interpretations. Because multiple interviews were completed, they say, the participant was able to get a good sense that someone was trying to understand him or her and this made it "possible to assess the value of an interpretation when considered in its simplest sense as a thought that the researcher has about the interviewee's life or character" (Hoggett *et al.*, 2010, p. 178). Moreover, the interpretation's validity could be appraised in the extent it led "to strings of new

associations and connections, enriches and deepens the dialogue, and provides the interviewee or... the interviewer with new insights” (Hoggett *et al.*, 2010, p. 178).

Writing as a psychoanalytic psychotherapist and qualitative researcher, Stopford (2004) makes even stronger claims in favour of the use of interpretations in interviews. These claims form part of an attempt, more broadly, to connect the “relational” tradition of psychoanalysis with qualitative research, which Hoggett *et al.* (2010) cite in contending “that psycho-social methodologies that make use of transference interpretations should necessarily be dialogical and democratic, for this is the only basis on which the efficacy of analysis and interpretation can be judged” (p. 185). Stopford turns on its head the argument that the lack of ongoing therapeutic engagement means that sharing interpretations with participants is inappropriate. Indeed, because of the brevity of involvement compared to psychotherapy, she suggests, it is essential that researchers “try to devise methods which facilitate our interviewees’ involvement in the construction of interpretation” (Stopford, 2004, p. 18). Relational psychoanalysis and qualitative research share a view of understanding as partial, multiple and situated, and meaning as something negotiated through interpersonal influence. This means participants have a valuable and important role to fulfil in responding to a researcher’s analysis, whether they are acquainted with psychoanalysis or not. As she puts it, participants “may offer important challenges or additions to our interpretations and analysis”, but also may “concur with our analysis” (Stopford, 2004, p. 18). At any rate, their exclusion from the interpretive process because of ethical concerns or because they are not considered capable of the requisite insight, consigns them to the status of “always ‘other’” and risks their accounts “being appropriated for a specific purpose about which they have no say” (Stopford, 2004, p. 19).

Consistent with this perspective, she describes how in her own interviewing practice, she did not wait until after interviews to question or interpret participants' narratives. Instead, whenever she noticed herself having doubts about what was being said or wished to explore their thoughts or fantasies in greater depth, she would, when appropriate, do so there and then (Stopford, 2004, p. 20). This strategy allowed for "some mutual construction of meaning" and served to "lessen the chances of my interviewees being offended or hurt by my later analysis" (Stopford, 2004, p. 21).²¹

Both Stopford (2004) and Hoggett *et al.*'s (2008) accounts, in this manner, question how much interpretations should be kept out of a psychoanalytically-informed interview approach. They also illustrate how ethical concerns around interpretations clashing with participants' self-understanding may be circumvented by the early introduction of key questions and perspectives and following up interpretations and feedback by doing multiple interviews as a study progresses. They also suggest there may be considerable scope for confusion in thinking about the parallels and differences between therapeutic and research engagements and the difference between what researchers and participants perceive these to be. That is, research participants are likely to see and relate to what the researcher says in a different way to how the patient would to what the therapist says, even though they may consider their involvement with them "therapeutic".

Hollway and Jefferson straddle something of a middle ground in this regard when revisiting the role of interpretation in the Afterword of the second edition of

²¹ More questionably, Nicholls (2009) goes further still, providing an account that questions the extent to which the potential for offending or hurting participants may be overestimated. In carrying out a study which combined participant observation of occupational therapy practice with FANIM style interviews with professionals, she found she was perhaps over-concerned about the sensitivity required. Using, what she describes as, "thinking aloud" interpretations about dynamics at play, she notes how she was not so concerned that these might potentially harm participants, but that they could bring to halt an interview or lead participants to be less forthcoming. However, to the contrary, she found that "what was not tolerated (i.e. thought about) by the interviewee was easily dismissed, often to my considerable chagrin" (Nicholls, 2009, p. 181).

DQRD (Hollway & Jefferson, 2013, pp. 152-157). In the first edition, they noted that the extensive amount written about interpretation “as therapeutic technique” provides an important resource for researchers to draw upon, but this does not negate the need to “specify” the differences between clinical and research settings to ensure its applicability is not overgeneralised (Hollway & Jefferson, 2000a, p. 77). In the second edition, they reference the contributions of Hoggett *et al.* (2010) and Stopford (2004) and note how a corollary of psychoanalysis’ shift toward a more relational view has been to “redefine” interpretation and recognise how it “carries risks of being an exercise of power on the part of the analyst” that lacks compassion and leads to the patient “feeling unrecognised” (Hollway & Jefferson, 2013, p. 155). They also acknowledge how, whilst the “democratic” principles of some strands of feminist research which involve “minimal imposition” of researcher expertise are “inconsistent” with FANIM and a notion of defended subjectivity, a democratic sensibility remains “an important tenet of qualitative research ethics” (Hollway & Jefferson, 2013, p. 155).

In appraising the contributions of Hoggett *et al.* (2010) and Stopford (2004), they also underscore the need for “well-calibrated decisions” regarding when data analysis can be taken back to participants, including considering the possible effects this may have. Such feedback “needs to be framed honestly, but with sympathy and respect in mind” (Hollway & Jefferson, 2013, p. 157). They state that, invariably, “there are circumstances when it is either impractical or deemed unethical to take data analysis back to participants” and that doing so, “can be problematic in practice” (Hollway & Jefferson, 2013, p. 157). Other researchers have, they say, portrayed them as being wary of taking interpretation “into” interviews based on comments made in the first edition of *DQRD*. However, they would characterise their stance as being that

the use of interpretation “depends on the many facets of the research situation and the many versions of interpretation” (Hollway & Jefferson, 2013, p. 157).²²

This strikes one as a sensible view to take. It is, all the same, worth bearing in mind that there is probably a positive results bias in what has been said on this issue to date. Researchers are likely to be less inclined to report feedback or interpretations which were badly received, not just because it is a subsidiary issue to research findings, but because of not wanting to appear insensitive or hasty in the inclusion of therapeutic techniques in interviews.

Something of a counter narrative to these more positive reports is, in this vein, usefully provided by Wengraf (2004) who briefly describes returning the account of psychodynamically based analysis to an interview participant as part of a study on services working with homeless people and questions of relatedness and boundaries between workers and clients. The account drew parallels between formative relationships and experiences and the professional’s career choices and identity working in nursing and social work. The process of feeding back was carefully considered. The analysis of the interview material began by attending closely to the “self-theory” of the interviewee before progressing to incorporate the researcher’s perspective and consideration of what was defended against in the interview narrative.²³ The research team anticipated that the participant would find the analysis

²² Indeed, in subsequent work, Hollway (2015) reflects on the “feeding back” of a case study draft to a participant as part of a study on maternal identity using FANIM-based interviews. As she describes it, this feeding back was not without trepidation, given the lack of a “therapeutic frame” or “contract” and the personal nature of the account. At the same time, decisions about feeding back findings could be considered on a case-by-case basis allowing the researcher “to link together all considerations before coming to a conclusion” (Hollway, 2015, p. 159). When contacting the participant to agree a pseudonym and thank her for her participation, Hollway asked if she would be interested in reading what had been written about her interviews. The participant was keen to do so and this resulted in a meaningful, if not therapeutic, outcome for her. The email response Hollway received relayed a sense of recognition with the participant reporting that the framing of her experience as “lov[ing] her baby, but hat[ing] motherhood” helped her “to realise the two are not mutually exclusive”. It was “an emotional and insightful read”, leaving her “relieved and moved” (Hollway, 2015, p. 160).

²³ In accord with the Biographical Narrative Interview Method (BNIM) (Wengraf, 2001) by which the interviews and analysis were undertaken.

“not too painful” or “at least legitimate and not threatening” and hoped, at the very least, that some form of dialogue between her and the research team could take place (Wengraf, 2004, “Afterword,” para. 1). A phone conversation with her indicated she seemed “very positive” about receiving this “written up” (Wengraf, 2004, “Afterword,” para. 1). However, after receiving the report, she was uncontactable and appeared to evade all attempts that were made to get in touch with her. Reflecting on this and the research team’s reflections about the issue, Wengraf draws attention to the lengthy process of psychoanalytic therapy, particularly how the therapist “never presents more of their slowly-evolving perception to the client or analysand than face-to-face interaction suggests they can currently take” (Wengraf, 2004, “Afterword,” para. 1). In the absence of this engagement, he suggests, the suddenness of “imposing a conjecture” by feeding back an analysis in research “can be completely counter-productive and damaging” and may be considered an unethical practice (Wengraf, 2004, “Afterword,” para. 1).

Wengraf’s account illustrates how, even when well-planned and carefully considered (including efforts to appraise what may be palatable to relate to the participant), strategies of feeding back might not work out as well as anticipated. However, it also brings into sharp relief how different research and therapy contexts can be in terms of the potential for validating the accuracy of interpretations. Assumptions are made about the meaning of the participant’s silence after attempts to contact her, essentially, that what was relayed touched a nerve but was not well-received and could well have hurt or shamed her. This may well be the reason, and we should not discount all that the research team knew about the participant. If she had felt recognised or understood we can assume that she would probably have made contact. But there can be other reasons for such silences. For instance, the participant

may not have understood what had been written and felt uncomfortable in acknowledging this to the research team, perhaps aware of all the effort they had put in to the research. Then again, she may have been just too busy to read the summary or stay in touch. However, these are, clearly, the kinds of interpretation the analyst or psychotherapist can make after the patient fails to attend a session that the researcher does not have recourse to.

In the case of the interviews I carried out for the research reported in this thesis, I reflected on my decision to not formally share my analyses or findings with participants as the study was ongoing. I sought, as Hollway and Jefferson advise, to limit my speculations to the limits of the data and write with the principles of compassion, honesty and respect in mind. Thus, if any of the participants were to read it, they would, even if they did not agree with or were ambivalent about what was said, hopefully see it as compassionate and respectful of them, although inevitably from a different perspective to their own.

I could see how the relational psychoanalytic perspective that Stopford (2004), Hoggett *et al.* (2008) and Hollway and Jefferson (2000a, 2013) draw on in support for more active approaches to interpretation could be aligned with a democratic social work research stance. However, as the study progressed, it was not just that I felt I did not possess the requisite therapeutic skill to incorporate this sort of strategy and negotiate any potential conflicts of understanding. I was also concerned that haste to share the findings would lead me toward viewing the unconscious as something that could simply be negotiated between us. For example, a positive response to any findings fed back may indicate sense of recognition but could also be an attempt, conscious or unconscious, to appease the researcher or be an indication of the participant feeling impressed or intimidated by them. In short, I was as wary that “wild

analysis” (Freud, 1910/1957) would eventuate as much from sharing findings as not sharing them.²⁴ However, in completing the interviews, I could not altogether avoid being an interpretive presence, for example, in the use of “empathetic and un-intrusive ‘mirroring’” (Wengraf, 2001, p. 128) and comments such as “Sounds like that was difficult for you...when...” (see also Rogers, 1945).

I also found that individual emails I sent in advance of follow-up interviews could function as something akin to a more formal type of interpretation. These emails were descriptive, detailing features of the previous interview and an outline of what I hoped to cover in the forthcoming one. They addressed emergent themes including consideration of the dynamic aspects of interviews, including gaps and omissions in the way experience was narrated (for example, “I noticed you talk about this..., but said nothing about...”). Often, these brief agendas were received quite straightforwardly by participants as things to talk about that logically followed from the previous interview/s. However, sometimes they could touch on issues of unconscious significance and, to paraphrase Hoggett *et al.* (2008), lead to a deepening and enriching of the dialogue and new connections being made by the participant.

One case in particular stood out with regard to this. The participant was one of the intensive family intervention workers. In his first interview and when asked about how parents he worked with suffered, Ben (not his real name) spoke a lot about children’s behaviours and demands and their “abusive” acts toward parents (i.e. as a reason parents involved with children’s services suffer). He did not mention external challenges many families involved with children’s services face, as other participants

²⁴ I was also influenced by the fact that the relational tradition of psychoanalysis has only been given minimal attention in the British social work literature (mostly limited to the referencing and discussion of some psychoanalytic writers deemed “relational”). It has, as a North American tradition, been well attended to in the clinical social work literature and within this, there has been discussion of “important similarities” (Tosone, 2004, p. 479) between social work’s collaborative ethos and inclusive use of psychodynamic and social theory and relational psychoanalysis (Borden, 2000, Perlman & Frankel, 2009, Tosone 2004).

did (notably of living in poverty). He also emphasised that one of the motivations for working in this line of work was to counter the criminalisation of children and bemoaned, in the interview, the low age at which children could receive custodial sentences in the UK. In the email I sent to Ben prior to the first follow-up interview, I observed that he had tended to equate parental suffering with children and asked him to consider other ways parents he worked with might suffer. I also made a mental note that Ben had not told me whether he was a parent himself and that this was perhaps something worth exploring as I was, at this stage, aware that other participants had said something about this unprompted in the first interview when talking about the experience of parenting.

Broaching this with him before the second interview led to some candid disclosures. He spoke about his disappointment about not yet being a father despite very much wanting to be one, and the difficulties he and his partner had experienced in conceiving a child. He also talked about the difficulties in attempting to work in “non-judgemental” way with parents who actively behaved as if – or made to statements to the effect that - they did not want the children they did have. When Ben began making these disclosures, I queried whether he was comfortable talking about this and for it to be used as data for the research. After the final interview, I revisited the matter again.

I would hold to view that the more the research interview is developed to look like a clinical engagement, the more therapeutically-minded the researcher needs to be to ensure ethical practice. Moreover, one thing that has increasingly seemed important but which was not all that evident to me at the start of the study (and I would also try to incorporate were I to carry out the same study again, whatever the level or form of interpretation and feedback used) is what Saville Young (2011, p. 152) has termed “interrelational reflexivity” in psycho-social research, specifically, of talking with

participants about “what they intend to get out of interviews and what their assumptions, associations, and fantasies are about the researcher or about research in general” (Saville-Young, 2011, p. 152).

I talked with participants about any concerns and questions they had before starting, but did not probe their motivations to this extent. Such an approach clearly could include dialogue around the use of interpretation in interviews, alongside talk about the foci of investigation, as well as the particular approach that will be taken to analysing the data from these interviews (including data “extra” to interview transcripts and recordings), and how any findings may be disseminated. The participant would be given time to voice any anxieties or concerns and articulate any ways they may see themselves as being able to comment on the analysis and manage potential disagreements with the researcher.

Conclusion

In this chapter, I have sought to add clarity to thinking about what is meant by interpretation in research interview and psychotherapeutic contexts and different perspectives on the issue of using psychotherapeutic interpretation in interviews or feeding back psychoanalytically inspired understanding to participants.²⁵ There are various implications of this exploration for social work and psycho-social researchers using a psychoanalytically-informed interview approach, not least that they should be

²⁵ As with the thesis as a whole, this exploration reflects my development in thinking about this issue and the practice of psychoanalytically-informed interviewing in social work research. Other social work researchers, with more experience of applying psychodynamic thinking in direct work or clinical training, may be less edgy than I was about parallels between their interviewing practice and psychotherapy. They may also consider their work to be closer to psychodynamically inclined organisational consultancy work whilst retaining a psychoanalytically informed approach to any research interviews conducted. Nicholls (2009) touches on parallels between interpretation in research interviews and those given as part of consultancy work, noting how, in her influential work, Menzies Lyth only shared interpretations during the process of consultation that she thought would aid the client-consultant relationship (whilst keeping others to herself as data to be considered as part of the consultation as a whole). Long (2015) also provides a useful discussion of the “people whispering” the consultant engages in as part of their work.

wary of describing their interviewing practice as “interpretation-free” in the absence of evidence from the exchanges that actually took place in interviews. The exploration also indicates that researchers have a variety of options available to them in terms of how, and what they do, feedback to participants depending on the level of involvement they with them.

In Chapter 9, I again address these issues, albeit more briefly, when I return to the quasi-psychotherapeutic quality of research interviews, looking at how the conceptualisation of research beneficence via the Kleinian/post Kleinian notions of containment and container-contained dynamics (and engaging again with the case of Ben, who was highly complimentary about the experience of taking part and my involvement with him).

Chapter 4: Free association and qualitative research interviewing

Introduction

The work on which the chapter is based began, as with the issue of interpretation and the feeding back of analyses, relatively early on during my research studies. At this stage, I had started interviews with professionals and, on a preliminary basis, was analysing the material generated. I had not, however, entertained the idea of reorienting the direction of the thesis to combine this empirical work with a specific methodological focus. My anxiety about producing research that could stand up to critical scrutiny as psychoanalytically-informed had, however, led me to become preoccupied with the transposition of different psychoanalytic concepts (notably free association and countertransference) to the qualitative research interview. I was aware of different critiques of Hollway and Jefferson's interview approach, and how some researchers had queried their labelling of the method using the language of free association (Holmes, 2013; McAndrew & Warne, 2010, p. 94). However, I was also unsure about how exactly these commentators were themselves articulating the concept vis-à-vis the theory and practice of clinical psychoanalysis.

Searching the social work literature was of limited assistance as, although various researchers have invoked the concept in recent years in making use of Hollway and Jefferson's work, there is limited dedicated attention to it, in its own right. Yellooly's (1980) historical treatment of the relationship between psychoanalysis and social work theory, for example, includes just a single, passing reference, and the two most recent edited books on psychoanalysis and social work published in the UK (Bower, 2005; Bower & Solomon, 2018) only include a handful of references between them, none of which address the concept in any depth.

In pursuing the issue, I began to think and write about it in an, essentially, pragmatic and practical manner, that is, as something that could be unpicked in terms of continuities and discontinuities between clinical psychoanalytic practice and research interviewing. I anticipated that doing so might at least result in some reflections I could include as part of a methodology chapter. However, as I read more, I became concerned that I was fixing the concept in narrow terms and there was a need for a broader exploration of the issue.²⁶

In relating the findings of this exploration here, I begin by discussing the place and function of free association in clinical psychoanalysis. I then draw together and critically review recent linked applications and commentaries of its application in the qualitative research interview. With this, I focus on FANIM and Hollway and Jefferson's (2000a, 2013) work as a salient example. However, I also address, in detail, contributions from Cartwright (2000, 2004) and Holmes (2013). As with the work of the previous chapter, I also briefly make use of my own research practice using FANIM. Overall, I seek less to reach any definitive claims about the compatibility of free association, psychoanalytically conceived, with the research interview, but rather to highlight ways in which recent discussion on this issue may be misguided and point to areas of concern that social work researchers interested in this method should be aware of.

Free association in psychoanalysis

The importance of free association in the history of psychoanalysis (even if as a concept it has been, and continues to be, debated) should not be underestimated. It is definitional to the discipline. Freud appraised it as the “methodological key” of

²⁶ An early version of the chapter was submitted as part of my second year equivalent progression review. This was then revised whilst I was analysing the interview material and writing up the thesis.

psychoanalysis (as cited in Gin 2003, p.13). He also referred to his abandonment of an early use of hypnosis to pursue free association as “the most momentous step” in the discovery of psychoanalysis (Freud 1924/1961, p. 195). Along similar lines, in a well-known dictionary of psychoanalysis, Laplanche and Pontalis (1973, p. 169) describe “the procedure of free association” as “fundamental to psychoanalytic technique”.

A definition of free association many people would recognise is of the psychoanalyst or psychotherapist simply encouraging the patient to talk about whatever comes to his or her mind. This provides, in turn, an opportunity to bring into conscious thought what was hitherto unconscious by way of new connections between previously unrelated thoughts, feelings and imagery.

I will give a simple example along these lines from a blog on the practice of psychoanalysis and psychotherapy (Burgo, 2013). The blog discusses the case of a patient who was a successful businessman working very long hours. During one session, the patient talked at length about the demands of his work and workplace whilst simultaneously making light of his frustrations with these pressures. However, after talking in this way for some time, the narrative shifted abruptly to his recounting a recent story he had heard about the acquaintance of a friend whose son had committed suicide. Specifically, the patient recalled how, almost immediately after the son’s death, the family had resolved to move away from the area and did just that. The author of the blog describes how he interpreted this sudden shift as an avenue to consider the “split off and neglected part” of the patient in great pain and his unconscious or semi-conscious preference to “stay busy” or “move away” and seek distance from his suffering (Burgo, 2013, para. 3). In this case, we do not know enough about the specificities of the patient’s treatment to say that the patient was giving voice to *all* that came to mind. Nevertheless, the example gives a good sense of

how free association is, for the patient, a mental activity they attempt to put into words; and is, for the analyst, or analyst and patient, a tool for gathering data from which new insights can emerge about the patient's unconscious life. Burgo, the author of the blog, expresses this well in his remark that "to associate freely means to be more fully seen" (Burgo, 2013, para. 7).

Famously, the analogy Freud gave for this process of free association was of the patient as train passenger "describing to someone inside the carriage the changing views which you see outside" (Freud 1913/1958, p. 135), with no concern for censorship or coherence, however nonsensical, seemingly trivial, wrong, or unpleasant it feels to relate. It was, for Freud, an act of passivity to oneself, to give voice to whatever "freely falls" into one's mind. This is to say that, in free association, one "permits impressions to form in consciousness and one describes this process as it occurs. One says *everything* without concern for propriety, relevance, significance or intelligibility. One gives up the idea that one (consciously) knows what is important and relevant and one places faith in the spontaneous activity of the unconscious" (Smith, 1984, p. 213, emphasis original). Hence, to describe associations or a patient's talk as "free" does not mean that it is without determinants or a specific aim. He or she speaks whatever comes to mind under the influence of the analytic context. Also, what they say, or are unable to say, will be illuminative of (and so directed towards) matters of unconscious significance - the hidden logic underlying their discourse will be unconsciously determined (Laplanche & Pontalis, 1967/1973, p. 178).

This can be considered in terms of differences with everyday conversation and individual and solitary introspection. The patient free associating in psychoanalysis engages in a style of talk and communication that is much less ordered than everyday conversation, unrestricted by social mores (for example, of waiting one's turn, seeking

narrative continuity or avoiding causing offence). But it is not something they can do alone. The fact the analyst is with the patient and their encouragement of the patient “to observe their own thoughts as they are being shaped into communicative language” renders free association in psychoanalysis “very different from solitary introspection, where the stream of consciousness can flow unintelligibly without having to be interpreted and made intelligible to another in words” (Adler & Bachant, 1996, p. 1028). The patient is able to be “an observer as well as a participant in one’s own internal process” (Adler & Bachant, 1996, p. 1028).

In different ways, this “labour” of the patient’s (Lacan, 1977, p. 41) is sustained by the consulting room context of clinical psychoanalysis. It is well known that the fundamental rule of undergoing psychoanalysis is to engage in free association on an ongoing basis. This is a “pledge” (Thompson, 2001, p. 396) the patient revisits in attending daily sessions on the couch. Furthermore, the supine position the patient takes the couch, with the analyst seated behind them, encourages them to “to diminish conscious control of the associations more readily”, and serves to “increase self-observation” and “emphasise fantasy rather than reality with the absence of visual cues” (Kris, 1996, p. 105). The set-up also frees the analyst to “more readily listen, unguarded against sudden powerfully appealing demands for intervention communicated in facial expression” and respond only when they deem it therapeutically necessary (Kris, 1996, pp. 105-106).²⁷

²⁷ The differences between the use of free association in psychoanalysis and free association in other, less frequent psychoanalytically derived forms of psychotherapy or counselling can, in this vein, also be considered. Kris (1996) distinguishes how in psychoanalytic psychotherapy, where the patient may not see the therapist for a few days at a time, the “repeated sense of interruption... does not necessarily interfere with all components of the free association process” but does impact on a “sense of continuity and rhythm” that might otherwise be realised working on the couch more frequently (p. 104). This, he says, creates a greater need for intervention to help the patient seek resolution in the form of formulation and understanding, over the “functions” that “derive from the activity of free association [i.e., engaging in it on an ongoing basis], rather than from its content [the patterns that emerge]” (Kris, 1996, p. 104). By comparison, in psychoanalysis, the routine of four to six sessions each week at regular

The re-elaboration of free association in psychoanalysis

Freud's embracement of free association as a therapeutic technique was shaped by a range of influences in and outside of his practice in the consulting room (see Aron, 1990; Farber, 2005; Joffe & Elsey, 2014; Lichtenberg & Galler, 1987; Mahony, 1979, Richards, 1989; Thompson, 2001; Zilboorg, 1952 for discussion). In his estimation, the patient's unconscious life could be reconstructed by the patient engaging in the task of free association combined with the analyst's "non-reactive presence". The analyst says only what he or she believes will facilitate the patient's effort, listening with "evenly hovering attention", drifting with, and associating to what is being communicated whilst refraining from hastening conclusions about what they might mean. Throughout his life, Freud remained convinced of free association's value in psychoanalysis. However, his views evolved with his work, progressing from an earlier interest in it as a clinical technique to a later concern with the discoveries it could yield (Mahony, 1979).

His ideas and writing on free association have, all the same, been challenged pretty much as long as they have been in print. Jung and Ferenczi, as early followers, expressed concerns about the adverse impact the encouragement of free association could have in fostering dependence on the analyst's interpretations, and innovated accordingly (see Charlton, 1986; Hoffer 2001, 2006). Echoes of their reservations remain in different forms today in criticism which associates free association with a more authoritarian style of practice and negation of the interpersonal influence between analyst and patient.

times helps the patient to build a tolerance for, even satisfaction in, the uncertainty and unpredictable revelations that may result.

More restricted still, a word association test may involve the participant being surprised by the associations that particular words call to mind and this may lead him or her to contemplate the personal or unconscious significance touched upon. But this a long way from the long-term exploration the patient commits to in undergoing analysis.

The concept has also been “re-elaborated” by different traditions of psychoanalysis as part of a changing relationship with other methodological principles (Spacal, 1989). Addressing the Kleinian tradition, Spacal notes how Klein’s analogising of children’s play with free association set in motion a radical change to the way free association has been viewed. For Klein, play was a “freer” form of material and not a self-observative activity as Freud viewed free association. Thus, there was a greater need for the analyst to share interpretations with the child patient as a means of fostering insight. This had consequences for the practice of (Kleinian) analysis with adults, with free association becoming seen as less a “curative” method, and more a “diagnostic” (or evaluative) tool to evaluate all that was communicated (Racker, 1968) and to conceive of these communications as referencing, in some way, the patient’s phantasy experience of the psychoanalyst. Spacal (1989) argues that this “interpretationist” re-elaboration of the concept, which positions the “associations” of analysis as primarily “material to be interpreted” (p. 430), leads to a significant alteration in how psychoanalysis is conceived and conducted by diminishing “the prime epistemic position... bestowed on the introspective subject” in the work of Freud (p. 426).

Whilst this argument spells out the way free association may be viewed in different ways in psychoanalysis, its limitation is that it does not necessarily map all that straightforwardly onto the actual practices of psychoanalysts and their patients, Bollas (2002, p. 22) notes how contemporary analysts are inclined “to oscillate back and forth between different ‘listening perspectives’”. For example, they may shift between a Freudian stance that “the manifest text never bears the unconscious but is only ever a thick disguise” and a Kleinian and object-relational stance that takes sequences in the patient’s discourse as “open to immediate meaning” and “an accurate

picture of parts of the self, even if what is portrayed is open to question” (Bollas, 2002, p. 22). Equally, he says, the patient may be inclined to use “differing forms of free association”, “from thinking as Freud saw it, according to the logic of sequence, to thinking as Klein saw it, according to the logic of projection” (Bollas, 2002, p. 22).

Free association and the psychoanalytically-informed research interview

In the case of Hollway and Jefferson’s (2000a, 2013) FANIM and *DQRD*, free association is central to their interview approach, but also peculiarly under-explained. The title of the method communicates this centrality, as do statements they make in describing it. For example, writing on a research project that makes use of the method, Hollway (2007) makes the following, rather peremptory statement: “These interviews are, as their name suggests, based on the psychoanalytic principle of free association and thus aimed to go beyond the intentional narratives that are in danger of only revealing what interviewees consciously wish to know or show about themselves” (p. 332).

In *DQRD*, free association is characterised, as it is construed in psychoanalysis, in terms of the way data is generated and is understood. Questions are worded in a non-assumptive manner around respondents’ perception of the phenomena explored. Furthermore, in initial interviews, open, experience-focussed questions or requests help to elicit responses that go beyond factual, predictable answers and involve stories and personal responses. For example, for their research into fear of crime through which they developed their method, this involved not assuming victimisation on behalf of respondents and leaving scope for other pathways to be taken (“Tell me about your experiences of fear” or “Tell me about a time that you were fearful” rather than “What do you most fear?”) (Hollway & Jefferson, 2000a, p. 35). The interviewer also refrains

from imposing a structure on the respondent's emergent narrative and when speaking, does so following the respondent's "meaning frame"; or, as they characterise it: "remaining faithful to the order and wording in which they presented their associations" (Hollway & Jefferson, 2000a, p. 38).

As part of the FANIM, free association is also connected to the "biographical interpretive method" and allied theoretical principle of a "*Gestalt*" "(a whole that is more than the sum of its parts, an order or hidden agenda) informing each person's life which it is the job of biographers to elicit intact and not destroy through following their own concerns" (Hollway & Jefferson, 2000a, p. 35) (see, for example, Rosenthal, 1993). Hollway and Jefferson see similarities between this and the method of free association. They highlight the way the psychoanalyst seeks "the kind of narrative that is not structured according to conscious logic, but according to unconscious logic" and how, in psychoanalysis, "the associations follow pathways defined by emotional motivations, rather than rational intentions" (Hollway & Jefferson, 2000a, p. 36). However, narrative analysis in qualitative research and psychoanalysis differ in the sense in which the former tends to seek coherence whereas the concept of free association in the latter illustrates the role of according "due significance" to "incoherences" (for example, contradictory aspects of accounts, digressions, avoidance and elision) (Hollway & Jefferson, 2000a, p. 36).

This may seem an unremarkable insight to the psychoanalyst. But it is important to consider how qualitative analysis can be enriched by this understanding and considering the "meanings inherent in the links, rather than the meanings contained within statements" as Hollway and Jefferson advise (Hollway & Jefferson, 2000a, p. 153).

I will provide an example of this sort of understanding focussing, relatively straightforwardly, on the narrative ordering of what was said by one participant in my research. In this, I had generally used a similar style of interviewing to Hollway and Jefferson with open, experience-focussed questions and space for participants to respond in their own time and words. I then followed up these responses using, as best I could, their words. Follow-up interviews were also used to pursue emergent themes. The data analysis was ongoing and involved considering the gestalt of each interview and the intersubjective dynamics at play by way of detailed “process” notes completed following each interview.

The participant, “Pete” was interviewed on three separate occasions. He was a self-described family man in his mid-forties who worked in intensive family intervention work, spending a great deal of time in family homes to address the volatile behaviour of teenage children with parents and caregivers and the implementation of particular behaviour management strategies and techniques. This was a job he had taken up after 12 years in the field, following earlier positions working with young people involved in offending and studying for a postgraduate qualification in an allied discipline. He had moved into this line of work after earlier employment in retail, which he had left, he said, on account of wanting to have a greater work-life balance and to do more rewarding and meaningful work.

The following extract is from his second interview and comprises part of his response to my asking about the meaning of “home” in respect of how he perceived the homes of the families he worked with, which were often dilapidated and symptomatic of the extensive material poverty to which the families were subject. He had begun by noting how he had grown up as one of seven children on a council

estate, then after leaving school “I got a manual job and then I got a more professional job and then I got the qualification to back it up”. He then had the following to say.

I think because that's been my journey you can go into these and think actually think this is where you are now, we can't change what happened before, where do you want to be? It's where they [families worked with] are now and where they want to be and I think your own life experiences doesn't mean that where you are now does not have to mean that's where you are in three, four, ten years down the line and I think that's for anybody, if that's somebody from a council estate or someone just leaving school, may have been brought up by a middle class family but I think seeing some of those, you know (1). [Son's name] comes home school talking about you know one day last week saying [son's friend's name] had erm had a visit from social workers and 'Oh okay. What happened?'. He said 'Oh dad had smacked him and somebody had reported it and anyway a social worker and the police went round'. And so it's not any, you can say you have to be in a middle class family you know or you have to have that background 'cos you don't. You're around people who have that anyway (2). I don't, I wouldn't dream of smacking [son's name] and hate to think I'd ever have the police and a social worker stood on my door step but he's still exposed to that whether it's friends, whether it's neighbours, whether it's other kids in the school or the news or anything else (3). So to sort of say I'm better at this job because I was one of those six kids, I'm better than someone who's only had a middle class upbringing I don't think is right (4).

Summarising this mixture of reported dialogue, expressed personal reflection and social judgment in terms of Pete's intended meaning, we might simply say that there are two themes of note. The first is that everyone, whether they are working or middle class, should aspire for a better life and a better life for their children when they are parents. Secondly, whether one has, as a professional, a working class or middle class background does not make a difference in terms of being able to relate to the socioeconomically deprived families involved with children's services provision.

However, one does not have to delve too deeply here to see that there is more to it than this. To begin with, in the idea of everyone needing to aspire to a better life,

there is the sense that for Peter being working class or poor is something that is, in essence, undesirable and something one should seek a way out of. He states that this is not just an aspiration that the families he works with should have, but, in his words, anyone can or should have (point 1 in the extract). However, towards the end of the statement in which this is established, it is not clear what Pete is saying and the thread seems to trail off in the way he voices it. At this point, the narrative shifts to him referencing physical abuse as a ubiquitous social phenomenon (perhaps having associated it with working class families or the families he works with) (2). This takes the form of him speaking about the recent disclosure of his son regarding a friend's involvement with social workers due to his father's chastisement of him - an act he "*wouldn't dream of doing*" to his son (3). The narrative then progresses (4) to him recalling a previous comment he made in the interview about being one of six siblings raised in a council estate home, which is linked to Pete's belief that this doesn't make him a "*better*" practitioner because he is more familiar with working class family life.

The sequence touches on findings across interviews in the study, specifically around how family hardship tended to be viewed by participants in an individualistic fashion. Parents needed to be worked with respectfully but were also positioned as, more or less, responsible for their circumstances and difficulties and as socially distant from them as professionals. It is also, though, an associative sequence which provides insight into the contradictory relationship Pete has with his own working class background and memory of growing up in a context not all that far removed from the families he works with. He implies one should not be ashamed of being working class. Yet, there is also the implication that it is important to aspire to move on from being poor (though there seems to be some difficulty in putting this across coherently, either to adequately call it to mind or, more probably, feel he could say to me as the

interviewer). Pete seems to want to show that he is not that removed or ignorant from the rough parenting that goes on and knows how tough working class family life can be, but this is not the sort of parenting he would sink to or, as he states, contemplate.

This ambivalence about his background was evident in other material in his interviews, for example, in describing the families he worked with as lacking faith in “*valuing education*” and the “*belief that children can achieve*”. “*Because*”, he said, “*they haven’t got qualifications or anything else*”. Indeed, the philosophy he embraced at work seemed to offer him something of coherent narrative around his own upbringing and parents. In interviews, he reflected how there been “*a lot of stuff that, on reflection, was pretty damn crap*” about his childhood and the way his parents had acted, specifically “*... a lot of authority ... a lot of boundaries and there was a lot of expectations but from the other side from that, emotional warmth side was not there for me*”. His father had been, he said, a remote authoritarian figure, and his mother had little time for him or his siblings on a day-to-day basis. He was, however, uncertain where to “*point the finger*” with this. He settled on the explanation that the way they parented was indicative of a “*cognitive deficit*” and the fact parenting practices were “*learned*” in how one was parented, reflecting the cognitive-behavioural framework of the model to which his team worked. “*If you don’t show them a different way, how are you supposed to know it*”. “*I mean my parents parented me pretty much as they were parented. How can someone expect them to have had any different skills or a different way of doing it other than how they were parented unless you’ve already gone in and shown them?*”

Pete also noted, in the same interview, how he, as a parent and unlike his parents, had been “*big on emotional warmth*” with his children. Yet, I wondered when interviewing him, whether this was to a point of overcompensating at times. This was

in terms of his abjuring any frustration or dislike of his children, as in his above statement of “*never dreaming*” of striking his son. Another example, in the second interview, was when he recalled an occasion when after “*a really, really rough day*” he had returned home to his wife “*going on*” at his son. She had wanted him to put an empty crisp packet in the bin, but his son had delayed doing so, sitting on the couch transfixed by his laptop. When he recalled in the interview saying that he asked for things to be “*put into perspective*” with what he “*had to deal with*” at work, I thought he was talking about his son and asking him to listen to his wife, but in fact, as he clarified, he had been challenging her for overreacting.

This sort of example is not all that uncommon in the research literature where similar methods and Hollway and Jefferson’s articulation of free association finds further support in the parallels that can be drawn with other qualitative researchers invoking the terminology, some of whom cite them directly. Clarke (2006) for example, reflecting on research involving life-history interviews informed by Hollway and Jefferson’s approach, describes free association as “central” to his method: “By allowing the respondent to structure and guide the interview, we are able to gain insight into the unconscious motivations, forces and anxieties behind the construction of social identity” (Clarke, 2006, p. 1164). Elsewhere (Clarke, 2002), he also describes the use of more minimal interviewer intervention as grounded in a desire to encourage free association in responses and enable “unconscious ideas to come to the fore” (p. 174). Alternately, Jones (2003) takes a very similar approach to the one I did in my example and acknowledges (quoting his own earlier work (Jones, 1998)) that “a number of techniques can be employed in a research setting that are based on ‘the assumption of association’” (p. 74). He describes this as an awareness that “the language people use and the connections that people make between topics can be

taken as indicating the emotional significance and meaning of experiences for people in ways that they may not be able to express” (Jones, 2003, p. 74). It also, he says, “implies paying particular attention to what people bring spontaneously to an interview; what words and thoughts are associated together; or what tone, facial expression, or posture is used that may suggest an alternative to the overtly intended meaning” (Jones, 2003, p. 74).

Other researchers describe participants responding to questions in a “free associative way” (Roper, 2003, p. 21; Boyle et al. 2009, p. 289). And Hollway and Jefferson’s account also reflects how other researchers have connected a clinical or psychoanalytic approach to researcher reflexivity and the use of “associative” lines of thinking by the researcher. With these approaches, the intention is to deepen insight into research data, allow for surprise in research work, and contemplate connections in research material that are not straightforwardly obvious (see Ainslie, 2013, p. 144; Allcorn, Baum, Diamond, & Stein, 1996; Froggett & Chamberlayne, 2004, p. 143; Haaken, 2008, p. 197; Jervis 2011, p. 113; Meek 2003; Sherwood, 1980, p. 312; Stein, 2017, p. 19; Skoll, 2012, pp. 31-34).

In addition to this, we can consider the parallels between their version of free association and the Kleinian tendency to view free association in terms of the totality of the patient’s communication, encompassing transmissions by projection and nuances that the patient’s communication acquires in analysis: their tone of voice and pace of association, the “music” and rhythm by which words are pronounced, and the space they leave for associations to be contemplated by patient and analyst (Bronstein, 2002, p. 479). There is also the sense in which the Kleinian view, in broadening free association, creates scope for extra-clinical application and the framing of phenomena outside of the consulting room in such terms. Menzies Lyth for instance, talks about

group discussions during organisational consultation as involving “something akin to psychoanalytic free association” (Menzies Lyth, 1989, p. 31), and “a quasi-free-associative process of communication and of interaction between group members” (Menzies Lyth, 1969/1988, p.118). Alternately, in a therapeutic community context, Muir (1989, p. 68) refers to the patient’s “behavioural free association” that occur in the way they act in the community outside of individual psychotherapy.

The counterargument to this defence of Hollway and Jefferson’s articulation of the concept is that we should be suspicious about the self-evident nature of this connection and see it as rather tenuous to unite all these phenomena under the rubric of free association. It is important not to overlook the differences between the context of the research interview and the consulting room of psychoanalysis, in particular the sense in which the patient is likely to be aware they are expected to give voice to whatever comes to mind. Also, the psychoanalytic patient’s associations are likely to be “purer”, not being concentrated on a preconceived topic or area of interest.

Along these lines, and reporting on research that made use of Hollway and Jefferson’s method, McAndrew and Warne (2010, p. 91) comment that that “the feasibility of using free association in the research setting, as understood from a psychoanalytic therapy perspective, could be open to criticism”. In their estimation, the strengths of Hollway and Jefferson’s approach reside with “being able to hear the stories in the context of a person’s psychosocial world and using psychoanalytic concepts and theories: for example, object relations theory, defence mechanisms, intersubjectivity, transference, and counter transference when analysing the data” (McAndrew & Warne, 2010, p. 91). As part of this, “using free association and challenging the unspoken rules of conventional narrative offers participants a platform to freely express unconscious logic. The researcher is then able to pick up on

contradictions, avoidance, and incongruities between latent and manifest communication, recognising their significance within the participant's story" (McAndrew & Warne, 2010, p. 94). However, these "strengths" of the method "are not solely reliant on the use of free association" but depend "more on the interpersonal and analytic skills of the researcher undertaking this approach" (McAndrew & Warne, 2010, p. 94).

In this vein, McAndrew and Warne usefully remind us of how far free association is being taken from the consulting room in Hollway and Jefferson's version but, nevertheless, still leave unanswered the question of how the research interview and clinical varieties of free association are to be distinguished. While it can be said that Hollway and Jefferson's approach would be less open to critique if links were made more explicitly between their interpretation of the idea and the Kleinian re-elaboration of it, McAndrew and Warne may equally be criticised for constructing free association narrowly as a clinical technique

Points made by Cartwright (2000, 2004) as part of his efforts to develop "a psychoanalytic research interview" offer a more cautious view. He steers something of a middle course and does not commit too strongly to a vision of free association as applicable to the research interview. In contrast to Hollway and Jefferson in *DQRD*, he plays down commonalities between research interviewing and psychoanalysis, portraying them as "vastly different" (Cartwright, 2000, p. 151) and "having very little in common" (Cartwright, 2000, p. 146), emphasising that the "portability" of psychoanalytic concepts should be "carefully evaluated and developed" (Cartwright, 2004, p. 214).

In Cartwright's view, because the interview focusses on a specific topic or experience, the respondent is unable to free associate "in the classical sense"

(Cartwright, 2004 p. 216) and “free association proper... is not appropriate to the interview” (Cartwright, 2004, p. 218). Nonetheless, one of four “epistemological assumptions” on which his interviewing approach is based is “the associative nature of interview material” (Cartwright, 2004, p. 217). Recognising that thoughts are linked with each other as a result of “unconscious forms of psychic determinism” is, he says, applicable to understanding interview dialogue (Cartwright, 2004, p. 218). As he puts it, “the way the interviewee begins to tell me about him – or herself and then changes to another subject at a specific point, how the interviewer’s tone of voice alters in association with particular subjects, and how things are described in different ways – all of these suggest possible ways in which elements of the dialogue are unconsciously associated” (Cartwright, 2004, pp. 216-127). This attention to “*how* the narrative is constructed, the structure of the narrative” offers, he says, a valuable way of understanding the unconscious dynamics at play (Cartwright, 2004, p. 217, emphasis original).

Linking this to a series of practical recommendations, he draws attention to the lengthier engagement involved in psychoanalysis and the extent to which the consulting room setting minimises outside influences on what is said. The “relatively stable” situation of analysis “makes it easier to isolate the context around which associations are organised” and contrasts the “more fluctuating and unstable context” of the interview and the range of factors that can influence associations, including the use of audio-recording, suspicions the participant may have about the researcher, the researcher’s technique and the brevity of contact (Cartwright, 2004, p. 220). In this way, he suggests, the interviewer has a significant role to play in ensuring a context is engineered in which this approach to understanding the interview narrative can be utilised. The interviewer should make clear from the outset of an interview that they

are interested in hearing anything a participant may want to tell him or her about their life or background, “even if it may appear irrelevant or off topic” and to encourage the participant to start their narrative wherever they wish (Cartwright, 2004, p. 224).

Furthermore, in recommending the use of multiple interviews, initial interviews should be more unstructured and participant-led with the interviewer simply facilitating the dialogue that unfolds (Cartwright, 2004, p. 225).

In these different respects, despite less of a commitment to the terminology of free association, Cartwright’s methodological stance is not that dissimilar to Hollway and Jefferson, sharing with them an emphasis on a participant-led approach, engagement with the totality of an interview narrative and links to a key structure or gestalt in the interview narrative. In points of agreement with Hollway and Jefferson, it may even be said to provide support for their approach. However, his account, like McAndrew and Warne’s comments, can also be said to show how they may be thought guilty of sloganizing the terminology and overplaying the similarities between clinical and research engagements. Whilst researchers may seek to not speculate beyond the material generated in interviews and consider it the specific product of the interview context and researcher-researched relationship, it is, as Sagan (2010) points out, an approach “vulnerable to over interpretation”. The strength of its “aliveness” to how “we all make complicated decisions regarding what to leave out; what to broad-brush; and on what to elaborate, or even obsess” (including “to what associations may be made unconsciously”) is also a weakness. The interpretation of “associative” sequences must be approached with care and sufficient time “to watch for the resilience of such connections” and speculation about the meaning of sequences in the data should always be “given tentatively, in heuristic spirit” (Sagan, 2010).

Holmes' (2013) "critique" of the application of free association in the research interview takes a somewhat different angle in this regard. Like Cartwright's views on free association, this critique forms part of a more general comparison of clinical psychoanalysis and the qualitative research interview. In this, he sees more parallels between the practice of psychoanalysis and research interviewing than Cartwright, but not in the same way as Hollway and Jefferson. On free association specifically, he suggests "caution" is required in comparing the "free association" of research interviews and that of a clinical psychoanalytic context. First, he compares adherence to free association as "the fundamental rule" of psychoanalysis to the research question, noting how the researcher who opts to "filter anything that does not seem to be of immediate relevance to their research question has little use for psychoanalytically informed methods" (Holmes, 2013, p. 1188). He or she needs to be genuinely open to not knowing and surprise. Secondly, he follows Hollway and Jefferson in thinking about how a participant should be encouraged to free associate or answer in a free associative way. The interviewer should keep their intervention minimal during interviews, following the direction taken by the participant, asking open ended questions, not "clos[ing] off uncomfortable or anxiety-provoking or irrelevant seeming topics", and "think[ing] about answers beyond their face value" (Holmes, 2013, p. 1189).

However, Holmes also questions whether this is ever enough, emphasising how difficult it can be to facilitate a truly free associative response and how carefully interview questions would need to be constructed in this respect. He observes that the settings of clinical psychoanalysis and the research interview diverge, not just in terms of the stability of the context to associate in, but the privacy they offer for being honest about everything that comes to mind. In a research interview, a person is likely

to be conscious of presenting themselves in a way that will be available to others (including as part of any findings that are reported) and censor what they say because of this. In contrast, psychoanalysis is a private setting in which the patient's willingness to free associate is founded on the trust built with the analyst (and it is not as though, he remarks, the unconscious can give consent in terms of what it is that will be revealed). He also contemplates in further depth the difference between a question as open-ended and something that genuinely facilitates a free associative style of response and how "free" a respondent can be in what they say. This is, he points out, not as obvious as it might seem. The framing of an interview question may appear open-ended and non-assumptive in wording, but this does not mean it will be conducive of a free associative response. For example, the prefacing of statement by the researcher with "I am interested in..." can reinforce a "researcher-centred approach" wherein "the participant is made to feel that diversions, seemingly irrelevant, are not permitted" (Holmes, 2013, p. 1189).

In addition to this, he takes a step back to query whether researchers' motivations to pursue free association and be "psychoanalytic" may, in fact, achieve the opposite. Following Ogden's (1999, pp. 119-133) criticism of psychoanalysts' use of free association to "exhort" the patient into a speaking role, he suggests the pursuit of free association in interviewing could "be seen as directive and unanalytic" when one acknowledges that "communication is a healthy aspect of human psychology but equally so is privacy and non-communication" (Holmes, 2013, p. 1189).

In Holmes' estimation, the avenue that remains for researchers lies in locating "something analogous to the fundamental rule" to use at the start of interviews. For this, he references specifically Strømme *et al.*'s (2010) "research interview informed by psychoanalysis". This method, trialled with psychologists undergoing training in

psychodynamic therapy, involved the first interview being conducted without formal instruction to the respondent.

Overall, in Holmes' account, free association is taken as both something one works towards when undergoing psychoanalysis and a type of discourse that might just emerge regardless in research interviews in the case of the participant being willing to give voice to whatever comes to mind. His arguments help us to question how appropriate it is to adopt the terminology to refer to questions and schedules that take primarily open-ended forms and a non-reactive interviewer presence as a means of moving beyond "well worn" or predictable responses. His arguments also prompt reflection on the differences between the relationship between researcher and participant and analyst and analysand and how far researchers are willing to go in changing the conditions of interview practice to seek a free associative type of response, and do so in a way that respects the respondent's right to give voice to what they are willing to.²⁸ However, though this moves the conversation on from generalised sentiments about the free association of interviews being different in nature to that of clinical psychoanalysis, there is still more work to be done in thinking about the nature of the clinical context. His referencing of the work of Strømme *et al.* (2010), in addressing how something analogous to the fundamental rule might be facilitated in a research interview, is also puzzling in the sense that they describe their approach "as not a method of free association" because "the specific research questions determine the relevant themes in the conversation" (Strømme *et al.*, 2010, p. 216) and emphasise more the projective quality of interviews. He also leaves out how, generally speaking, the patient will enter psychoanalysis with a preliminary

²⁸ Reflecting, it can be noted, the way in which other researchers have adapted Hollway and Jefferson's method, by using visual stimuli, photo-elicitation techniques or completing interviews with social workers immediately after home visits (see, e.g., Dugmore, 2018; Evans, 2009; Henderson, 2016; Langa, 2015).

understanding of what is expected of the ways in which they will interact with the analyst and make use of the couch.

The sense of his view being at cross-purposes with Hollway and Jefferson is also clear to see in the failure to acknowledge how the concept of free association, or aspects of it, have been re-elaborated in psychoanalysis and bring into relief how their use, like Cartwright's (2000, 2004), is, essentially, diagnostic.

Conclusion

In this chapter, I addressed the issue of the compatibility of free association with the qualitative research interview. After discussing the place and function of free association in clinical psychoanalysis, I critically reviewed recent applications, and commentaries on its application, in this context. Particular attention was dedicated to FANIM and Hollway and Jefferson's (2000a, 2013) work. However, I also addressed in detail contributions from Cartwright (2000, 2004) and Holmes (2013). This served to highlight how variable interpretations of the concept's application in research interviewing reflect its re-elaboration in clinical psychoanalysis. Taking this into account, the "something akin" to free association that Menzies Lyth (1989) speaks of may be an important distinction for psychoanalytically-informed researchers to be mindful of, as well as differences between inspiration from and application of the concept outside the consulting room. Indeed, on the basis of this exploration, it appears that researchers need to consider how their articulation of free association corresponds with the psychoanalytic perspective/s informing the research, the way interviews are conducted, and how participants actually respond in an interview and what they understand about how they should respond.

Though it was beyond the scope of this exploration, it may also be advantageous to ask further questions about why particular versions of the concept find currency amongst researchers and the constituting effects these have in influencing the practice of others. For example, McAndrew and Warne (2010) do not acknowledge that their rejection of free association as part of FANIM was influenced by a peer review response McAndrew received about the research on which they report. In the thesis addressing the same study (McAndrew 2008), McAndrew details how she came to think of the participants' narratives as "quasi free association". This followed submitting a manuscript detailing aspects of the research to "an eminent journal for those working in the psychoanalytic field" (McAndrew, 2008, p. 81). Both reviewers of the manuscript "commented on using the 'free association' method, questioning the validity of this in the context of research" with concerns centring "on how a person could freely associate when the research was determined by a specific agenda" (McAndrew, 2008, p. 81).

Similarly, in researching and writing this chapter, I was also struck by the parallels between the characterisation of free association by qualitative researchers in recent years and much earlier writing on its place in casework practice. In this literature, free association is characterised as, essentially, a consulting room technique and something caseworkers do not use "in a true sense of the word" (Hollis, 1970, p. 61), but nevertheless something that still may be a source of inspiration in thinking about dialogue with clients (see Nicholds, 1960, pp. 37-40; Ferard & Hunnybun, 1962, p. 40; Hamilton, 1951, p. 60; Wood, 1971, p. 88-91). Wood (1971) for instance, writing from the perspective of ego psychology, characterises free association as "patently *not* an appropriate technique for social casework" (p. 89, emphasis original). This is, she surmises, "never focused on the deliberate bringing into consciousness of

... repressed material, but rather on the conscious ego capacities of the client and his real-life situation” (Wood, 1971, p. 88). This does not mean, however, that it is irrelevant to client-worker conversations. Allowing clients to speak freely and not to move too quickly with reassurance or queries can be, she says, “therapeutic”, with the client “placed in a position of assessing, weighing, judging, what he [sic] is saying” (Wood, 1971, p. 88). From a different angle, Garrett (1942, pp. 50-53) writes of the caseworker listening for the “association of ideas”, “shifts in conversation”, “recurrent references”, and “inconsistencies and gaps” in terms of the clues these can provide regarding the emotional significance, identifications and the meanings behind what clients say.

Chapter 5: Methodological considerations in conducting psychoanalytically-informed and psycho-social research in a children's services context

Introduction

Chapter 4 was the last of three chapters dedicated to the exploration of methodological issues surrounding psychoanalytically-informed research interviewing. Chapters 6 to 9 are much more concerned with the research I completed into how children's services professionals experience the suffering of parents using this method. As was indicated in the introduction to the thesis, methodological matters are still addressed in these chapters, but this is based primarily on my experience of doing the interviews and analysing the material that emerged. This chapter functions as a bridging point to this work.

In it, I describe and reflect on the interviews and analysis undertaken for the empirical research reported. This includes attending to the process of negotiating and gaining access to a sample of professionals, the specific makeup of this sample, and issues of research ethics and reflexivity. I also explain how Hollway and Jefferson's method and issues addressed in the previous chapters regarding psychoanalysis and the qualitative research interview informed the interview approach and data analysis. With this, it bears acknowledging, again, that the arguments and findings related throughout the thesis developed in a cumulative fashion. However desirable it would have been, not all the insights I obtained from reading around the method could be implemented at the time. Indeed, such insights were often rooted in the knowledge I gained in completing the research.

Access and sample

When the fieldwork stage of the study began, my intention was to interview social workers only. At this stage, I anticipated that the best course of action to take would be to approach a specific local authority, secure access to a single team in children's services and see how many interviews could be facilitated there. Then, if necessary, I would move on to another team within the authority to complete further interviews building on the links already established.

As commentary in the social work literature indicates (see Mirick, 2016; Morris, Archard, Laird, Clawson, 2017; Munro, Holmes & Ward, 2005; Roesch-Marsh, Gadda & Smith, 2012), gaining access to interview service users or professionals in local authority children's services can be difficult at the best of times and a great deal of ingenuity, effort, and creativity is often required of researchers to access a suitable sample and complete interviews. This is especially the case when the research for which access is sought is not solicited by a service, and when the researcher is not known to a service they approach (as would be the case, for instance, where the researcher is a consultant already involved with the service). Moreover, even when access is granted, it can prove difficult to arrange and carry out interviews with professionals. Professionals can lack knowledge about research, confuse it with audit or service inspection, and/or see participation as detracting from direct work. Such issues are compounded during periods of austerity and cuts to public services which leave professionals and services even more reluctant to engage in research owing to the limited time they have to fulfil their professional responsibilities within working hours.

In the local authority of the team I initially approached through personal contacts, many social workers had recently been made redundant and there had been a

limited renewal of temporary contracts. For those who remained in post, there were even more demands on their time than there had previously been. Despite this, initial enquiries appeared promising and a preliminary agreement for me to interview any social workers in the team interested in participating was reached with the team manager. I had approached the team tentatively, making clear my willingness to do interviews outside of working hours and away from the office so as to work around team members' schedules and commitments. Unfortunately, following a three-month period of consideration by the authority, including discussion of the study by senior managers, my request for access was rejected because, they said, the level of work workers were currently expected to complete was too high and they would have very limited time to participate.

Following this, while exploring alternative local authorities through which access could be arranged, I was in contact with the supervisor of an intensive family intervention team in the same local authority. I also spoke with two social workers who had recently left child protection work in this authority to practice in other contexts. Upon hearing about the study, all three indicated they would be interested in being involved. In discussion with my research supervisors, it was agreed that these avenues were worth pursuing given the difficulties with arranging access to a suitable sample up until then. However, this was on the proviso the study would be reoriented from social workers specifically to children's services professionals and incorporate intensive family intervention work.

I interviewed both social workers twice. The supervisor of the intensive family intervention team then gained permission from senior management and committed in writing to the research. Following this, interviews were arranged with individual

workers from her team following my attendance at two team meetings to introduce myself and the research.

With these interviews underway, I succeeded in gaining access to interview social workers in a different, county-based authority (with all the participants coming from a single area team there) I approached via one of my research supervisors. After beginning these interviews, I had contact with a manager in a social work team at the city-based authority I had originally approached. She suggested I try and seek access again through her. The workings of the service had, she said, settled into a more routine practice following the most recent round of cuts and they would now perhaps be more willing to facilitate interviews with a social work team. Somewhat surprisingly, given the previous difficulties, this proved to be the case and I was granted access to interview workers in her team albeit, in the end, I was only able to complete a small number of interviews there.

From these four points of access and over a period of just under 18 months, I was able to complete 33 interviews with 15 participants. The sample comprised the four workers and the supervisor of the intensive family intervention team, and 10 child and family social workers from two different authorities: five from a single area team in a county authority (carrying out assessment and long-term work) and five from the city authority, two of whom had worked in long-term and assessment work (in different teams) and three (including a manager) who were currently engaged in “front-door” assessment work. Eleven of the participants were female and four, male (with two of the male participants, intensive family intervention workers and the other two, the “retired” social workers from the city authority). Nine participants identified as white British, one black British, one white Irish and four, Asian British (Indian). Ages extended from early twenties to mid-fifties, the average age being 36. The

intensive family intervention workers tended to be older than the social workers, with a mean age of 42 as compared with 33. All the intensive family intervention workers had worked in their team for between two and three years, most often from when it had first been introduced by the authority. They had, on average, spent 13 years working in the field of health and social care or criminal justice. The social worker participants tended to have less professional experience, an average of just over eight years working in the health and social care field, three and a half years in child protection or child-in-need work, and five and a half years as qualified social workers.

This type of “convenience” sampling is not ideal, but was justified given the difficulties in arranging access, limited resources for the study overall, and the foci of the study residing with exploring a topic in depth in which the participants were intimately involved. With their emphasis on deepening understanding by evaluating earlier hunches or hypotheses by way of multiple interviews, smaller sample sizes tend to be very much the norm for practice-near research and studies based on Hollway and Jefferson’s interview approach.²⁹

Interviewing

I interviewed each of the intensive family intervention team on three separate occasions. The majority of the social worker participants were interviewed on two

²⁹ Surveying qualitative interview-based PhD studies in the UK, Mason (2010) found the mean number of interviews to be 31. This would be very much on the high side for social work and other PhDs in applied health and social care research making use of FANIM (and for research carried out for practice doctorate projects, the amount of interviews tends to be lower still). McAndrew’s (2008) study of the biographical experiences of gay men who had previously experienced suicidal ideation for example, involved just seven interviews with four participants. Similarly, studies by Guest (2012), Sutton (2012) and Dennis (2004) involved between 10 and 18 interviews with between six and nine participants. The 33 interviews completed for this study reflects other FANIM-informed PhD studies working with larger sample sizes or using them in combination with other methods. Nicholson for instance (see Nicholson *et al.*, 2012, 2013), explored the experience of living with frailty amongst older people by way of 31 interviews with 15 participants. Garfield (2007) explored the implementation of treatment groups for domestically abusive men through an analysis of video recordings of the sessions of three different groups and interviewed 20 participants from these groups.

separate occasions aside from two participants who were interviewed only once due to limited availability. Interviews took place at the participants' offices and were audio-recorded apart from one follow-up interview which took place via telephone. Each interview lasted between 45 minutes and just over two hours, with initial interviews tending to be longer than follow-up ones. My preference would have been to interview the social worker participants on a third occasion. However, after concluding initial follow-up interviews, my impression was that this would have been too much of an imposition given the demands I had already placed on their time.

In accordance with Hollway and Jefferson's approach, interviews sought to facilitate participant narratives that were experience-based and went beyond "well-worn" and "predictable" responses. Questions were phrased mostly as requests (for example, "Can you tell me about...?") and followed the participant's train of thought and narrative. Prompts subsequent to these questions tended to use their words and phrasing to encourage further elaboration on what they had said (Hollway & Jefferson, 2013, pp. 31-33). As was discussed in-depth in Chapter 3, the assumption is that by using participant phrasing and word order, the influence on what participants opt to talk about will be minimal and the likelihood the material that emerges is determined by the participant's experience and the "emotional logic" of the narrative increased.

I was, however, also influenced in my approach by the reading I had done and adaptations that I knew other researchers had made to FANIM. In conducting the interviews, my guiding principle was to foster as best I could a non-judgmental atmosphere of trust and safety and have an "interviewee centred" conversation (Frosh, Phoenix, & Pattman, 2003, p. 43). I sought to provide time and space to talk around the topic and give participants the opportunity to say whatever came to mind and encourage reflection, whilst seeking to absorb any overt tensions or anxieties at play.

One thing I became cautious of during interviews was an overuse of silence and the function this could have in impressing participants, as sometimes seemed to be the case, that they were somehow being tested (or “duped”) or that I was unprepared. In the initial interviews, if gaps were too often or too long between their response and mine, they would tend to be met by the participant saying something along the lines of “What’s next?”. This appeared to circumvent rather than encourage further reflection on a particular point they made or experience they shared.³⁰ Thus, I would sometimes request further elaboration in a direct way (“Could you say a bit more about that...?”). On occasion, I also used “why” questions. As has been noted, Hollway and Jefferson (2013, p. 33) describe “why” questions as inviting intellectualisation and recommend against their use in interviews. I primarily used them to focus the participant on feelings or experiences they described (for example, “Why do you think you felt that way about the situation when...?”).

The first interview always began with my asking the participant to describe, in their own words, their journey into the field of health and social care and children’s social care work. No emphasis was given on where to begin and hence biographical material, including childhood experiences, could be discussed. After this, the participant’s experience of working alongside parents was explored. This included asking about how they approached engaging in and building a working relationship with parents, as well as their impressions of the problems and stresses that parents involved with children’s social care services experience. I also asked about how they

³⁰ Even in the context of clinical psychoanalytic and psychotherapeutic practice, there are a number of reasons to be cautious about the use of silence. It is misleading to assume that a quiet interviewer presence is necessarily more clinical (even that this is a false understanding of how clinical practice might inform research interviewing). Silences in psychoanalysis can be silences of familiarity and socially acceptable in the context in which the patient is seeking to understand themselves better through therapy and has faith in the skill and technique of the analyst (Poland & Pederson, 1998). However, silences can also be acts of aggression in leaving the patient to their thoughts or distress. Moreover, in the psychoanalytically-informed research interview, too much silence may come across as the researcher trying to press the participant toward some sort of realisation about what they see the participant as being in denial about or defending against.

saw these problems as affecting parents' ability to parent and the relationship they were able to build with parents. I also asked about any feelings they experienced towards parents and their suffering, including occasions when they had strong feelings about the predicament of parents or found themselves thinking about parents outside of work.

Follow-up interviews were used to explore emergent themes, to cover any of the questions that were not covered in earlier interviews, and explore further what they saw as the dominant ways of understanding parents and parental suffering in their work, as well as to return to cases and practice scenarios that had been described previously. However, with this I was less directive than Hollway and Jefferson recommend being in follow up interviews and tended to pursue further what had been said in the initial or earlier interviews and allow the participant to take the lead.

At the end of the final interview, time was set aside for participants to comment on and reflect on the experience of taking part. This included giving participants an opportunity to ask any questions they might have about the study or me (with the recorder tuned off) and "breathing space" (Clarke, 2002, p. 189) in which the participant could leave the interview of their own accord, say anything else they wanted to, or comment on anything particularly resonant for them.³¹

Based on the distinctions discerned in Chapter 3 on the use of interpretation in interviews, there was an interpretive sense to the way in which I would respond to participants' disclosures (with comments such as "sounds like that was tough for you...when..."). This was particularly the case with the use of "why" questions which sought to clarify feelings from a participant's perspective. Also, individual emails sent in advance of follow-up interviews, detailing topics and questions to address, could

³¹ For Clarke (2002), because interviews may involve a range of emotions arising, it is important that care is taken to avoid premature termination and ensure participants are able to "come back and talk, or debrief, should he or she feel the need to do so" (p. 189).

also be considered something of an interpretive intervention. However, I did not engage in sharing any specific formulations or analyses with participants.

Interview “process” notes

Hollway and Jefferson point to the need for detailed field or “process” notes of interviews if they are to be understood in a psychoanalytically inspired way (Hollway & Jefferson, 2013, pp. 42-43, pp. 157-164). These, they say, ensure a record of the emotional atmosphere of the interview, as well as other aspects that would not be picked up by audio-recording equipment such as salient non-verbal communication and embodied emotional responses.

Such notes can be limited to brief reflections on the interview’s “general ‘feel’” (Clarke, 2002, p. 178). Equally, they can involve specific prompts. Gregor (2013) for example, as part of a FANIM-informed study involving photo-elicitation techniques with parents of children with gender identity issues, used a research diary after each interview as a way of recording her “initial unprocessed experience”. Gregor asked herself the following questions: “did I feel awkward when looking at the photos?”, “was the interview difficult?”, “did the parent ask personal questions about me?”, and “did I feel frustrated at any point during the interview?” (Gregor, 2013, p. 67).

In the case of the interviews in this research, I simply described in as much detail as I could what had happened, including personal impressions and feelings generated in encounters, the interview atmosphere in terms of body language, points of tension, heightened emotion, and things said before and after audio-recording. In the majority of interviews, it was possible to record these notes almost immediately after an interview, for example in a local public library or coffee shop, albeit in a few cases

there was a delay of few hours or more (for instance, when I was carrying two interviews with different members of a team in succession). In all cases, I spent at least the same amount of time writing these notes as I did conducting the interview. I also made similarly detailed notes after any meetings or contact I had in gaining access to the teams from which the participants were drawn.

Data analysis

I transcribed all the interviews personally, beginning this whilst other interviews were being arranged and completed. Transcription is a time-consuming task (at best, I could fully transcribe one interview in a single working day) but enables the researcher to immerse themselves in what was said and happened in the interview (see Clarke, 2002, p.179; Hollway, 2011a).

During the process of transcription, I also re-listened to the audio recordings of the interviews and made notes on any pertinent points or feelings/thoughts invoked in me. Then, once all the interviews had been completed and transcribed, I read and re-read the transcripts and process notes to prepare to think about the themes and patterns evident in the “‘whole’ text” of each interview (Clarke, 2002, p. 191). I then coded all the interview transcripts on a line-by-line basis using the NVivo data analysis program (v. 10). This was, first, on a case-by-case basis with individual participant’s accounts, secondly, across teams, and finally, across the sample. A low-inference approach was adopted to begin with, looking for commonalities and differences of a descriptive variety, for example a topic or experience being spoken about or phrase used. This was primarily to better manage the data.

Following this preliminary coding, I returned to the transcripts and process notes again in their original form to create, as recommended by Hollway and

Jefferson, a “pen portrait” for each of the participants. This portrait covered biographical details and themes that arose in a participant’s interviews and “associative” links (that is, what came to mind for participants after certain questions and then where these thoughts took them), as well as notable omissions and dynamics in the interviews, including a description of other aspects of the participant’s presentation and interview from my process notes. They helped me to think about variations between participants and establish commonalities across the teams and the modes of work represented. Then, working with the codes and pen-portraits and writing, recursively, I was able to develop a sense of what the core themes were. This was in terms of the overall patterns about what participants thought and felt about parents and their suffering, how they approached working with parents and their problems, and how the interview was “used” by participants and me.

At this stage, I developed a summary account of the interviews, focussing on sub-topics or issues raised, and began to plan and draft individual chapters returning to interview transcripts, process notes and pen portraits at different points. This writing was akin to what Pelias (2011) refers to as “writing into” rather than “writing up” the data. I drafted various accounts, reading and reflecting on the parallels with other work and research, and making use of feedback from my supervisors, to find a form that allowed for an in-depth focus on different issues, aspects of the research, or groups in individual chapters. The drafts of these chapters were then subject to further feedback and discussed with my supervisors and read and commented on by two colleagues (one, a researcher in the field of health and social care and the other a social work practitioner).

Through this process, a psycho-social analysis was realised. There was, as Hollway and Jefferson recommend, a slowing down of the process of analysis.

Moreover, as Holmes (2013, p. 1188) emphasises in connecting the research process to the fundamental rule of psychoanalysis, I sought to be open to surprise and to be led in the direction the interview material took me. The initial process of coding enabled a close consideration of the circulating frames of reference and discourses that were prevalent in participants' accounts and how the suffering parent was constructed in interviews. Thereafter, the pen portraits and reflection on the dynamics of interviews including my own emotional experience, and the use of supervision, facilitated a consideration of how and why the suffering of parents and working relationships with parents were represented in the way they were.

My approach also provided scope to think about the balance between the way the participant might make sense of their own account and my developing and theoretically informed interpretation of it, including how the interpretative authority invested in my role might be misused. Having supervisors and others who were able to draw out different interpretations of what was said helped in avoiding what Bion (1978, as cited in Ramvi 2012, p. 4) refers to as "space stoppers": "answers" that function "as a way of putting an end to curiosity, especially if you can succeed in believing the answer is the answer". That said, the "truth" related from this analysis is best viewed as a proximate one. The arguments I make about interview material and report in this thesis comprise the best sense I could reach of what I heard and experienced in the interviews. This understanding may resonate with participants' understandings, but in the end, it is a narrative, developed by me, that renders their narratives commensurable.

Researcher reflexivity and countertransference

Researcher reflexivity is defined as an acknowledgement of the contingency of research and research findings on the researcher, their subjectivity and theoretical and epistemological presuppositions (Probst, 2015). It overlaps with, but can be differentiated from disciplinary reflexivity (as the use of knowledge/theory essentially against itself).

There is much to be said about researcher reflexivity as part of psychoanalytically or psychotherapeutically inspired and psycho-social research. This is both in terms of its centrality (historically and in contemporary senses) and the way it is developed through this tradition of research (see, e.g., Berg, 1985; Drapeau, 2009; Elliott, Ryan & Hollway, 2012; Frosh & Baraitser, 2008; Giami, 2011; Gemingnani, 2011; Hollway, 2011a; Holmes, 2014; Kuehner, 2016; Lorimer, 2010; Marks & Mönnich Marks, 2003; Proudfoot, 2015; Roper, 2003; Saville Young 2011; Schmidt, 2012; Skogstad, 2004; Walkerdine, Lucey & Melody, 2002).

A conventional use of researcher reflexivity in qualitative research frequently involves a summary account of the connection between the methods used and topic studied and the researcher's various identities (for example of being white, male, middle-class, heterosexual and the member of particular professional group). This sort of account is conceived of as a means of elucidating the researcher's positioning in subsequent interpretations arrived at in the research. It informs the reader of the research of particular affiliations and differences with those being researched and some insight into how the researcher was able to generate and make sense of the data. For example, if the researcher and participant both are or have been child protection social workers, one can assume that the interview dialogue would have involved, to some degree, a shared frame of reference regarding professional understanding. The

researcher would be aware of the vocabulary, accepted norms and ways of thinking associated with this line of work.

From the perspective of psychoanalysis however, such an approach to reflexivity is both restricted and generalised, working, as Frosh and Baraitser (2008) describe it, from a “deeply impoverished vocabulary for describing the intersubjectivity of the research process” and “ways in which each person ‘uses’ the other, unacknowledged and unconsciously” (p. 360). It merely announces what are “relatively explicit aspects of the researcher’s persona” (Frosh & Baraitser, 2008, p. 360).

Seeking a form of in-depth reflexivity as part of their interview approach, Hollway and Jefferson invoke the concepts of countertransference and transference. Like other psychosocial researchers, they adopt what they describe as a “relational” stance, with countertransference and transference conceived of as intertwined and a joint product of the minds of the participant and interviewer (see Hollway & Jefferson, 2013, pp. 41-46, pp. 157-164). In *DQRD*, they also detail how these psychodynamics may be approached and unpicked via the concept of projective identification and how the researcher can “take on” or “feel” things on behalf of the participant (Hollway & Jefferson, 2013, pp. 64-65). The use of process notes, their reflexive element and privileging of intuition and researcher reverie, are all considered to have a role to play in generating empirical insights. Furthermore, a “clinical” style of research supervision and reflection is recommended so that other minds are available for the researcher to process their experience.

This type of approach has, however, been questioned by other psycho-social researchers (Frosh & Baraitser, 2008, pp. 358-363; Lapping, 2011; Wetherell, 2005, p. 172). It is argued that their Kleinian stance and embracing of the idea of projective

identification means the researcher is placed in the powerful, even “arrogant” position of using their own feelings as evidence of what is occurring in the internal world of the research participant (Lapping, 2011, pp. 136-137). This is particularly so, given the researcher does not have the advantages the psychoanalyst does in terms of resources to more fully consider the meaning of their personal reactions and explore alternative explanations over time. Frosh and Baraitser (2008) also suggest the use of a “clinical” style of research supervision may not help with such work as it also carries the risk of reinforcing accepted explanations with the researcher being socialised into “a certain kind of consciousness” (p. 363), and may serve to embed psychoanalysis as an expert system and close off, rather than foster, opportunities for critical debate around how it might be utilised to challenge claims based on its theoretical premises.

I undertook this analysis and interviews from the standpoint that working with notions of intersubjectivity, transference and countertransference should make for a difficult, “uncomfortable” form of reflexivity (Jervis, 2011, p. 121).³² This knowledge is inevitably uncertain, and there is a great potential to impute what is not there. Hence, as Jervis states, researchers should “tolerate rather than smooth over any inconsistencies and anomalies” and the “messiness” and “discomfort” involved (Jervis, 2011, p. 114). This included reflecting on difficulties in being psychoanalytically-informed and the dynamics the supervisory relationship brought to the process of analysis and interpretation and how self-critiques I developed as a reflexive researcher served particular functions. This was aided in practice by keeping a diary recording my experience of doing the research and particular worries, anxieties, theories I had whilst writing it up.

³² Jervis takes this phrasing from the earlier work of Pillow (2003).

I will provide a brief illustration of the type of reflection involved in attempting to be a (psychoanalytically-informed) reflexive researcher by focussing on a particular “countertransference” feeling, specifically of boredom, I experienced during some of the interviews with both the social worker and intensive family intervention professional participants. This is in terms what I considered it indicated in terms of what I personally brought to the interviews, what I may have been experiencing through or on behalf of participants, and how it related to additional factors outside the research relationship.

I often felt engaged with what participants were saying and the experiences and scenarios they recounted, as well as a range of other emotions. For example, on many occasions, I felt pained by the strains and pressures the social workers spoke about being subject to in their work. At times, I also felt a good deal of admiration for many of the workers and the efforts they put into their work with children and families. As such, the boredom I experienced during interviews was not without guilt and discomfort in aspiring to be a “good” and attentive researcher. Nevertheless, I very much recognised that in a number of the initial interviews I felt fatigued if not disinterested in what participants had to say. This feeling of boredom often arose when participants described how they approached work with parents and used generalised statements about partnership or “getting alongside” parents. I am not disputing that these are admirable sentiments but rather drawing attention to how such statements reminded me of some of the hackneyed stuff I heard -indeed traded in- when completing my social work training. In my process notes, I noted the tendency of some participants to be “quite matter of fact and predictable” and my own desire to “shake things up” by interjecting or debating with participants and asking how they

specifically experienced certain cases. This feeling did not, however, seem to just be connected to the hollowness of what they were saying.

In clinical psychoanalytic and psychotherapeutic practice, countertransference boredom has been linked to the patient communicating in a way that anticipates disinterest (Casement, 1985). It is also sometimes considered a product of the therapist seeking to avoid a negative transference, for instance as a result of him or her feeling slighted by a patient's withdrawal (Flannery, 1995; Kulick, 1985). Certainly, some participants did not present, at least initially, as that enthused about the prospect of being interviewed. Some of the social worker participants arrived late and other interviews began with participants sighing, leaving me wondering whether they saw me, in my role as an academic researcher as a privileged or unhelpful figure estranged from the reality in which they were working.

When analysing the interview material, though, I also wondered about how much my boredom and fatigue of these responses equally reflected an unacknowledged disappointment and desire on my behalf for something more from participants' narratives: material with more emotional depth, more intellectual and insightful, and more critical of the professional knowledge they described (in essence, narratives that would not just be closer to the understanding Hollway and Jefferson's approach seeks, but which would do some of the analytic work for me).

My boredom could also be said to reflect a desire to distance myself from them and reject a shared identity, as well as envy of their practical expertise. I had read and thought a lot about social work and been working in the field of health and social care for nearly ten years at the time of fieldwork. However, I still had a limited amount of experience in qualified practice. In this sense, disengaging with practitioner' theories on how to work with parents served to hive off conflicts I felt about being democratic

in the analysis and to preserve my position as the “enlightened” researcher and a sense that I would somehow do, or understand, things differently were I in their position and not mine. I was also generally worn-out as a student and parent at the time of the fieldwork, when my son was still very young and his difficulties sleeping compounded an already difficult combination of trying to work, study, and parent.

Ethical issues

The study was approved by the University of Nottingham School of Sociology and Social Policy Research Ethics committee and undertaken in line with Butler’s (2002) code of ethics for social work and social care research.³³

A particular consideration during the planning stage of the research surrounded whether interviews could potentially cause participants harm through undue distress by addressing sensitive issues. As Hollway and Jefferson (2000a, pp. 98-99) point out in discussion of this issue (and as was touched on in Chapter 2), harm and distress can be unduly conflated and the presence of the latter taken as evidence of the former. Participants’ vulnerability should not be exaggerated, and the risks of research participation should be considered in the context of potential benefits participants may find in speaking about their experience (Dyregrov, 2004; Newman & Kaloupek, 2004; Westlake & Forrester, 2015). Participants could terminate their participation at any time. I also assumed that as professionals in children’s services (particularly those who had undergone social work training) they would have at least some experience of reflecting upon and discussing their personal experiences of work in their professional training or work supervision. Thus, whilst the research involved speaking on sensitive

³³ See Appendix A for ethical review form and Appendix B for participant information sheet. The ethics committee was also informed of and approved the change in strategy to include the intensive family intervention workers as participants.

matters and distressing experiences, it was probably not too dissimilar from conversations they were accustomed to having with colleagues or supervisors on a day-to-day basis. I informed participants from the outset of the sensitivity of the subject matter and took seriously the “active” nature of consent to participate (see Hingley-Jones, 2016, p. 122), reminding them at different stages during participation (for example the beginning of follow-up interviews) that their involvement was entirely voluntary and that they had an absolute right to withdraw if they wanted to. I also developed a strategy to deal with situations in which a participant disclosed that participation had distressed them in a way they felt was unresolved.³⁴

Another salient ethical concern, which became more important to consider as the research and analysis progressed, concerned the anonymization of data for presentation in the thesis and any subsequent publications. This is far from a simple clerical task. To quote Saunders, Kitzinger and Kitzinger (2015), “anonymising is not, in practice, something that can be done on automatic pilot with a ‘one size fits all’ or ‘find and replace approach’” (p. 627). In presenting my analysis of information material in this thesis, I have, firstly and like Dennis (2004, p. 120) in her FANIM informed social work thesis, refrained from including any of the pen portraits developed for individual participants. Although the inclusion of at least a few would have enhanced the reporting, doing so would increase the possibility that participants could be more easily identified by others. Secondly, in reporting findings in the next four chapters, I utilised what Saunders *et al.* (2015) term “context sensitive” strategies to maximise participant anonymity. Pseudonyms have been used and some identifying characteristics have been changed. In making such changes, I have been mindful of

³⁴ In short, this was to explore the possibility of broaching the issue with them and their line-manager or supervisor with a view to the participant considering support options, including, potentially, the researcher providing contact details of an agency that could provide voluntary therapeutic support. In the end, this was not necessary in any case. Rather, as Chapter 9 addresses in much more detail, it was not unusual for participants to feel that taking part had benefitted them in some way.

what the implications are for the integrity of the data, and specifically, how altering certain characteristics might alter the meaning of what was said or how it is interpreted. By the same token, I have opted not to use any “smoke-screen” strategies of switching interview material between participants from the same service, who shared similar issues and concerns.

Conclusion

In this chapter, I detailed how the interviews completed as part of this research were conducted and analysed and how I specifically adapted FANIM for doing research with children’s services professionals. As was noted at the beginning, the chapter provides a point of reference for the next four chapters which provide an analysis of the material arising from these interviews. It also illustrates the challenges and complexity in attempting to do social work research with children’s services in a psychoanalytically informed, psycho-social way.

Chapter 6: The suffering parent in child protection work

Introduction

The analysis presented in this chapter is concerned specifically with material generated in the 18 interviews I completed with the ten participants who were social workers. In accord with the interview methodology used, the analysis does not so much address the questions of how social workers experience the suffering parent and how this can be conceptualised. Rather, it is about making psycho-social sense of what is said when you interview social workers on this topic and, by and large, let them lead the direction of interviews where this is supposed to be the issue of concern.

I begin the chapter by outlining four themes identified from these interviews, namely of “prioritising the child”, “collaboration, sensitivity and direction as part of a child-centred orientation”, “classifying the problems of parents”, and “learning to suffer”. These themes address commonalities around the social construction of the suffering parent in interviews and how participants positioned themselves in regard to parental suffering: the significance accorded to it and how parents’ problems and work with them were represented. They are relayed in an essentially descriptive fashion with a minimal level of interpretation as to why particular positions were invested in beyond some comments respondents themselves made about this. This is addressed in the second half the chapter where I do two things. First, I debate the links between the positions invested in by the participants and wider professional and social influences. In particular, as part of this, I highlight parallels between what they said and the findings of recent ethnographic research by Morris *et al.* (2018) which looked how social work practices link to inequalities in child welfare, that is, how deprived areas are subject to much higher child protection intervention and looked-after rates than

more affluent ones. Secondly, I consider what participants communicated about their emotional experience of their work and capacity to access and relate to parent's experience. I explore differences between the dynamics of the teams and types of work represented in this group (of "front-door" and longer-term assessment and casework). Towards the end of this, I focus on the struggles of one social worker ("Emily") in working in a situation with a volatile father.

In addressing these different tasks together, I am able to trace my own developing understanding of this interview material. This enables insight into how particular ways of viewing and relating to the suffering parent and organisational dynamics and defences hook together, and the relationship between the maintenance of child welfare inequalities in the practices of social workers with the ways in which they hold the suffering parent in mind.

Other issues are also addressed or touched on along the way, including conceptualising social workers' emotional responses to parents using the psychoanalytic concept of countertransference. At the end of the chapter and in specific reference to the case of Emily and the volatile father, I also look at how the sort of psycho-social perspective adopted in this research might inform practitioners in this context in reflective practices that combine a "critical contextual awareness and understanding of intersubjective relations at the practice interface" (Froggett, Ramvi, & Davies, 2015, p. 135).

The suffering parent and relations with suffering parents in child protection work

Prioritising the child

This first theme captures the prevailing child-centred sentiment of social worker participants' accounts. In most interviews, it could be challenging to strike a balance between following a participant's train of thought and the emergent narrative and getting their experience of work with parents and parental suffering. In some shape or form, all the participants placed a strong emphasis on children. This was a somewhat odd phenomenon to experience as an interviewer with the intended focus on parents and because I had initially anticipated that the participants would be more affected by the suffering of parents, and perhaps keen to talk about it.

At the same time, it was not altogether unexpected given ongoing shifts in children's service provision in the UK toward, what has been described as, the "decoupling of the child from their family in a *child-focused* orientation" (Featherstone *et al.*, 2012, p. 152, emphasis original). Holt and Kelly (2016) observe that it is no longer just that the interests of the child are seen as needing to be at the centre of decision making in child protection work, but that parents have become "only of interest in terms of what their actions and inactions contribute to children and not service users in their own right" (p. 160). They note, for example, how in the re-drafting of the *Working Together* guidance in 2015 (Department for Education, 2015), parents figure solely as part of an acknowledgement that failures to safeguard children often arise in the context of adult needs being placed before children's needs.

Invoking the terminology of the Children Act, a stock phrase used by participants was that children's welfare was "*paramount*" or as they also put it, "*priority number one*" in their work (Alesha, county long-term, interview 1).

Conversely, parents and parents' welfare were not something they would dedicate too much thought to and so had less to say about it. Parents' problems should only really be attended to in terms of its impact on engaging with children and their ability to "*be satisfied a child is okay*" (Alesha, interview 1).

For Alesha, for example, a "*child-centred*" mode of practice could be equated with coming from "*a more understanding point of view*" toward parents. As she characterised it, "*the environment that the child's in and the people that surround the child are really important, so if they're not able to have to meet their needs or to be supportive then how is that child going to be at the centre*". She also acknowledged a degree of satisfaction from "*sitting down with parents*" and reflecting together on how and why they might be struggling. Yet, invariably, for her it was important to be clear who she was there for, to the point of saying this directly to parents.

I have to tell parents repeatedly that I'm the child's social worker. I'm not your social worker. Because you have parents who really want you to help them with their issues with what they are prioritising, You know if they are prioritising their housing, if they're prioritising their benefits and you have to say 'Just listen I can get different agencies to support you with that because there are agencies to do that but really and truly, we're focussing on the child' and how, whether it's their behaviour is impacting on their child. And sometimes that does bring tension into the relationship because they feel well you don't understand me and you're not here to help me and its really kind of trying to help them focus on the child

(Interview 1)

In various ways, interview material suggested that this child-centred attitude was entrenched. The themes of stories participants told about their work tended to focus on children being protected and their actions as being in the interests of children. Also, the associative logic (Hollway & Jefferson, 2000a) of responses to different questions, including those specifically about parents and their problems, often tended

to lead to discussion about children or concerns participants had about accessing or safeguarding them.

Lisa (county long-term) for instance, responded to the question of how parents she worked alongside suffered by, first, clarifying whether my interest was “*in terms of how it affects children?*” before moving on to talk about different challenges of working with parents (and perhaps for her, at an unconscious level, the “suffering” she experienced in working with them) (interview 1). Later, when revisiting the question in her second interview, Lisa’s response focussed on issues that arose in the family home, of “*blurred boundaries*” and “*alcohol abuse*”, and how these would be “*emotionally impacting on the children*”. Indeed, she observed of her response that “*the emotional impact, the emotional effect on children always seems to be in there somewhere*”.

There was a similar response pattern in the case of James, one of the city “retired” social workers. I broached the same question about parental suffering at the start of his second interview. Prior to the interview, I had emailed out a summary of all I hoped to cover in it. James consulted some brief notes he had made in preparation when we started before volunteering to talk about the nature of the “*stresses*” parents suffered. The conversation soon drifted to a case he had spoken about in the previous interview and preoccupations he had about access to the family home. Firstly, this was in regard to the need to do an unannounced visit to the mother who had agoraphobia and the role of the child in helping him to gain access. Secondly, it concerned how his presence might be received by or affect her and perhaps, in some way, compound her suffering (a theme which, as it was manifest in different accounts, will be discussed further in this analysis). Thirdly, it concerned how the unannounced nature of the visit was a necessary evil in the work of “*protecting children*”.

...we can start with the stresses if you like. I sort of jotted it down in the order that you set this. I was thinking initially about the mental health side of things. I know we've covered some of that but I think that's, I had a number of cases where mental health was a problem. One we've already covered. Another mum was agoraphobic (Me: right, okay). So initially [it] was really difficult to get access to get in. I was sending letters with appointments, phone calls, knocking the door, erm and in the end, the house, I did an unannounced visit and the child, the older child went round to the back of the house. So, I was kind of just about to leave and at the back of the house I saw him going in, so was able to get round and speak to him and he said 'Yeah, Mum's in' (Me: yeah, okay). So that was kind of the start but in terms of stresses, if you're agoraphobic and someone's coming in unannounced, you're almost bombarded with sort of, but it's something you have to do to protect children.

Collaboration, sensitivity and direction as part of a child-centred orientation

This theme concerns how, within the prevailing investment in a child-centred orientation, participants characterised their work with parents as, basically, collaborative and sensitive. It also concerns what they generally took the nature of this to be.

Working in a collaborative and sensitive way was represented as integral to safeguarding parents' rights and their own responsibility to practice in a fair and “*non-discriminatory*” way (Mark, city retired, interview 1). Social workers should be empathic to parents, particularly with respect to concerns parents may have about being viewed as a “*bad parent*”. Participants spoke about how having a social worker turn up at your door could be anxiety provoking and children's services involvement, “*quite a scary process*” (Antonia, county team, interview 1). They also referred to the confusing nature of bureaucratic systems (assessment, planning, and meetings) to which parents were exposed. As Lisa (county team, interview 1) described it, these systems were often difficult for them to understand as trained professionals and a parent was “*not going to understand in the same way*”. In seeking to avoid parents

feeling stigmatised or aggravating their anxiety, it was important to make plain to parents one was “*only following procedures*” (James, city retired, interview 1). A visit from a social worker should not be experienced as a personal indictment. “*I try to show them that I’m not, I’m there because of a consequence of a referral or because of what’s happened. I’m not there to have a go at them*” (Emily, county team, interview 1). With initial home visits for example, it was said, they were “*ultimately a guest in their home*” and needed to respect that fact (Mark, city retired, interview 2). Similarly, participants described how there was considerable opportunity for one of two parents’ voices to be lost in the work if this was not given due consideration. In particular, gendered assumptions about caregiving roles could lead to fathers not being properly consulted as part of planning or assessment, especially if the father was not living with or involved with his children on a day-to-day basis.

It was also said that it was a basic fact of the work that parents’ cooperation was necessary for helping children. Many comments were made to this effect. For James (city retired, interview 1) for example, “*ultimately to safeguard children and young children, what we really want to do is support parents to improve, to improve situations so that the outcomes for the children are improved and establish whether there are any concerns*”.

Working with parents, and being collaborative in one’s practice, was, nonetheless, sometimes characterised as requiring the worker to take a forthright or directive approach. Participants acknowledged that one should not expect a warm welcome as a social worker. Rather, it was to be anticipated that parents would be angry and often shout at them and that the work entailed being disliked. Lisa (county, long-term) for example, stressed the need to put into words the discomfort their involvement might entail for parents, as she put it, “*to get that elephant out [of] the*

room". Yet, at whatever stage of involvement, it was sometimes necessary to impart messages that would be uncomfortable for parents to receive. As she described it: whilst it was important to consider what would be too much for a parent to "take" and you had to be "a little bit more sensitive", "you've still got to say things at the end of day" (interview 1). Indeed, it was important to model honesty and ensure that one's cordiality, warmth and respect were not interpreted as being easily duped or discouraged.

If you're treating them with respect... the chances are, hopefully, you know you'll get the same back or they'll see that you're more reasonable or you know, because you can explain things to people without being mean to them, erm so I think that's part of, of how I do things. I feel like you've got to treat them with some level of respect because you're going into their home (Me: yeah, yeah), um but you've still got to make your point

(Lisa, interview 1).

Classifying the problems of parents

The types of suffering participants talked about in interviews were unsurprisingly those that are deemed to pose the greatest risk of harm to children when manifest together, specifically of parental mental ill-health, substance and alcohol misuse and domestic violence (as influentially highlighted in different pieces of work in the 2000s by Brandon and colleagues (e.g., Brandon et al., 2008) analysing serious case reviews and child protection work). Participants tended to construe these problems in terms of what they, as social workers, could do and the agency they viewed the parent as possessing in regard to them. A sense of problems as, in some way, determined by socioeconomic factors was downplayed.

Poverty was discussed by all ten participants and a family's social and material circumstances were talked about as important for them to be aware of as professionals.

However, they felt there was a limit to how much they could or should take this into account. Poverty was a part of the lives of most of the families they worked with, but it was not something they felt they could dedicate their working time to address or think about that much. As Antonia (county team) put it, speaking on the issue in her second interview, *“you can't change the wider environment so you have to work with so you have to work with what you've got”*. Indeed, for her, this was a necessary professional realism. *“You have to be real about it because there's limited resources isn't there and I know there's erm higher you could go into the politics of it, but at the end of the day, you've got limited time and limited resources to do the best you can do with that”*. Poverty was also often described as something more attributable to parents' or families' *“way of being”* than the product of a family's socioeconomic position. Lisa (county team, interview 2) for instance, noted how it could be a *“struggle”* living on benefits, especially when benefits were, for whatever reason, delayed or stopped. But it was not as though poverty *“caused”* inadequate parenting or child abuse. The parents they worked alongside did not, she said, live in *“really bad poverty”* and the benefit system could *“pay a lot”*.

Parental mental ill-health, which was discussed in depth in the interviews of four participants, tended to be framed along, what could be characterised as, *“medicalised”* lines. It was a condition a parent *“had”*, and for which input from health professionals was appropriate. Participants did not tend to speak about the *“social origins”* (Brown & Harris, 1978) of mental wellbeing and relate parents' circumstances or poverty to any mental ill-health or significant emotional distress they were suffering. In some examples, it was assumed that a diagnosis of psychiatric illness or disorder, if one had not yet been forthcoming, would explain a parent's behaviours or moods. It would justify an unmet need for medication or specialist

psychiatric help, as well as help them as professionals to find a more effective way of working with the “condition”.

This condition could, all the same, still be something the parent had knowledge about and accordingly, exercise a degree of self-awareness. James (city retired 1-2) related his experience working with parents with mental health problems in terms of an overall imperative of “*minimising the impact*” of the condition on dependent children. In this, the parent’s mental ill health was spoken about as hindering the parent in providing acceptable care and he, as social worker, needed to be respectful of it. One father he worked with, who was suspected to suffer from psychosis, had been “*experiencing a great deal of paranoia*” and was under the impression his partner had been unfaithful and was seeking to leave with their daughter. According to James, the father’s condition had “*triggered*” the arguments that had escalated to violence and led to the involvement of children’s services. It also influenced the sort of relationship he and the father could build with each other. James recalled how during his second visit, he did not have use of his car and he had walked rather than driven. This had raised the father’s anxiety. However, they had managed to discuss this, with the father explaining that the change “*was enough to make him paranoid*” and speak more about his experience. Because of this, James said, he was better equipped to show “*that you’re erm prepared to tailor your approach, to ensure that you’re not having that impact*” and allow the father to have a say about what would work best and not aggravate his condition (interview 1).

The responsibility of the suffering parent also seemed to be understood in quite polarised ways, between, on the one hand, parents who were regarded as essentially victims of circumstance and, on the other hand, others who were regarded as

irresponsible individuals who should, by and large, be held accountable for their situation.

Comments made by Krupa (city front-door, interviews 1-2) epitomised this. She recalled a case involving a refugee father she had assessed who self-referred to their service. The father, his wife, and their four children (all under the age of five) had just transferred from temporary accommodation into an unfurnished property. Awaiting benefit payments, they had no money to purchase food or furniture and were without support from family or friends locally. In this scenario, what the service had to offer was, she said, “*pretty grim*”, confined to the “*essentials*” of “*baby food, nappies, milk*” and was unfair – a consequence of a lack of forward planning by the staff of the family’s temporary accommodation and not the family’s fault (interview 2). In contrast, there were the many parents they encountered in their duty work who appeared unable to put the needs of their children before their own and often exhausted the avenues of support available to them. This was the type of parent who, as Krupa characterised them, “*don’t know what their priorities are*” (interview 2) and tended to live in a state of lasting dirt (“*with dog faeces and excrement and rat poison on the floor, and mould growing everywhere and there is just a dirty mattress on the floor*”). Their homes suggested they put their own pleasure first. As she described it, there would be “*a 50-inch TV in the living room...so the kids can just be put in front of it*” and “*they can just be, they, I don’t want to generalise, but in the kitchen having a drink or a cigarette or whatever they need to do*”. This sort of parent would also be unconcerned that the involvement of children’s services could lead to a spoiled identity and were “*quite happy*” to approach and make demands on professionals and be perceived as ineffectual parents.

There is none of that stigma attached to those parents, that I can’t ring social services. What will the community think? It might happen more so with say, more

middle-class families, and that they would not do so because of the stigma of knowing that social services had been involved with their families but not so much their families that, within the inner city, those families don't have that issue.

(Interview 2)

These representations were not static and the classification of parent's difficulties as the product of unfortunate circumstances or a parent's flawed character or poor choices did appear to shift according to the amount of time spent in the presence of families and their day-to-day lives. Specifically, a view of parents as engaged in a process of self-exclusion, as poor at both using help and taking care of themselves and their children, was more common amongst the participants from the front-door team. Workers in this team would only be involved with parents for short periods of time, often one or two visits in total. In these participants' accounts, their representations of parents often revolved around situations where the cleaning of a house had been significantly neglected and parents appeared unable to act in respectable ways and regulate themselves and their household. Participants engaged in longer term assessment and casework expressed views of parents that could follow a similar line. However, their understanding could also change over time according to how they perceived a parent's state of mind influencing issues they were working to address.

This could work both ways, with the worker shifting in their thinking from a comparatively unsympathetic understanding to a more involved and holistic one, or they could become less understanding of a parent as they got to know them better. The overriding factor in this seemed to be the sense in which children's needs appeared to be prioritised by a parent.

Antonia (county, long term) for example, talked at length about the case of a depressed mother struggling to appropriately supervise her two teenage daughters who

were known to be staying out at night, engaged in antisocial behaviour and at risk of sexual exploitation. In her first interview, she related how dilapidated the house had been when she first visited the mother. You could “*smell the mould as you walk up the stairs and erm there was just clothes all over the floor, all over the bed, the blinds are coming down. The mould reaches right down the walls. It’s freezing in there. You know there weren’t bed sheets on the bed*”. At the start of her involvement, she recalled the sympathy she felt towards the mother because of the family’s low income and mother’s precarious emotional state. At this stage, she saw the house as symptomatic of how “*isolated*” and “*low in mood*” the mother was and as indicating a need for understanding and the involvement of social care and other agencies for support. “*You have to look at the patterns as to why it has got like that*”. As their work together progressed however, she became more acquainted with “*a different side to mum*”, a more cunning, manipulative one, manifest in the “*disguised compliance*” she witnessed at multi-agency meetings. The mother would “*nod even if she hasn’t done something*”. “*She does just brush things off. She’s not sort of taking it seriously and she’ll be like ‘Yeah yeah yeah I’ve done that’, but she hasn’t*”. In turn, Antonia became less sympathetic to the mother knowing she was inclined to lie in this way and on account of her “*head in the sand*” mentality about the daughters’ sexual activity. Her approach now shifted, she said, to one of “*making sure now that I’m not being drawn in by her emotions of her being low in mood. I’m there to sort out what’s best for the children and to do that and to make sure that she’s doing that as well*”.

By contrast, Emily, from the same team, described the case of a young single mother she had been working with and, what she came to see as, the hypocrisy of her judging the mother’s parenting in the context of “*awful*” residential arrangements.

She lives in a first-floor flat. She’s the only parent in these flats and a lot of other flats are sort of one bedroom and there’s a lot of people who are alcoholics or they’ve got

drug addictions and that sort of thing she gets really angry and annoyed and says you're having a go at my parenting, saying I'm a terrible mother, that I hang around with friends who drink and do drugs, yet you're quite happy for me to live next door to this bloke who gets drunk and shows his willy at my daughter when we walk round.
(Interview 1).

This had not been an easy case and work with the mother was, Emily said, “*frustrating*”. It had been a real challenge to shift the mother’s perception of her as an all-powerful professional with the ability “*get me a new house*” and motivating the mother “*to take responsibility*” and “*deal with stuff differently*”, especially not having friends round to her flat during the night when her daughter was with her. All the same, she felt “*really awkward*” directing the mother to behave differently given the unsuitability of housing and fact she was poor and the limited support she had from wider family and friends. She had to convey to the mother that “*despite all of these issues, you need to be thinking about your parenting, thinking about other choices that you are making that you can control*”. It was also her role to get the mother to contact the housing department rather than to “*just sit and complain about her housing*”. The mother was liable to be confrontational. However, she would still take on board her advice, “*to sort of take some responsibility of more formal planning and thinking about her choices*” which was made possible through the relationship they had developed together. Furthermore, that both the mother and the father (from whom the mother was separated but was still involved in caring for his daughter) were genuine and the fact that their “*hearts are in the right place*” and they wanted to work to change their circumstances counted for a lot in her estimation.

Learning to suffer

The title of the fourth and final theme reflects how parental suffering was often understood and conceptualised by participants, as something that parents “learned” and grew accustomed to. Interviews were light on reference to formal social or psychological theory which came solely in the form of occasional and generalised comments. Indeed, participants were as inclined to comment that their professional training and academic experience in social work had failed to adequately prepare them for the work because it was too theoretical. For Mandeep (city worker, city front-door, interview 1) for instance, *“It’s all theory at uni I think and lots, all theory based and not what you actually go out and do as social worker when you’re in the field”*.

Nevertheless, their accounts came across as generally grounded in a quasi-behaviourist standpoint. This was evident in the way parent’s behaviour and problems as adults were linked to their childhood experiences, with violent behaviours characterised as *“a learning thing”* and family troubles the product of *“cycles of poor parenting”* (Krupa, city front-door, interview 1). It was also evident in the way teenagers’ problems were often described: that they had not had adequate boundaries placed on them when they were younger and now were acting in a predictably chaotic and volatile fashion. *“If you witness abuse, you can go on to be an abuser yourself because your experiences of parenting, of how you’re parented and if you’ve seen that, that could easily become part of your parenting style or your relationship management style”* (James, city retired, interview 2).

Similarly, men who engaged in domestic violence (a topic that was addressed, at least in part, in nine participants’ interviews) were conceived of as having been subject to an environment which left them with a distorted perception of how to

appropriately relate to others. As Krupa (city front-door team) put it in her second interview,

You find that he just hadn't had the right level of guidance or been taught to help him manage his feelings and emotions and people don't have that. If they are not able to vent their emotions appropriately then they're not able to have control as they become older. It just becomes more and more harder and then they tend to lash out.

The fact that men's violence was a "*learned behaviour*" also meant, they said, that certain strategies could be adopted in intervening. Because it had been learned in a transactional context, it could be unlearned when sufficiently challenged. Participants spoke of a direct approach, of "*telling them straight*" what the problem was with their actions, although this could be "*a shock*" for the men "*because no one has challenged them before*". "*Their partners aren't able to challenge them because they are the victims of abuse, maybe their own parents haven't challenged them or because they are afraid of the consequences of their behaviour*" (Krupa, city front-door, interview 2).

Contextualising how social workers position themselves in regard to the suffering of parents

As was noted at the beginning of the chapter, the four themes outlined represent an essentially descriptive account of the different ways the participants positioned themselves in regard to parental suffering: the significance accorded to it and how parents' problems and work with them were represented. Summarising them, we might say that they highlight a high level of relational distance between social workers and parents. Social workers in children's services may be concerned about parents and their welfare and want to work with them a respectful way. However, this is invariably

subsidiary to the needs of the child, and the needs of the parent and those of the child are necessarily distinguishable. We might also say these themes illustrate the prevalence of a professional narrative that favours cultural explanations of problems associated with poverty, and a limited “inequalities imagination” (Hart, Hall & Henwood, 2003) in which parents’ difficulties are dissociated from their social and economic context.

I want to debate this here as there are, I think, different ways of reading what was said in terms of how much this is the case and how this mind-set was shaped. Overall, there are clear parallels between the workers’ perspectives in these interviews and Morris *et al.*’s (2018) recent research looking at how child welfare inequalities are maintained in the practices of social workers. On the basis of observations and interviews in six local authorities across England and Scotland, they found that not only do social workers in children’s services rarely engage with families’ social and economic circumstances or the circular influence living in such circumstances can have on the problems of domestic violence, substance misuse and mental ill-health, but they also tended to use language that labels family hardship in terms of “toxicity” to children. They found that workers tended to see it as stigmatising to discuss a link between child neglect and poverty. There was also a disconnect between “the abstract and the action” whereby any consideration about the impact of socio-economic deprivation on families was not made manifest in assessments, casework practices or decision making.

This type of view, of course, echoes prevailing discourses of individual responsibility associated with neoliberalism, not just as the dominant political persuasion in the West, but the fundamental mode of reasoning about social phenomena in everyday life. Such discourses, as Kirk and Duschinsky (2014) point

out, “provide a horizon upon which we operate and negotiate”. It is through these discourses that we must speak in order to be “fully intelligible when speaking to others”. Social workers, like everyone else in western society, will have been orientated to a view that social problems derive from poor individual choices and failings. Alternative views might be expressed, but they must be articulated through this frame of reference as the dominant way of seeing the social world.³⁵

There are also the tensions inherent in child protection and social work to account for. The increasingly child-orientated nature of child welfare policy and practice guidance in the UK and the treatment of parents and social workers by the media in high profile cases where children have not been protected means that social workers are less likely to feel unresolved about tensions between taking concrete action to protect children and concerns about oppressing poor parents and families. The workers’ approach, which we might describe as a sort of pragmatism with a compassionate face, reflects how socially and politically hazardous it may be to appear “over-identified” or, in some way, siding with parents involved with children’s services on account of concerns about the welfare of children (Dingwall *et al.*, 1983/1995). Indeed, for the social workers in this study, it appeared less a case of risking becoming “over-identified” with parents and their suffering, but more about over-identification with the idea of over-identification.

In their analysis of how child welfare inequalities are promulgated in everyday social work practice, Morris *et al.* (2016) suggest that consistent exposure to situations of hardship leaves social workers less sensitised to it as a form of inequality and more likely to express confusion or disgust about it. Furthermore, with very limited professional resources, workers are led to feel that issues of poverty and inequality are

³⁵ See also Featherstone, Gupta, Morris, and Warner (2016), Garrett (2009), Rogowski (2012) and Webb, (2005) for further discussion of the impact of neoliberalism on children’s services provision.

too intractable to address. This finding points to how a lack of thoughtfulness about inequality can link to both the social and material contexts social workers are exposed to in working with families and the role of a bureaucratic context that takes them away from parents (Featherstone *et al.*, 2014; Broadhurst & Mason, 2014; Gibson, 2017), which will be explored further in the next section.

Before this, however, I want to ask what might be gained in viewing this exposure to hardship and contact with parents by recourse to the psychoanalytic concept of countertransference and notions of defensiveness. In the case of the former, this may be considered something of an eclectic move in this analysis given the questions raised in this thesis around the peregrination of concepts and practices between psychoanalysis, social work and research. It is a liberal use of the terminology, psychoanalytically conceived, given the work is a long way from the clinic or consulting room, both in terms of the space professionals have for discussing and making sense of the emotions they experience regarding parents and the inherent dissimilarity between the type of relationship between parent and social worker and patient and analyst (see Davies & Collings, 2004, pp. 49-51). The terminology was not used by any participants despite the interviews addressing directly their emotional experience of work with parents. Having said this, the invoking of it here can be said to correspond with the “broadened sense” (Carr, 1995) it has been used in writing on child protection and child welfare work to refer to the totality of the professional’s emotional response to parents and families (see Sayers, 1991; Seligman, 1993; Carr, 1989, 1995). Also, in considering the way participants held or struggled to hold in mind the suffering parent, it may be a serviceable construct for reflecting on how the affective experience workers have of parents is structured by the professional context in which they practice.

In a typology of “countertransference reactions” (or “CTRs”) in teams working in the assessment and support of families where the physical or sexual abuse of children has occurred, Carr (1989) denotes five types. These comprise unconscious desires to rescue the child (and persecute the parents); to rescue the parents; to rescue the child and mother and persecute the father; to rescue the father; and to persecute the family as a whole. Carr connects these reactions to different worker characteristics and tendencies. For example, a desire to rescue the parents is often evident in the worker experiencing “an intense sense of outrage at social circumstances, such as unemployment, poor housing, or social isolation” and anger experienced toward other agencies and members of the extended family who are viewed as unsympathetic to the parents’ plight (Carr, 1989, p. 90). Workers with this CTR may also, he says, “become engaged in heated arguments [with other team members] where they define current child protection laws and practices as an intrusive involvement of the state in family life” (Carr, 1989, p. 91). It is a CTR, he suggests, that tends to arise particularly amongst workers “who have insecurities about their adequacy as parents” and ability “to meet their children’s need for nurturance and safety” (Carr, 1989, p. 91). Such workers may believe, at an unconscious level, that if the competence of the parents as caregivers can be demonstrated, somehow their own competence as caregivers will be vindicated.

Carr’s account is, in this formulation, psychologically reductionist.³⁶ This is in the sense that a political position is rendered a product of the individual professional’s psychological predicament (for example of being against child protection laws on libertarian grounds) rather than socially constituted or organised in some way. It nevertheless still usefully draws attention to the psychoanalytic axiom that all modes

³⁶ He adds further points in a subsequent consideration which gives some, but arguably, not sufficient, attention to broader social influences such as workers’ feelings about poverty (see Carr, 1995)

of explanation, the representation of experience or social phenomena can serve defensive functions in a given situation, that is, a defence against something (envy, anxiety etc.) that an alternative explanation fosters.

Indeed, a challenge in considering what constitutes a “defensive” position to take in regard to parental suffering is addressing views which differ from one’s personal values. It is much easier to see someone who, for instance, shares one’s political views or outlook as less defended than someone of an opposing standpoint. Participants’ accounts initially struck me as heavily defensive in terms of the empathy they appeared to have for parents and their lives in situations of adversity. Yet, as I thought about these accounts more, my views changed. I wondered, more and more, whether the participants were less dismissive of parents’ suffering than I had initially assumed.

Workers who think critically about issues of professional power and inequality can feel alienated within an organisational culture that does not support this, become burnt out, and feel unanchored from a professional identity they have developed to date (Karvinen-Niinikoski, 2009; Yip, 2009). There can also be a strong pull on their attitude from wider society and public feeling about child abuse. Scheper-Hughes and Stein (1987) observe how public outrage at child abuse “out there” serves to mask complicity in the implementation of social policies that place children at considerable risk. Guilt about the collective responsibility for policies that harm certain socioeconomic groups becomes displaced onto individual perpetrators as the “real” abusers who function as “official symptom bearers for what is, in fact, a normative pathology” (Scheper- Hughes, 1987, p. 341). We can think about this, in the contemporary UK context, in terms of the ways in which social workers will be pulled to place themselves on one side of “the responsible ‘us’” and “incapable ‘them’”

divide played out in the media, wherein social workers have been placed against the common sense of the mass, self-regulating middle class. With their “politically correct” and “relativist” professional stance, they are deemed somehow unable to distinguish good from bad parenting (see Warner, 2015).

Viewed from this perspective, participants’ construction of parents’ problems in interviews could be considered a compensation strategy to avoid being characterised as unable to make proper judgements about this and cast themselves as the “good” adults rather than the “bad” adults who abuse or fail to adequately take responsibility in caring for their children.

It also bears acknowledging that aspects of the themes presented show the level at which participants did take seriously that just because parents had certain problems this did not mean they were (willingly or not) “bad” or unable parents. The way they related to parents, at least initially, with concerns about stigmatisation could be considered to reflect the fact that parents were seen not just as subjects of the service or an appendage of children, but something more and that they appreciated that the symbolism or language of child abuse does not help families who are already socially disadvantaged. If, as they suggested was the case, they can do nothing about the fact families are poor, how appropriate would it be to acknowledge this without being demeaning? Sayer (2005) argues that the relative social positions of “pitier” and “pitied” are highly important if concern for the other is to qualify as “compassionate”. When the pitier is seen to be somehow complicit in the causes that are foreseeable and avoidable, as the social worker may be in adding stress to overstressed families, expressions of compassion are likely be interpreted by the pitied “as humiliating and unwelcome, and indeed as hypocritical” and a “condescending” form of compassion (Sayer, 2005, pp. 147-148).

By the same token, there is the “medicalisation” of parents’ mental health problems and simplistic explanations of domestic violence to be considered. Participants’ comments about mental health may be viewed as failing to adequately interrogate the experiences of parents in an unequal society. Yet it can also be debated how much a focus on mental health as something “other than” the parent, preserves the rhetorical force of blaming parents for causing problems with the children’s behaviour or wellbeing. A more “psychiatrised” or “medical” framing of parents’ mental health in child welfare work at least enables the worker to acknowledge the adverse impact of parenting behaviour on children whilst avoiding, or at least skating around, a view of parents as culpable for this damage and “mad, not bad” (Keddell, 2016). If the parent’s mental health problem is viewed as “other” to who the parent is as a “true” or “authentic” person, they can be positioned as acting in an “ideal” manner, that is as nurturing and protecting of their children by acknowledging they have a problem that may prevent them from providing the sort of care they would have, had they not suffered mental ill health.

Similarly, explaining domestic violence as simply “learned” lacks a consideration of the influence of how violence can be fostered through situations of powerlessness and given legitimacy in wider socio-cultural norms. We can think about how this retreat from theory eschews the depth of psychodynamic or sociological explanation. Nevertheless, the use of such explanations by the workers interviewed also reflects the immense difficulty of constructing a professional narrative that both prioritises the welfare of children but also does not run-down women further (Haaken, 2010). What appears to be unsophisticated in conceptualisation allows violent men to be engaged with (and seen as not innately bad) and a coherent narrative developed which both grants the mother victimhood and men, the propensity to change.

Organisational dynamics and defences

When I began considering the investments involved in how the social worker participants came to position themselves in the way they did in regard to parental suffering and work with suffering parents, I initially considered the role of individual biographies. There was some evidence for connections here. For example, the splitting of the child and parent in the narratives of two workers appeared to be connected, in part, to their own childhood experiences.³⁷ This sort of biographical connection was, however, most often not possible to establish, or at least not very well. Participants talked about their childhood experiences only briefly and this provided insufficient material on which to draw specific conclusions.

What was much more in evidence was the great deal of material that spoke to, what Cooper and Lees (2015) have described as, the blurring of the “ontological autonomy” of defensive systems at an organisational or cultural level in statutory child and family social work. That is, how policymakers have, over the past 25 years, mandated “ritualised task performance” as a solution to perceived “performance failures” in children’s social services (Cooper & Lees, 2015, p. 243). Preoccupied with the “survival of the professional self”, persecutory anxieties dominate over depressive ones, and workers are led to prioritise organisational mandates over the needs of those they work alongside, as with the oft-repeated observations about contemporary defensive organisational practices being directed towards “covering your back” (Cooper & Lees, 2015, p. 244).

³⁷ As with Carr (1989) who suggests that a CTR of “rescuing the child” can be connected to unresolved issues in the worker’s differentiation from their families of origin. This is not to negate, of course, how much this sort of position can be thought of as fostered by the present child-focussed orientation of children’s services provision. Yet, it seemed to have an added dimension in the case of these two participants, in terms of the extent to which the way parents they described working with were often portrayed as malign or hopeless and the children, charming, intelligent and loyal.

The interviews strongly suggested that there was little time to think given the hectic, even unrelenting nature of the work. Participants spoke a lot about the unremitting work pressures they faced and the impact this had on their lives. Of the seven younger participants who did not have children, five commented on how they did not feel they could be parents and do the job at the same time. Similarly, the one younger participant who had young children noted how hard it could be to do the job and be a parent, given the stress involved.

A significant degree of time in interviews was occupied with talk of the administrative aspects of the work and the challenges this presented. Participants spoke of how tough the demands of the system were in terms of paperwork and the procedures they were expected to adhere to whilst dealing with high caseloads and volumes of work. Tanya (county long-term, interview 2) for example, likened her working life to a concentrated version of her social work training, “*like doing assignments over and over again*”, and “*sometimes just crazy*”. She would not have time to eat lunch and be working at home until 11 or 12 at night to ensure she was compliant with all the case recording and report writing expected of her.

It was also clear that, for the participants, the information work was social work. The social work role was largely about emails, phone calls, report writing and moving data between electronic documents and case recording systems. Participants related how they resented and did not see the utility in the amount of information work they were expected to complete, and the imbalance between time for direct work and administrative tasks. There were comments on the absurdity of an approach that prioritised the system over face-to-face contact and meeting the actual needs of families as with the assumption that getting something “*on the system*” constituted action (Mandeep, city front-door, interview 1).

I did, however, find that there was variation between the teams and types of work in which participants were involved, in terms of how much administrative and performance imperatives dictated the way participants related to parents. With this, the degree to which their organisational context and working role permitted them to “take-in” the suffering of parents appeared to be an important factor.

In the front-door team, apart from those workers who wanted to hold one or two cases for initial assessment, the work entailed fielding calls from professionals and families and undertaking brief visits before referring on, where necessary, to a longer-term assessment team. Krupa, as the longest standing social worker in the sample, spoke at length about how this fast-paced information work contrasted with her experience of, what she characterised as, “*traditional social work*”. In the predominantly fleeting engagements with families they were involved in, their sensitivity as professionals was diminished and the scope for “*proper understanding*” and help was minimal. Working primarily on the telephone and speaking to often highly distressed parents, “*something is lost in that situation, because you are not physically there*”. During her two interviews, she reminisced how, when she first started in social work working in family service units in the late 1980s, there had been much more scope for a fuller understanding of parents and families and the work was more in-depth. In contrast, in the present context, she had lost some of her “*identity of what a social worker was*” and her capacity for compassion had been “*stripped away*” (interview 1). This was, she said, not just about her, but all the provision dedicated to helping families in the city in which they worked, particularly with the extensive austerity measures that had been implemented. In the front-door team, they had essentially become like “*hall monitors*” at school. They sometimes brokered access to

further support. However, in the main, they were engaged in directing parents to go elsewhere for support or advising parents that they must change their behaviour.

Despite these comments, Krupa was generally dismissive of a view that this reduced provision or lack of flexibility to help parents meant a disservice to them. They were not counsellors and it was unlikely that what a parent had to say would change what they would do in terms of offering support. Moreover, just because early help and family support provision and voluntary services were heavily diminished, this did not mean that the families *they* worked with were underserved by the local authority or that responsibility should be attributed to children's services or austerity measures more broadly. Children's services should not step in to replace support from other members of the community and extended family, and parents who were confrontational, "*demanding*" their children be placed in care, often "*just need to be told*". "*You know sometimes people just need to have a good telling you know 'Come on you're the mum, sort it out, why are you ringing us? They're not our children, they're yours, they're your responsibility'*" (Krupa, interview 2). They could listen sensitively to parents and talk about how tough parenting is, but it would be "*unfair to the parent*", she said, to provide support when they needed to "*help themselves*". For her (interview 1), "*that's not empowering them to learn new skills to manage behaviour and stuff*".

Yasmin, as manager of the team, similarly spoke about the combination of "*empathy*" and "*curtness*" required in their line of the work (interview 1). They had "*to put stuff back onto parents*". Without doing so, they were encouraging an attitude that it was acceptable to expect children's services to deal with parenting problems. Much was said, in this regard, about the many situations they dealt with during the evening shift of challenging or defiant teenage behaviour in the home. The way in

which this was appraised by them in interviews could be, at times, almost a caricature of itself, as with following statement of Krupa's: "*We are not so concerned about them [the teenage child] physically attacking the parent but if the parent was then to physically attack the child then we would be getting involved ourselves*". The front-door team members were also supportive of, even relished, the use of written agreements and timescales to affect change in work with parents. There were "*quicker results*" using these they said: visit one day, direct family members to clean and then return the next day or a few days later. Often things would have improved, and they could close the case. If not, they could refer the case onto one of the assessment teams (Yasmin, interview 1).

Also, whereas Krupa had some sense of loss of a core social work identity and earlier ways of working, Jasmin and Mandeep (the other two members of the team) spoke about how they "*thrived*" on front-door work and were "*getting stuff done*" (Mandeep, interview 1). Things were not, in her words, "*dragging on*", rather it was the case of, "*this is the procedure, let's do it and let's get to the end of it*". The work was, Mandeep said, more satisfying than when initially entering social work, working in long term intervention and assessment work. You could leave for the day and feel that the work was complete. Yasmin (interview 1) used similar terms about not being stuck with families and spoke about how, she felt, in all the work she had done, the front-door work suited her a lot better "*in terms of how I like to do things. It's fast-paced, its short, quick decision making and then kind of like you either close it or you send it upstairs*". It was "*real-time stuff*" (interview 1).

In my involvement with the members of the front-door team, this positive self-evaluation felt, as might be discerned in what has been said up to now, unconvincing. The nature of their role meant they never properly followed cases through and the

impression I got of the team was of an “excessive differentiation” or “othering” of service users that is associated with organisations that have rigidly defined boundaries as to how “service” is to be enacted (Rizq, 2013, p.1282 citing Stein 2007). The uniformity in attitudes about parents and parental suffering appeared to be a corollary of a “fixed script” around how their work should be done. Indeed, stereotyping and simplifying the reality they faced was not confined to views on parents or parental suffering but included other working problems and other professionals. A conspicuous example of this was the way teenagers who self-referred to the service were perceived as essentially trying to dupe them into accommodating them. As a result, it was said, the most appropriate way to deal with them was swiftly and, if they were making complaints about their home life or something their parents had done, to view it with suspicion.

The culture in the team also appeared to me to be one of quite uncritical mutual support with pressures to relinquish individuality and avoid conflict around cases. As Yasmin put it: *“You have to get on with the team because you spend so much time [together]. You literally are in that room together. It’s not like when you’re in a social work child in need, looked-after team where you’re out and about you know and going on home visits and you have that time when you’re on your own”* (Yasmin, interview 1).

I would not go so far as to say I felt unwelcome in gaining access to the team. All the same, I seemed to be perceived in a way that had me either in, and one of them, or an outsider. Early on, even though I had been encouraged to make contact, just gaining access had been a challenge in terms of arranging meetings and necessary permissions, as well as getting into the building and interviewing workers when I was there. When I arrived for my first interview with Yasmin for example, I was locked

outside and rang the bell to no answer, before having to pass through a series of locked doors to get to the team office, with Yasmin joking that if she had not come out I might have been “*thrown off*” the premises by security (Yasmin interview 1, field notes). There were questions about me and why I would want to be there with them specifically.³⁸ Yet, once I had started interviews, there was a kind of indifferent acceptance of my presence. I was just expected to be around with participants assuming that interviews did not need to be private and could be done at their desks whilst they engaged in on other tasks. Sometimes they answered the phone, at other times they took queries from other workers and even in one case, ordered a takeaway.

During the course of my involvement with the team, I also felt a pull to be assimilated into the team mind-set. For example, in my interview with Mandeep, the onus was very much left on me to bring things to a close. She did not indicate how much time she had, but rather I just sat with her, with her seeming to expect that I would likely recognise any unease and terminate the interview. Alternately, Krupa seemed to need my permission as an “outsider” to confirm an event she had experienced some years previously when doing longer-term work (where she had effectively been held hostage by a father) was “traumatic”. I had used the term relatively casually (“sounds traumatic”) regarding an experience that very much sounded to be that. However, when walking with me to let me out of the car park gate, Krupa started talking about how she had perhaps not realised how much it had affected her. I was left feeling anxious and with the fantasy that I would be subject to some sort of litigation and anger from the management team for having “conjured it all up” (not

³⁸ As well as comparisons (knowing I was a social worker) with another researcher, who, as far as I could gather, had undertaken research in the service but had also worked on an agency basis with them (so, was presumably seen as helping them out in some way, though perhaps also seen as much to be taking the workers’ and authority’s time and money).

unlike the “opportunist” teenagers that presented to them asking to be accommodated) (Krupa interview 2 field-notes).

Overall, in this vein, the focus on rapid task completion, stringent gatekeeping and efficient case recording seemed to anchor a strong group identity amongst the front-door workers and served to delineate quite severely the members of the team from others, including parents they came into contact with. And this appeared to provide a fertile context for certain stereotyped views of parents and parental suffering, particularly around poverty as self-imposed and the leanings of the team toward lay or common sense-based understandings of appropriate parental conduct. In order to survive professionally, they needed to avoid providing support or going out to see parents and identifying too closely with them. Their view of parents interrelated heavily with, what Lees, Meyer, and Rafferty (2013) refer to as “the defensive use of boundaries” (p. 553).³⁹ Multi-tasking, moving from one thing to another in quick succession meant they were never with one task long enough to really think about it. Moreover, the technology they relied upon in carrying out their work facilitated an “enforced splitting” (Auestad, 2011, p. 400) in time and space between the office and service user’s homes, as well as representationally, between them and parents, and them and other professionals. This helped in addressing conscious anxieties, for example in not getting stuck with cases. However, it also served to mask “the authority of reality” (Krantz, 2010, p. 197)⁴⁰ and close off a capacity for reflection.

³⁹ See also Taylor *et al.*, (2008) and Waterhouse and McGhee, (2009). Apt too are Hoggett’s (1992, pp. 103-104) comments about the “the institutionalisation of shallowness” and the “why of things” becoming “flattened by the ‘how of things’” or “questions of value” being “split off or dissociated with technique”. One could also argue that the fact they neglected the “helping” aspect of role made them all too similar to the parents who could just not “do their job properly”, as they may have put it, and this likeness of the parent as “other” to them increased a sense of frustration with and disdain for them (Volkan, 1986).

⁴⁰ Writing on case-recording practices in National Health Service psychotherapy provision, Vrouva and Dennington (2012, p. 74) note how it seems that “organisations can begin to share in an illusion that entering notes onto the system gives the person’s care to an imaginary ‘other’” and how “true

As was established in setting out the initial four themes, in the case of other participants involved in longer term assessment or casework (two of whom, the “retired” workers, originated from the same city authority), comparable views were expressed about parents. However, with these participants, there could also be a greater sense of concern for parents and children. The child could be spoken about in quite in-depth ways in terms of their individual needs, personality and experiences. Moreover, whilst the motto of the front-door workers might have been “*it’s not personal*”,⁴¹ for the longer-term workers there was a sense of a more personal motivation to do right by families, sometimes against the constraints of their role. They could be said to appreciate to a much greater extent that if parents feel social workers are insensitive or are judgemental, they are less likely to engage with them and this, in turn, hinders the level of insight they are able to gain into children’s lives (Kettle & Jackson, 2017; Ferguson, 2016a; Horvath, 2016).

Participants in this group spoke about how taxing the work could be owing to organisational pressures and the situations they were exposed in practice, but also stressed how they appreciated being able to forge long-term working relationships. They could come to feel “*precious*” about their cases, taking pride in the relationships and not wanting to transfer them to other workers unnecessarily (Lisa, county long-term team, interview 2). There was also not the same enthusiasm for strategies of directive timetabling as there was amongst the front-door workers. Participants felt it was hard when parents did not change despite support, but directive agreements were seldom effective, and criticism was levelled at the aspirations of the Public Law Outline and the revision of the 2013 Practice Direction 36C which introduced a target

bureaucratic organisations can perpetuate the fantasy that it is acceptable for the process to become the goal, to turn the handle for its own sake”.

⁴¹ As Yasmin (interview 1) described what they should take from being insulted by parents over the phone.

of 26 weeks for completing care cases. Alesha (county long-term team, interview 2) for instance, remarked how it often “*takes months*” for parents to grasp reasons for change. Timescales could be motivational in certain cases, but a few months were inadequate to allow a parent “*slip ups, to make mistakes and change*”. It was erroneous to assume that parents would “*change in six weeks what you haven’t been able to in nine months*”, especially in “*deep rooted neglect cases*” where home conditions had been poorly maintained for several years, if not longer (Ayesha, county long-term team, interview 2).

Additionally, in contrast to the front-door workers, who did not see the same need for it, all of the longer-term workers spoke about how they felt they would personally and professionally benefit from having more in-depth supervision. Specifically, they wanted supervision that was more exploratory and reflective and not didactic, as it could be under present arrangements. Lisa (county long term team, interview 2) observed how she was able to off-load with her current manager and appreciated how she could be very busy but was still approachable and would arrange a time to talk about anything that was bothering her. It could, nonetheless, be tough when supervision was cancelled and there were interruptions. For her, “*I think it needs to be something separate, it needs to be that time not having those interruptions... and not feel like it’s rushed... not just procedural*” (interview 2).

With these participants, negative feelings expressed about work with families tended to revolve more around feeling “polluted” or “unclean”, as is associated with working environments where boundaries between workers and service users are not clearly demarcated or professionals spend a greater amount of time with the individuals they are seeking to help (see Rizq, 2013). Participants in this group described occasions where they found it hard working with parents who did not seem

to want to care for their children and where the range of issues involved felt overwhelming. This included intimidation from parents and sometimes resistance from within their service. However, much more so than with the front-door participants, in-depth discussion was possible with participants about work in specific cases and the relationships with parents. These cases revealed a high level of emotional burden borne upon workers, in contemplating the complexity of options available to them and insight into how the parent was held in mind by the participant on an ongoing basis.

The case of Emily

One case that I returned to from this group at different stages in completing the analysis of the social worker interviews was that of Emily and her involvement with a volatile father. Emily had worked with this family relatively early on in her career. She recalled how much the case had got under her skin and that this was the first time she had encountered such a high level of resistance and aggression as a social worker. From the outset, the father's volatility had made it impossible to realise an even minimal level of rapport.

You'd walk in and say 'It's a really nice day today' and he'd quip back, 'Don't tell me what the weather's like. You can't tell me what the weather is like' so he couldn't let you tell him anything even to just go in and sit and talk to him was just really, almost impossible so every visit was just kind of getting shouted at.

(Interview 2)

The father's actions also had a muting effect on the whole family during visits, precluding her from "*ever really knowing*" the children or the mother. As she described it, there was never an opportunity "*to sort of sit back and observe*" or even "*time to think*". The children "*all sat there really quiet because he was shouting so just to sort of see them erm you know how they might be when just mum's there, how they*

play and interact with each other, you just couldn't see any of that because it all just sort of got taken over by dad shouting". The case made for a hard lesson in how "standard social work skills" were not enough in every case. "*It's that thing of what's good social work? Well you go and you do an assessment, you work with parents and you kind of get a feel for what's going on and figure things out".* Rather, "*it just felt as though you couldn't even get past that first hurdle sort of thing, let alone engage then with parenting assessments",* and never mind get to a place where she could "*have any real conviction about both parents or what the children's personalities were like or their development".* Emily ended up "*dreading going out".* The visits were bruising encounters emotionally and she felt placed in a bind with the father who would let her in "*but as soon as you were in the door you know it, he was saying you can see the kids, but you just got shouted at"* (interview 2).

These challenges were compounded by other factors. When the father was not at home, the mother would not allow her to come in to the house. The staffing shortage in the service meant it was not possible for the same worker to accompany her on more than one visit ("*I just had to grab whoever was on duty",* interview 1) and have a continuity of conversation to "*get ideas"* and confirm or disconfirm her level of concern. Other agencies were also resistant to getting involved. Health professionals had refused to go out on account of the risk the father posed to them and the probation service wanted the father to have a psychiatric assessment, but he had refused to do this on a voluntary basis. There was also the lack of time and space available "*to talk things through"* in supervision. Emily's manager was managing two teams at the time and perennially in formal supervision sessions with other workers.

Altogether, the case generated "*a whole lot of insecurity"* and a sense that she was being "*completely ineffectual".* "*It really, really felt we were just waiting, that*

something was going to happen.... it was gonna be really big and really bad. It felt like quite a big weight. You couldn't actually do anything. I just felt really stuck and really uncomfortable".

You sort of worry about if you've got a home visit coming up. Like the night before you're thinking how am I going to do this and what I'm expecting dad to be there and what do I need to talk to him about, what's been happening or you know if I'd had a call from his probation officer. It would be okay, I need to talk to them about that and I suppose that dread of going, and I actually don't want to go, I really don't want to go, and you've got to force yourself to go and sort of lying in bed at night thinking I've got to do that tomorrow so there's all sorts of ways. It's impacting on your sleeping.

(Interview 2)

The case was eventually resolved, and Emily finished working with the family as a result of certain actions being taken. She consulted with a mental health nurse who was seconded to the service and who surmised that the father probably had some form of personality disorder and recommended that Emily interact with him in much more of a transactional manner. Specifically, she would work against her social worker instincts and be quite blunt, saying to the father directly what was happening with the case and what her concerns were, then leave behind this information in writing. At this time, a new manager was also appointed to Emily's team and proposed a much more proactive approach to the case. The children were removed and placed with extended family on the basis of cumulative concerns different agencies had and the unkempt and worrying emotional presentation of the children at school. Emily referred to this as "*a dragnet approach*" (interview 1) as the presence of domestic violence or maltreatment in the household was never categorically established.

Initially, this led to a sense of relief for Emily. In what had become, effectively an anxious, unfocussed monitoring of the situation, removing the children seemed to

be the only viably safe option. Yet, there was also a nagging sense of disservice, even regret, in taking this course of action (“*really wrong almost*”, interview 1). The family had not been helped by her as a social worker. “*You could never say there was any social work done with it as such*”. For her, the fact the father was, himself, frightened was never really accounted for. Emily noted how, going over the files they had on him, it was clear his upbringing “*was just really abusive and chaotic*”, with time spent in care and sexual abuse from his father and older brother. Not protected by social services then, it was little wonder that their involvement was “*threatening for him*” now (interview 2). Emily had sought to be sensitive to this and the way the father perceived the world as populated by puppets and string-pullers, and the inversion of roles where she was placed as the victimiser and he the victim (though it felt like the opposite in their interactions). “*I think sort of, I say, social workers going into his house and saying we’re really worried about your child and we think that you’re abusing your children, erm he just immediately saw that as a threat to him, so he just went on the attack*”. Yet, the sort of sensitivity she sought to utilise had not had the desired effect.

This course of action may be described as defensible, evidence-informed decision making. The link between parental personality disorder and negative parenting behaviours is well-acknowledged in the forensic psychology and psychiatry literature (e.g. Laulik, Chou, Browne, & Allam, 2013). Furthermore, it was not as though as soon as it was suggested the father had a personality disorder of some kind, it was assumed this was invariably going to have a negative impact on the children. Emily gathered what evidence she could about the children’s development and wellbeing and tried her best to involve the parents in decision making. She was not easily discouraged and persevered with the case, unwilling to be blinkered to the

deleterious impact she suspected the father and home situation was having on the children. It would have been easy to leave it alone or take a more rigid stance in not doing anything without explicit guidance from her supervisor. Clearly, this did not mean the process was “fair” for the father and all he had gone through in his life, and she remained uneasy about the pain she was causing in removing the children. This was not just in the sense that she felt she could have done things differently (that is, if only she had been able to be more skilled and sensitive, she would have been able to realise a good outcome for everyone), it was of the difficult inevitability of the whole situation.

Her response can, in this vein, be thought of as fluctuating between, and dealing with, the different CTRs delineated by Carr (1989). She recognised to a greater degree how she was pulled in various directions but never got stuck in one place, for example between wanting to save the children and persecute the father, but also to save him, and to get away from the whole situation.

It can also be likened to distinctions Hoggett, Mayo and Miller (2009, p. 101) make between ethical decision making and depressive and paranoid-schizoid positions. They represent the two positions as differentiated in terms of the degree of complexity it is possible to hold in mind. Whereas the paranoid-schizoid position is a resort of simplification and compartmentalisation that denies pain, the depressive position is, in many ways, a de-idealised recognition of this unavoidable pain and the extent to which all options available to us can, to differing degrees, cause pain. As they describe it, it is, at once, “a more realistic appreciation of the bad within the good” including one’s own “faults, weaknesses, limitations” and “a more generous appreciation of the good within the bad”, including the strengths in value systems or perspectives other to our own (Hoggett *et al.* 2009, p. 101). They note how it is reflected in everyday life in the

sense in which “things often do not work out as we would like or hope” and often carries “a slightly tragic quality” (Hoggett *et al.* 2009, p. 101).⁴² In this case, there was still the necessary resort of splitting primarily associated with the paranoid-schizoid position albeit this did not serve, overall, to distort the nature of the problems she faced. Rather, the demands of the case dictated that some degree of, what Foster (2001) describes as, “normal splitting” was inevitable given her responsibility to the children and in enabling her to cope with the stress without losing a concern for all involved, although it was very difficult for her and the eventual result left her feeling unresolved.

Discussion and conclusion

As I noted at the beginning, the aim of this chapter was to make psycho-social sense of what the social workers I interviewed said in participant-led interviews where parental suffering was supposed to be the issue of concern. I began by describing four themes identified in these interviews. These themes illustrated how the social worker participants did not really focus on parental suffering and tended to construct parents’ difficulties in interviews in quite narrow, individualistic terms. They emphasised parents’ responsibility and downplayed the socioeconomic context in which problems arose. These themes also reflected how the workers very much conceived of their professional identity as centred on helping children. As part of this, a respectful engagement with parents was possible, but children’s interests needed to remain centre stage. Following this, in thinking about why the participant’s invested in these views and the level of relational distance there appeared to be from parents, I considered the role of different influences. This included acknowledging how it echoed prevailing

⁴² Citing Symington’s (1986) re-framing of the depressive position as the “tragic position”.

discourses of individual responsibility associated with neoliberalism and tensions inherent to children's services involvement in family life. I also highlighted how the increasingly child-centric nature of child welfare policy and practice guidance and the negative treatment that parents and social workers receive from the media may mean social workers feel unresolved about tensions between the need to take concrete action to protect children and concerns about oppressing parents and families through the overuse of professional power. I then considered in greater depth how the participants experienced working with parental suffering and made connections between the views expressed and organisational dynamics.

Differences were found in the way the suffering parent was talked about and experienced by the workers involved in longer-term assessment and casework and those who were based in "front-door" assessment work. The latter were found to be more inclined to view parents as engaged in a process of self-exclusion, as poor at both using help and taking care of themselves and their children. Representations of parents often revolved around situations where household hygiene had been significantly neglected and parents appeared incapable to act in "respectable" ways. Conversely, though participants engaged in longer-term assessment and casework often expressed comparable views of parents, their understanding could also change over time according to how they perceived a parent's state of mind influencing issues they were working to address. This worked both ways, with the worker moving from apparently less sympathy to a parent to a more involved and holistic understanding of parents and their problems, often depending on the extent to which children's needs appeared to be prioritised by a parent.

Considering these differences served to highlight how the front door workers were much more inclined to distinguish in quite definite ways between themselves as a

team and others, including parents. And this appeared to shore up a stereotyping of the working reality with which they were faced. Indeed, in their work, being dismissive of parents' problems had occupational advantages in helping to ensure performative success and avoid being overwhelmed by the work. For the longer term workers, there was a sense of a more personal motivation to do right by families, sometimes, against the constraints of their role. There was a greater appreciation that if parents feel social workers are insensitive or are judgemental, they are less likely to engage with them and this, in turn, hinders the level of insight they are able to gain into children's lives. However, this came with its own difficulties as illustrated in the case of Emily and the volatile father.

In these respects, the analysis illustrates how high workloads and bureaucratic commitments, which mean more time is spent behind computers, create space for projective fantasies to take hold and be encased in the working culture and views can become more stereotypical and feeling for parents circumscribed. It also shows how social workers do not just become dismissive of parents' problems because of simply being worn down by exposure to too much material deprivation in their work or over-identifying with parents because of their social work training, value base, or personal factors. Rather, dismissive attitudes toward parents can depend critically on their workplace and the sense of gratification that can be gained in striving to be "child-centred" or "empowering" by not helping or identifying with parents and their difficulties.

In this vein, and with regards to practice implications, the analysis highlights difficulties that may accompany trying to change practice around how parents are related to, particularly in seeking a more critical reflection about issues of power and inequality. It also illustrates how the kind of psycho-social understanding and

psychoanalytically derived insights developed here have meaning for organisations and social workers beyond thinking about the relational dynamics in working situations and, specifically, in terms of the dynamics of exclusion to which parents and families involved with children's services are subject. In respect of this, we can acknowledge that social workers in children's services, in needing to appraise the potential for abuse to happen and consider the role of parenting in difficult circumstances, are placed, at the best of times, in an uncomfortable situation. Nevertheless, supervision, which involves critical reflection on issues of power, inequality and the psychodynamics of relationships, may have an important role to play here in helping workers to engage with this discomfort and often the confusion that will be engendered in thinking in more complex ways about their working role and parents (Froggett *et al.* 2015).

This can be considered, in closing, by reference to the case of the volatile father and Emily. This case was addressed in depth because of the insight it offered into how the longer-term workers could be more inclined to be moved by the suffering of the parents they worked with and sometimes experience guilt towards them. Emily, like other workers in her team and the longer-term workers overall, wanted more supervision on her work and cases, specifically supervision that was not overly didactic or instructive but more contemplative. In this case, supervision was rarely available, and this served to compound her worries about "something bad" happening in the case and the stress she felt. Indeed, it was profoundly unfair that she was left to work the case alone.

A good enough type of support would, I would suggest, at the very least correct the sense in which Emily was left to work the case alone. It would then seek to help her tolerate the pain of learning and the loss of a desire for "ideal" practice. It

would not necessarily need to root out personal anxieties per se, for instance by linking her discomfort around the case to guilt for having taken revenge on the father for his aggression by removing the children. However, it should serve to unpick how Emily felt emotionally invaded in her contact and help her consider a different way of relating, of a more open acknowledgement of the difficulties, wherein she would still strive to be empathic but not risk a quiet avoidance.

The supervision might also explore the function of tagging the father with the label of personality disorder. Specifically, it could look at how this helped, to some degree, in evidencing what a “problem” he was for her yet also left her feeling somewhat unresolved by the lack of recognition there was for the adversity and pain the father had faced in his own life and his apparent need for care. A lack of knowledge on mental health in child protection work has been linked to an overly cautious attitude in setting limits on parental aggression and social workers seeing the assessment of mental health needs as synonymous with diagnosis (Karpetsis, 2017). It has also been suggested that using “labels” in the assessment of parents can be “generally unhelpful” to social workers, leading them to think in “narrow dichotomies” (for example, this parent is, or is not, personality disordered, schizophrenic, depressed etc.) and hinder reflection on the nature of the parent’s interpersonal relationships with children and others (Reder & Lucey, 1995, p. 7). In the case of personality disorder, this reflection is complicated by the sense in which the diagnosis is perceived to be as much a way of labelling problems of moral agency and dangerousness (more “bad” than “mad”) and complexities around the condition as a consequence of early trauma (Pilgrim, 2001).⁴³

⁴³ By comparison to the diagnosis of post-traumatic stress disorder, which has been characterised as having a destigmatising influence by accentuating the context in which the condition arose (war veterans and combat stress), a diagnosis of personality disorder is often perceived to be stigmatising. This is in the emphasis it places on fixed individual attributes that are unresponsive to the environment

For Emily, the mental health nurse's diagnosis of the father at a distance did appear to offer her confirmation that he was unreasonable, and a more directive mode of engagement was necessary. However, it failed to offer real relief from the fact she felt she was hurting him or insight into the sense in which her offer of cooperation appeared to provoke a hostile state of mind, even to reduce his sense of agency and freedom.

Clearly, this type of support may not have altered the outcome or indeed the situation, and sensitivity would be required to consider how attending to power differentials and de-familiarising what was being taken-for-granted in terms of how the father was classified according to certain psychiatric discourses may have caused her more pain in removing the children and the oppression she was suffering as a woman in this professional role. As such, it would be important to focus on helping Emily to survive the discomfort the case generated and improve her knowledge and thinking around working with aggressive parents in an empathic way without becoming burnt out and potentially less able to meaningfully relate to other parents and families in future.

and way it is seen as a label that pathologises traumatised women (Herman, 1997). Kurtz (2002, 2005) writes on the way the individuals with the diagnosis can be treated in mental health services and the dichotomous views there can be regarding it. Patients are seen as being either "not ill" and therefore "fully responsible for their actions" or "ill" and not responsible for them (Kurtz, 2002, p. 75).

Chapter 7: The suffering parent in intensive family intervention work

Introduction

This exploration of this chapter is structured in a similar way to that of Chapter 6. It addresses specifically material from the 15 interviews I conducted with five intensive family intervention workers (three interviews with each participant, all of whom derived from the same team). As with the last chapter's exploration, it does not so much answer the question of how intensive family intervention workers experience the suffering parent (and how this can be conceptualised), but explores what is said (and how to conceptualise what is said) when you carry out interviews with a sample of workers on this topic and, by and large, let them lead the direction of three interviews where this is supposed to be the topic of concern.

I begin with a brief overview of the intervention model to which the five participants worked: multi-systemic therapy (MST). After this, I describe the way parental suffering was represented in interviews and how the participants positioned themselves in regard to this suffering and work with parents, before moving on to explore the particular organisational dynamics and defences surrounding these representations and positioning. A central concern in this resides with how, across these participants' interviews, there appeared to be a heavy investment in portraying the MST approach, and the type of understanding and practice it involved, as unique in children's services provision. I argue this investment reflects the programme framework's dual function for the participants. On the one hand, it provided a "protective frame" (Rustin 2015, p. 243) that helps them deal with the emotional demands of the work and challenge of working with families in very difficult situations. On the other hand, and in the context of service-wide reductions in funding,

it also served as a conduit of persecutory anxieties about the programme's "success" and their professional survival. At the end of the chapter, I consider the implications of this analysis and connect it to the findings of other research on MST. I also reflect on my arrival at this argument in completing the analysis.

The intervention programme

The type of in-home family intervention work addressed in the analysis of this chapter poses both unique and similar challenges to child protection assessment work and casework in Chapter 6 (Waisbrond, Buchbinder & Possick, 2012). The families worked with can be demographically very similar (in the case of these participants, the families of teenage children who were at the edge of care or custody) and the work can be very emotionally demanding. It also involves a comparable organisational context. However, by contrast to child protection social workers, these workers are much more immersed in family lives. Moreover, though they have a significant safeguarding role, they are not the safeguarding lead for children. In the case of the programme addressed in this analysis, they also have much greater supervisory support, their caseloads are smaller and they are subject to more minimal bureaucratic and case recording expectations. They work as part of a small team and, unlike social workers, they do not have the option of retreating to the desk and prioritising administrative tasks as a means of physically and psychologically insulating themselves from families. Indeed, as is illustrated in the analysis of this chapter, their identity is very much anchored in assisting families with making practical changes. There are, all the same, many obstacles to face. The families and therapy are not "ideal" types and it is often very challenging and unpredictable work.

At the time of the fieldwork, the team involved in this research was one of over 35 MST programmes commissioned and operating in the UK, the first of which was introduced in 2001. Originally developed in the USA in the late 1970s and 1980s for work with family conflict and adolescents engaged in antisocial behaviour, MST is an intensive, community-based intervention, which has, latterly, been expanded for intervention work in cases of child abuse and neglect and the families of children and young people suffering mental ill-health.

It involves a close working relationship between the family intervention professional (or “MST therapist”), the young person, their caregivers, and a wider support network, with staff available to families on a 24 hour a day, seven day a week basis. What are described as “known causes and correlates” of the presenting problem are addressed through treatment in a way that is tailored to the unique needs and strengths of the family. For example in the case of adolescent antisocial behaviour, treatment would likely consider and address limited parental supervision and peers involved in offending.

Nine core principles guide practice. These are conceived of as definitive to the approach but “not so rigid as to limit the flexibility to deliver ecologically valid treatment on an individual basis” (Burns, Schoenwald, Burchard *et al.*, 2000, p. 286).

1. The principal purpose of assessment is to grasp the “fit” between the problems identified and the wider social systems in which they have arisen.
2. Contact between the therapist and family members emphasises positives and attends to systemic strengths and mechanisms of change.
3. Interventions are planned and devised so as to promote behaviour that is responsible, and to decrease irresponsible behaviour amongst family members.

4. Interventions are action-orientated and focussed on the present and well-defined and specific problems.
5. Interventions are targeted at sequences of behaviour within and between different systems that sustain the problems identified.
6. Interventions should align with the developmental needs of the children and young people involved.
7. Interventions are developed so as to require daily or weekly effort from family members.
8. The effectiveness of the assessment and intervention is evaluated on an ongoing basis from multiple perspectives, with the MST therapist and their team accountable for overcoming barriers to successful results.
9. Interventions are planned so as to maintain any change made and support caregivers to attend to family member's needs across different systemic contexts (Henggeler *et al.* 2009, p. 32).

As these principles indicate, the model is grounded in a behavioural and systemic theoretical model and a view of family problems as the product of a specific context. MST work entails therapists undertaking a range of activities. These include, but are not limited to, observations of families' behaviours at home, individual sessions with parents, crisis intervention work, attending multi-agency meetings and working with other professionals linked to the family (Schoenwald, Brown, & Henggeler, 2000; Wells, Adhyaru, Cannon, Lamond, & Baruch, 2010; Zajac, Randall, & Swenson, 2015). The model allows for scheduling appointments at convenient times for families and high levels of direct intervention. Holding small caseloads of four to six families, it is expected that the therapist will have sufficient time to complete this work.

The MST model has been characterised as representing a marked contrast to “traditional” models of intervention in criminal justice and social care settings in the UK, which, as Ashmore and Fox (2011) describe them, tend to be non-contextual, individual and service-based, with an onus on the young person as the key to engagement. In their estimation, “the challenge posed by MST is to do much more to engage with young people and their families, where often traditional services have failed to deliver high quality, evidence based, intensive individualised therapy in a young person’s own home or local community” (Ashmore & Fox, 2011, p. 30).

Parallels can nonetheless be drawn between MST, other intervention models, and the ecological understanding social workers in children’s services seek to put into practice in the UK. The model can also be compared to wraparound approaches to intervention which has been influential in work with at-risk young people in North America and used in the UK in some instances with young offenders and young people at risk of offending. Both MST and wraparound approaches work on the assumption that individualised care, the participation of family, and “cultural competence” are important elements of effective practice. They also both conceive of the problems they are working to address as ecologically derived. However, they can be distinguished by the emphasis MST places on family relationships and “social” rather than “environmental” ecology, its lower staff-case ratio, and staff employed being better qualified (with professionals usually expected to hold a postgraduate professional qualification). MST is also more comprehensively “manualised” and entails extensive on-site supervision and external consultation to ensure fidelity to the approach. It also adopts the specific strategies of behavioural and cognitive behavioural treatment in direct work with caregivers. By comparison, wraparound approaches are less prescribed, and place greater emphasis on the use of community

organisations and local resources (Burns *et al.* 2000). The fact that MST has been more extensively studied and evaluated also renders it more attractive to policy makers and commissioners wanting “proven” models for health and social care provision (Fox & Ashmore, 2014).

To date, over 50 outcome studies and 20 randomised control trials (RCTs) of MST have been published and established that the programme achieves good outcomes in reducing offending rates and the number of children being placed in care or made subject to custodial sentences. There is, however, at least some cause for pessimism with these findings, particularly regarding the programme’s application in a UK context. Inconsistencies and incomplete reporting in the primary outcome studies of effects of intervention, variations in implementation and integrity in randomised experiments, and errors of interpretation and omission in previous reviews of the treatment have been highlighted (Littell, 2005, 2006). Studies of MST undertaken outside the USA also indicate more varied findings than the predominantly positive ones coming out of the programme’s country of origin (see Kiddy, 2014, for overview). Kiddy observes how RCTs undertaken in Sweden and Canada revealed no significant differences between outcomes for families who received MST and those who received treatment as usual. As she notes, following the authors of these studies, this does not necessarily mean that MST is not effective in this context. The services received instead of MST may have been superior to those offered as a control in the US studies.

The first UK based RCT (Butler, Baruch, Hickey, & Fonagy, 2015) compared outcomes with targeted services provided by youth offending teams. It showed that MST delivered better outcomes for families in the form of reduced reoffending during an 18 month follow up period, and lower rates of youth-reported offending and

caregiver reports of aggressive or offending behaviour. However, this result was not replicated in the second and most recent RCT (Fonagy *et al.* 2018). This study, which involved multiple London-based programmes, used out-of-home placement 18 months after intervention as the primary outcome measure and found no significant difference between MST intervention and case management as usual.

The suffering parent and relations with suffering parents in intensive family intervention work

The “ecological” understanding of parent’s problems

As was the case with the social worker participants, striking a balance between allowing a participant to take the lead in the direction of interviews and getting their views on parental suffering specifically could prove a challenge with the intensive family intervention workers. Participants tended to talk about many things related to the suffering of parents but less about it directly.

When I did address parental suffering directly, responses often reflected the “ecological” approach of MST. Parents’ suffering and the feelings parents had about their lives were characterised as the product of different individual and environmental determinants. This remained the case whether it was in the context of specific examples of individual parents or more generalised accounts.

Ben (interview 2) for example, having been asked how parents he worked with suffered, answered in the following way in reference to the situation of a mother on his caseload who had attempted to commit suicide the day before.

Some of the parents I work with have got borderline personality disorders for example. Some of them have got their own mental health problems that are, are huge. You’ve got the family I went to last night obviously, it’s the children’s behaviours part of it but it’s not the only thing that’s causing the parent to behave in that sort of way.

Erm so yeah there, there's multiple factors I suppose in terms of parents being overwhelmed. She's got a housing situation in that she's being evicted. She previously had an alcohol dependency. She would drink six litres of cider every day. She's had problems with the neighbours. She's in quite a difficult spot. She's quite isolated. I think the eviction thing's quite big because she feels she needs to move out her area but her social network is that area so she's going to isolate herself further by going further out, erm and take on a private, a private let as well. They're going to have less tolerance as well for anti-social behaviour there as well than you would with a council house. So yeah, of course there's problems. You've got parents who struggle with their relationship and that in itself is difficult.

However, in general, these comments and examples tended to involve greater emphasis on certain factors in the family's ecology over others. Overall, the factors highlighted linked more to those they could address as family intervention workers in the family home. This was evident in different ways, including the way they talked about their cases and lines of association following the question of how parents they worked with suffered.

For example, Kate, the supervisor of the team, referenced interpersonal and psychological factors, specifically "*marital conflict, domestic violence*" and "*different parenting beliefs*". Prompted to expand on this point, she noted how the ecological and systemic approach heightened one's awareness of the impact of environmental factors. "*The systems stuff helps you to challenge individual stuff*" (Kate, interview 1). At the same time, it also made you "*aware of the things you can't control*". They had to be, she said, pragmatic about what could be changed. When I broached the role of poverty with Kate, she described this as "*really common*" amongst the families they worked with and "*a big issue*" they were confronted by. Many families they worked with were up against "*a constant struggle*". "*It's do you feed your kids or clothe your kids you know. We see that every single day*" (Kate, interview 1). However it was not as though

this was something they could address directly, even, as is implied in the quote below, as impervious for them to help change as someone's gender or "biological issues".

I mean me, on my own, I can't do a huge amount about poverty, national poverty but I think that you think about these things and you accept these issues and the constraints some of these wider issues, gender for example, biological issues for example, that you just can't have an impact on, you accept that they still do have an impact erm and you're conscious of that but you work with what you've got don't you, you can only work with what you've got can't you? At a level, I guess that you can make changes across ... you know, your individual changes, you can make your family changes, your neighbourhood changes, you can probably have some impact on but you can't do anything much more broad.

In the interviews with two members of the team, Diane and Kate, services other than MST were also associated with parental suffering in the sense of placing undue pressure on families and not helping them properly. In her first interview, following a brief reference to the management of children, Diane described this as a challenge they could well relate to at MST given how much other professionals would "bombard" them with concerns and expectations once they started working with a family.

Me: And tell me about parents' difficulties?

Diane: In terms of difficulties managing the children or with services?

Me: If I said parent's suffering, their problems, what would come to mind?

D: I think for a lot of our families, they've had a lot of service involvement and some have even though we take the clinical lead in all the work, there is still often a lot of people involved. I've got one family at the moment that is just as soon as we signed the family up, I've been bombarded by, because we lead, everyone goes "Phew there you go, you deal with it" you know social workers, child protection plans, four different schools across all the children (Me: right), erm several police officers at the anti-social behaviour units, er the behavioural support unit, er you name it. I mean at the conference, there were no chairs, people couldn't get in. It was just one of those massive ones so I felt overloaded with that. Then from the parent's point of view, trying to manage all that constant phone calls and again another one who goes I'm not answering it so then they're labelled as disengaging and not, not joining in with

interventions that are on offer, but it is a complete overload and that comes across quite a lot that and it will, I mean, in that case it will ease off and back off a little bit because it will start to come through us. Erm but you need, parents need to see that. So I'm being bombarded less and I've got one single point of contact (P: right yeah) but it does happen a lot where people are like phew.

Me: So, one of parents' problems is that so many...

D: Too many professionals, so many people involved and I think from a professional point of view, if you go to a core group or, or erm a conference and they have got a lot of people involved, a lot of people will say the answer is just answer the phone and deal with that issue of your child's behaviour and get them to deal with that at school and then they'll go. Will they? (laughs) Will they really? Will all this disappear? No, it won't. So, you know and its hard juggling at the best of times isn't it. If you've got four children or they're at four different schools but going and behaving that would still be difficult but then you can see how people sort of implode don't they, go "I'm not answering the phone" and "I'm not answering and you can all eff off"

Diane also commented on how families often did not receive professional input when they desired or needed it at an early stage before problems with their teenage children became overwhelming. It could also be a struggle later on, when the seriousness of problems had increased because of the strain put on them by the various professionals and agencies involved. In her estimation, much of the initial work in MST involved working to change conceptions parents had about professionals as unhelpful and impressing upon parents that MST was a serious service and a lot would be expected of them.

Adopting a uniquely collaborative approach to work with families

As I noted at the beginning of the chapter, a conspicuous feature of the interview narratives was how participants emphasised that MST was a "unique" way of working with and understanding families. In a not dissimilar way to the literature cited in the first section of the chapter, they distinguished their outlook from mainstream

approaches in children's services and criminal justice contexts. They described themselves as less detached and aloof than other professionals and spoke of offering a comprehensive rather than narrow way of understanding. They were concerned with seeking to "*decriminalise things*" for children. They did not see them as "*mini-adults*", that is, as responsible individuals complicit in criminal behaviour, but more beings at the mercy of the social environment in which they live and are cared for (Ben interview 2). They also sought to identify families' strengths and were more service user- than service- led, "*bringing*" parents "*alongside rather than us sort of towering over them*" (Kate, interview 1).

All five participants noted how working in MST had brought into relief the limitations of other services they had worked in or had contact with. Pete described his journey from working in a youth offending service to MST as one which had led him to understand, in retrospect, "*how removed I was from the families we worked with*" (interview 2). In his former role, he was often desk-bound. When he did engage in direct work with young people, this tended to be through interventions focussing on the young person in isolation. He cited "*anger management*" sessions as "*a classic example*" of this (interview 1).

Similarly, Diane observed how, in youth offending services, parents were minimally engaged and when they were, this tended to be in a "*punitive*" way. Visits were scheduled in working hours and thus lacked an appreciation of families' daily routines and the involvement of parents, particularly fathers, who may be at work. At the same time, professionals tended to operate on the assumption that parents were "*totally responsible for these children and you're going to pay the penalty*" (Diane, interview 1). In contrast, in MST, they saw parents as protagonists in the work and a good worker-parent relationship as vital to intervention working out for a family. "*You*

can't just go in and do an intervention. If you haven't got that relationship, it won't work" (Pete, interview 1). MST was, it was often said, not about instructing parents but "giving" parents "the power to make their own choices". "It's them that are the expert" (Nita, interview 2). Parents brought concerns and desires that should drive the treatment and were the key players in taking forward any changes that were made. An analogy recurrently invoked by participants was of the worker as car passenger and the parent as driver.

It's trying to get them to come out with the answers as well rather than, I think the worst thing in the world would be to go in there and say, you know, you're doing this all wrong and I know how to do it better. Do we? Cos it's their children and they know them better and that's often said they are experts for those children and we're quite literally just sat in the back seat offering a few directions, once you're back on track and know the route, we can back out but it's there in a supporting role as well. It's not sort of erm, what's the word, administering child protection plans albeit a lot of the children are on them. We're looking at realistic interventions to change that behaviour to get what they want you know.

(Diane, interview 2)

Participants may have, as they said, learned to understand families in a different way coming to MST. However, the understanding evident in interviews was most often not that obvious to see. It often did not seem all that different from the way the social worker participants appeared to understand parents' situations. This was in terms of the dissociation of the parent and their problems from a wider socioeconomic context and family troubles being construed in terms of a lack of boundary setting and warmth from parents to children. Parents were ill-educated around parenting properly and had not learned or experienced sensitive or appropriate caregiving from their parents and were now at a disadvantage as parents themselves.

However, much more so than many of the social worker participants, the intensive family intervention workers appeared, in various ways, to be interested in parents. All emphasised that they took great satisfaction from doing direct work with parents and how families making sustainable changes and being able to credit parents for this change motivated them. Talk of collaboration with parents was also accompanied by supporting descriptions of strategies they used and scenarios or cases they had worked with previously. Participants positioned themselves as having individualised ways of working which, overall, aligned with the MST principles. This included efforts to ensure the on-call system met parents' expectations. On-call duties could be a burden, something they wanted to be free of and finished with when they returned home from work, but they would often deal with calls from their families out of hours. They did not want to give families the impression they were being "*passed from pillar to post*" and leave them speaking to someone with whom they did not have an established relationship (Nita, Interview 1). Parents tended to "*see you [the therapist] as MST and struggle with different people covering [on-call]*" (Ben, interview 2).

By comparison to the social worker participants, they also emphasised much more fully the importance of an awareness of the impression they might make as a relatively affluent professional going into deprived families' households and "*not getting engaged in any kind of power play*" (Kate, interview 1). Kate spoke about how she was "*quite conscious*" of the gap between her and the families. She was "*earning a pretty decent wage compared to the level of benefits that they're getting*" and the differences could be plain to see. For instance, whereas she had invested significantly in dental work, "*a lot of the people we work with don't even go to the dentist because they can't get there, and you go there, and they've not got teeth*". Families, she said,

“kind of get that impression don’t they? A professional comes in and ‘You’re better than us’ and I think you’ve got to be really careful that you’re not seen to be that”.

That she had *“lived it a bit tougher and that I lived you know on a really low income and survived hand-to-mouth for a few, you know for a good few years”* helped in this regard, not in relaying this fact to families, but in making her feel more at ease (*“a higher sense of comfort knowing that within myself”*) and confident with imparting the tenets of MST to parents in a *“non-judgemental”* way.

Participants were also universally of the view that part of getting at a family’s *“level”* was ensuring their work involved engaging with a family’s situation as it was lived and experienced by parents. This allowed them to be present during highly charged situations, sometimes including violent incidents between children and parents. In such situations, the worker had to think on their feet and sometimes directly intervene. Such situations could be *“really full on”* (Nita, interview 1) and disturbing to witness, but valuable and informative as well. *“I think it informs your work quite differently when you’ve witnessed it. It helps in a way. It’s not just something on paper”*. Parents could feel their difficulties were recognised, and assessments and plans could be better tailored to meet their needs. *“When you’re in the thick of it, you can walk away and make a really effective safety plan because you’ve seen it, you’re there you know, you’re not just taking one person’s perspective, you’ve seen what’s happened”* (Nita, interview 1).

Perhaps the most striking example of this came from Diane, who described her experience of an 11-year-old girl attacking her mother, an event that occurred not long after she had started working at MST. At this time, she was aware that the girl could be *“extremely violent”* to her mother, albeit Diane had not properly realised the extent of this, *“until she launched into it one day when I was there”*. It was a *“quite horrific”*

situation. The daughter had been “*literally hanging off*” her mother. “*Her mother didn’t know what to do without you know, didn’t want to hit her back and was literally just ragged around the house by her pony tail*”. In the moment, Diane had been uncertain what was the most appropriate action to take but had resolved that “*regardless of what the agency you know their own policies say about laying hands on the child, there’s no way you can allow this to carry on whilst you’re in the house*”. Diane took the girl and “*sort of picked up and moved off her mother*”. “*You could just scoop her up under her legs, sort of kettle her up and sat her on the floor on her knees a bit like a five-year-old on the carpet*”. This seemed to help to a point until the girl “*managed to wriggle off to the front door and lock everyone in and her eight-year-old brother out*”. Eventually the situation calmed down and the mother and Diane were able to get the keys back off the daughter. In regard to this, Diane observed that whilst there was “*worry*” in terms of the potential for a complaint to be made about restraining the daughter, it was not something she could “*just sit and watch*” unfold and “*from a moral point of view, I’d rather [do] that than someone say you did nothing*”. There was also the potential risk to them, but, she felt, what should apply for them as professionals in terms of the potential to be hurt, should apply for the mother as well.

The programme framework as “protective frame” and conduit of persecutory anxiety

In the case of individual participants, parallels could be drawn between the way parents’ behaviour and working practices were accounted for by participants and their individual biographies and lives outside of work (which, in specific cases, are addressed in the next two chapters). All the intensive family intervention worker

participants, at some point, mentioned, or alluded to, dependency frustrations during their childhoods and the absence of a parent (for example, in working away, prioritising another aspect of their life or acting more like a friend than parent). However, as with the case of the social worker interviews, there was more material that spoke to dynamics and defences at a team and organisational level.

In completing this analysis, I began to think of the function of the MST framework as both a “protective frame” (Rustin 2015, p. 243) for workers to deal with the emotional and practical pressures of the work, including exposure to highly charged situations and emotive experiences, *and* a conduit of persecutory anxieties about professional success and survival.

All the participants spoke about how the programme structure anchored them in their direct work with families. Nita, for example, noted how she had long enjoyed being “*in the thick of it*” and working with complex cases as a social care professional. She welcomed the challenge MST provided to work with families who had a history of not engaging with services. At times, working with “*so many people with so many complex needs*” could be difficult and you could “*get caught up in the chaos*”. “*You’re so entrenched with their lives sometimes*” (Nita, interview 2). This could be particularly difficult for her as a “*doer*”, that is someone who tended to “*jump in*” and act for families without taking the time to think (Interview 3). However, it was here that the MST principles, supervision, and team support grounded her and helped her to recognise such tendencies. “*It’s really structured so you’re quite reined in*”. It could be “*very hard*” sticking to the principles, but their existence meant “*you’re always reflecting on yourself*” (Nita, interview 2).

Likewise, Diane observed how she liked “*that directiveness about it [working in MST]. It feels more thorough*” (interview 1). The MST framework served to “*keep*

you very focussed” on the task in hand. “You know exactly what you’re going through with them next week you know exactly you do that and then you do that (Me: right). You can’t just go I forget the first two and go to the next three because come the next supervision you will be found out and you will be sent back to the beginning”.

Through supervision, they could establish exactly how they were making progress with a family and deal in a more detached and constructive way with times when cases were not successful and children or young people ended up being removed and placed in care or made subject to a custodial sentence. Ben for example, spoke about a mother who had *“been a bit of a nightmare”* to engage. The mother was adamant the daughter was the source of the family’s difficulties and it had been *“really difficult to make contact with her”*. Indeed, he felt *“at some level I’ve failed to engage her”*. However, the MST framework and supervision helped him, he said, to realise he had done all that he reasonably could and accept the prospect that the daughter may now have to be taken into care.

I’ve done my best. I’ve tried my hardest, we’ve gone through the process, we’ve gone through supervision and consultation. I’ve tried to implement everything that I can. There’s always more that you can do and I would never say anything different but I’ve tried my best. I really have tried to do what I can with that family and there have been some positive changes but it’s, that one, it’s not looking so good (Me: no) and it might be that in terms of safety, she is best placed in care.
(Interview 3).

Moreover, even where participants sounded more critical of the supervision processes, for example by describing it as *“both support and scrutiny”* (Pete, interview 1), the challenge entailed was part of what helped therapists. As Pete put it, the scrutiny was not *“necessarily a bad thing”*. Initially, it had sometimes been *“uncomfortable”* sharing one’s practice. In particular, he found playing recorded sessions to other team members during supervision an awkward experience. However,

this discomfort did not last, and he felt the process was a constructive exercise which also helped with team rapport. *“I can talk things through and we try and work out a solution”* (interview 3).

As supervisor, Kate stressed the utility of the framework in getting a hold on the many difficulties that families presented with, in the way it *“forces that step back”* (interview 3). It was often a challenge *“trying to figure out which one do you deal with first when you’ve got this whole picture of really, really multiple needs”*. It could be *“really, really hard to kind of see the wood for the trees (P: yeah) let alone the solution”*. She and the team were *“constantly getting back to our assessments and seeing if we’re coming back to the same place, trying to check that we’re working on the right things”* (Interview 1). They did not always succeed and there were limitations to the MST framework and the therapists’ understanding and application of it. At the same time, for her, working in MST gave one the opportunity to think and reflect about the work and work creatively as a supervisor. She described it in a similar way to the quotes above from Diane, around being clear on what was to be done and the lack of any slippage. *“Nothing goes longer than a week in MST (P: right). Goals are reviewed every week, everything’s reviewed every week so... everything’s checked, double checked and treble checked, every single Monday so if there’s a frustration it can’t go on”*. It could not *“... soak into the rest of the team”* (interview 1).

In accord with this positive self-appraisal of being effective and sensitive but disciplined (and aided by the MST framework in working in this way), I found the team to be well-humoured and acceptant of my presence. I witnessed what Ben described as the team’s *“culture of trying to keep things light hearted and humorous”* and capacity to be at once, *“quite serious and quite silly”* (interview 3). The participants did not seem to take themselves, or to a certain extent MST, too seriously.

For example, they referred to a “*Principle 10*” - a euphemism for wanting to bypass or ditch the demands of the MST process. I found I could relate to them as individuals and professionals, particularly in their talking about being parents or not being parents themselves and other aspects of their lives. Workers displayed an appreciation of other team members and viewed with good humour the absurdity of some of the situations they encountered. They were easy to get in contact with and arranged interviews in a prompt and straightforward manner. Comments were made about “wanting to be useful” to the research study (Nita, interview 1 process notes) and most of the team expressed an interest in how the findings might help their practice.

However, in their dealings with me, there seemed to be a perennial tone or undercurrent of wanting to credit themselves for their success and a kind of MST-centricism that came across particularly in, what I came to describe in my field notes as, the “well-worn phrasings” of MST. This MST-centricism may have come across to the reader, to some degree, in the first two more descriptive themes of this analysis, for example, in the sense in which Diane’s associations to the suffering of parents and the way other services over-burdened them seemed to be, as much as anything, about MST being over-burdened by other services.

It was also evident in the way parents’ “successes” were described, which sometimes seemed to be more about their skill and achievements. Pete, for instance, talked about the rewards of the work in terms of being to credit parents with the changes they had made. He recalled specifically the case of a mother who had been adamant when they started working together that it was impossible to get her 11-year-old son to attend school again. As the work progressed, they had managed to get him to go for an hour each day. Then one day, as Pete recalled it,

...he came out... saying ‘I want my uniform on tomorrow’ and so she texted me on Friday saying ‘I can’t, I really can’t believe I’m at the school he’s here, he’s engaged,

he's asking questions' and for her that was absolutely total disbelief that he'd done it and what I sent back was 'Actually no you've done it' erm and she sort of sent a text 'Well no, I've only done what you've taught me to do'.

(Interview 3)

When analysing the interviews and my field-notes, I wondered how much their friendliness towards me and joviality was, unconsciously, a means of “appeasing the object” and avoiding attack or critique. I was also puzzled by their lack of curiosity for deeper explanations and the way they glossed over contradictions in their accounts, for example in maintaining that parents needed to take responsibility for changing children’s behaviour whilst bemoaning how much society blamed the parents of antisocial teenagers. I often felt pulled toward making “longer statements” about what participants said in interviews desiring more reflective responses, especially when the way in which participants could talk about their feelings in work with a parent seemed circumscribed by the projection of MST as effective and rewarding work for them as professionals. For instance, during my second interview with Pete, I asked how he felt when a mother disclosed that she had previously caught her son attempting to molest his sister - a revelation that emerged after he had commented on the way she seemed to struggle to show warmth towards him. Pete’s response was that he could relate to “*how hard*” and “*tough*” it must be for her in the circumstances, but that the feelings evoked in him personally by the situation were positive. Expressly, these were “*of making a difference*” and “*satisfaction*” that they had established a strong working relationship where a parent could feel able to make this sort of disclosure.

Adherence to the programme principles, whether real or apparent, seemed to be paramount in this investment in MST as unique. Four of the six participants did not have any formal professional qualifications and, unlike the social worker participants

who, if made redundant, would still be social workers and could work in a range of contexts with this title, they would cease to be “therapists” if the programme folded. And a lack of success meant the potential loss of professional identity, hence, success and the evidence base had to go hand-in-hand.

Participants recalled how difficult it had been to learn the MST approach and procedures early on. For Diane, for example, it “*just hit everyone like a brick wall, cos it’s just such a different way of working*” (interview 1). It felt “*drummed into you*” that the procedure and nine principles needed to be followed in order for it to “*work*”. Kate likewise observed how in her first week in training, “*I think we all just thought ‘Oh my god, it’s awful’*”. “*The term brainwashing came up all the time in MST, and it’s joked about all the time but it felt like it really was being rammed down your throat*”. They would be, “*strength focused, you will let parents take responsibility, you won’t do the work for your families and this constant you’ll deal with behavioural issues and then cognitive issues and you’ll use CBT to deal with the cognitive issues before you’ll use motivational interviewing*”. However, despite this difficulty, they seemed to have taken on a lot in embracing the MST emphasis on practitioner accountability for client outcomes. The team were, Kate said, “*passionate about our success*”, even, at times, evangelical (“*preacher like*”) about the model (interview 1).

Comments made about the “*proactive*” pursuit of engagement of parents who had withdrawn or said they no longer desired their involvement also indicated that there could be tensions between “*performance*” and “*outcomes*”. Diane for example, observed that

It is voluntary and that is where it is tricky because you can’t force them to do it but you can sort of encourage or nurture can’t you but I think I’m not saying that is the only reason why it’s done but the whole sort of philosophy I think is those, you know issues, that were bad enough to get the referral in the first place

(Interview 3)

But if they were unable to maintain involvement, *“that will then be closed on our system as a failed case in effect so that is that effect on statistics but there’s also that effect on the family and the young person that why there so its erm going in all guns are blazing ready to get them engaged”*.

Participants also presented, as heavily, if not unrealistically, sensitive about measures of adherence to the MST framework. The therapist adherence measure (TAM) used in MST includes elements which would indicate parents’ appreciation of a worker. It has been associated with a strong working alliance. It is, nonetheless, just one form of measurement.⁴⁴ Kate (interview 3) who saw it as having limitations as a tool commented on how *“managing the results of that are sometimes more difficult than the families”* and team members could be *“quite competitive amongst themselves”* about scores. It would be *“quite demotivating”* for therapists when they did not receive high scores.

Ben was a notable example of this. He had been receiving low scores, *“scoring in the forties”* when he started out, having struggled to pick up the framework following a move from work in residential care. He recalled how at the time he had been *“genuinely thinking ‘Do I need to leave this altogether?’ For me, it’s too hard, too different”*. *“I was getting things wrong and erm my scores ...were really low. I had the lowest on the team. I was below par in that you’re supposed to meet 61 and I was like way down in the forties”*. During the interview, he rationalised this as something he had been able to get to grips with when he reflected on the different experiences other team members had in working with families, and how he had essentially been

⁴⁴ Kiddy (2014, p. 26) discusses questions concerning the construct validity of the TAM in its original version, referencing Littell (2006) who suggests it is more a measure of general therapeutic skills than principles specific to MST and a study of Schoenwald *et al.* (2000) which did not find a significant correlation between therapist and family ratings of therapist adherence. In her own study, Kiddy found different confounding variables impacting on the TAM scores, including families’ feelings about completing it and their ability to link therapist actions to the terminology used as part of the TAM.

determined enough to work through it and make improvements. I raised this with him in a later interview following his concession that early on he had been “*certainly guilty of taking things personally*”. However, despite entertaining an understanding of its limitations, he predictably forced the point. It should be something taken seriously, and which one should naturally want to do well in. “*Even if the numbers mean nothing, it motivates people to work hard and give a good service*” (interview 3)

As supervisor, Kate seemed to have some sense of this overall dynamic of MST-centrism amongst her team. She expressed concern that enthusiasm for MST amongst the team could be misdirected and uncritical at times and connected it to team members’ professional backgrounds and specifically how a lack of education around research and research methods meant “*they’ll look at the [research] evidence with less of a critical eye*” (interview 3). She also presented as sensitive to how, using the framework, it could be hard for therapists to be “*honest and open*” about their feelings about the work. In response to this, she said she sought to combine formal supervision procedures, of individual and team case consultation sessions, with informal support such as meeting for coffee and talking about how things were going at a personal level. However, in other respects, she also impressed like the others as having adopted de-facto assumptions about the “correctness” of the systems to which they worked, to the extent of internalising them, although she said this was very much about her being a “*perfectionist*” and “*narcissistic*”, wanting to do well in it, rather than “*arse covering*”.

Further supporting my overall interpretation, I found that all the team seemed to struggle to hold in mind a view that both their work and that of others in children’s social care could be of comparable worth. The programme from which the therapists worked was introduced at a time of significant cuts in the local authority and initially

on an interim basis. There was no guaranteed funding, and the programme came about with, as participants recalled it, a degree of hostility from other professionals and teams in the authority. They were supposed to be, according to both Diane and Kate, an “*all singing, all dancing*” provision, delivering success with families who had been problematic for many years, and were judged more on the families they were unsuccessful with rather than their track record. “*They’ll think that MST is rubbish because of one case*” (Kate, interview 3). Kate reflected that, at the time,

It felt as though there was almost a bit of glee from everybody because ‘Oh well you said you were, you said you were going to be brilliant... (P: yeah) that your kids were going to stay out [of care]’ (P: yeah) you know trying to say, our rates are that, about 80 percent, but there are 20 percent that don’t.

(Interview 1)

Anxieties about their and the programme’s professional survival were also evident in the way they presented as quite insensitive and isolated from other teams. For example, comments Ben made about their being given permanent contracts were represented as illustrative of how well regarded they were by commissioners. However, there was no mention of how the programme was introduced at a time when established family support and crisis intervention teams were cut and other professionals in the authority lost their jobs. There were also various subtle and less subtle “digs” about workers in other teams. Pete, in recounting the case of the mother who had beaten her son, suggested that despite the family having previously been subject to a child protection investigation, no social workers had asked her why she had beaten him (interview 3).⁴⁵ At the same time, participants seemed to struggle to

⁴⁵ This dynamic could sometimes get played out in interviews too. Whilst the participants sought to explain the workings of MST to me as an outsider to the programme, there were nonetheless times in interviews when there could be a sharpness of response that I did not “get” MST. Ben, I noted after an interview, “... talked about the confusion, that has been widely acknowledged [in the interviews], around cases being with them... and them being the ‘clinical’ lead rather than safeguarding and pointing

articulate how they managed safeguarding issues. Indeed, when such issues were spoken about, mostly in response to questions about the relationship between parents' problems and children's needs, generalised statements about safeguarding being "*front of mind*" (Nita, interview 3) tended to be made. These were often accompanied by silences and a lack of explanation about action they had taken in individual cases. Kate noted how she sought to be generally non-interventionist in taking stuff forward as supervisor but preferred to "*sit back and keep my eye on stuff*". However, in her eyes, the "*one defect*" of the team was (and she suggested they would probably agree with her on this) that "*they just don't know any [safeguarding] policy*". As she put it, the team "*see their priority as being with their families really*".⁴⁶ They had "*basic training*" and "*common sense*" but avoided full awareness. "*They'll say it, they all say it, 'I don't know the policy on that or this' and so I'm constantly saying to them 'Well if you look at the policy on that then you'll get all your answers' and 'The policy's there'*". She felt, she said, "*a bit stuck*" on what to do "*other just forcing them (laughs) to sit down and read them*" (interview 3).

Discussion and conclusion

In summary, this analysis found that the way parental suffering was represented by the intensive family intervention professionals' interviews was not all that different from the social workers. This work involved a much fuller engagement with their everyday experiences of parents and participants displayed much greater interest in the lived reality of parents' lives. Nevertheless, and despite an ostensibly ecological approach,

this out in a way that implied irritation and as though I, like others, had misunderstood it, which I didn't feel to be the case" (interview 3 process notes).

⁴⁶An interesting statement to make in terms of the two meanings it may have, that is to be out doing work with families or not betraying their trust by informing social workers of any concerns they may have.

the suffering of parents was framed similarly via surface-static notions of parenting and the downplaying of social or structural factors. The interviews indicated that there was also a strong investment in a view of their way of working with families and understanding as unique. Considering this investment, I explored how the MST framework under which they worked functioned as both a protective frame for workers to deal with the emotional and practical pressures of the work and a conduit of persecutory anxiety about professional success and survival. I drew evidence for this in different ways, including the more subtle “digs” participants made about other services and professionals and my experience of the interviews (notably, of finding the team members welcoming, friendly and personable but also as though I was subject to something of a sales pitch).

Reflecting on the positions taken by these participants, it is worth again acknowledging how different the working relationships with parents may actually be from other professionals. They would, one can anticipate, be very different from those the front-door social workers in this study would have with parents. Indeed, studies exploring family experiences with MST have reported that the working relationships are regarded as an improvement, even “an antidote”, to previous professional involvement, with the therapists more receptive and easier to relate to (Butler *et al.*, 2011, p. 1233) (see Bibi, 2014; Kaur *et al.* 2015; Tighe *et al.* 2012).

Research studies addressing the views and experiences of MST therapists have, however, also evidenced how taxing the work can be and the function of the MST framework and supervision processes in supporting working practices, but also in generating anxieties around success and adherence (Kiddy 2014; Markham 2016; Packer 2014). Markham (2016) interviewed seven London-based therapists to gain an understanding of the experience of MST implementation in a UK context. She found

that its intensive nature (of putting plans in place, seeking feedback immediately to identify barriers and possible adaptations needed) was valued and seen to contribute to success with families. The flexibility of the role allowed therapists to work to their individual strengths and the supervision process motivated them and kept them grounded in the model. On-call responsibilities could, all the same, heavily encroach on participants' personal lives and they sometimes found it difficult to stop thinking about cases outside of work. Various comments were also made about how machine-like MST was in its rigid, performative aspects and a sense of being "blamed" in the absence of case successes. What is more, participants spoke about feeling uncomfortable with the level of persistence that could be expected and the "dread" that could accompany having to return to families who indicated they no longer wished to work with them (almost as though you were, as one participant described it, like "a bit of a stalker").

The participants' attachment to the MST approach in this study can, in this vein, be considered less critical and quite heavily identified with the programme and the way support for families is articulated as part of it. There was not the same concern expressed by therapists in other studies about the lack of space for reflecting on the meaning of children to their parents, beliefs within a family about gender roles, and family histories (Kiddy 2014; Markham 2016; Packer 2014). There was also a greater degree of satisfaction with the extent and nature of the supervisory support they received, albeit this had already been broadened and tailored by Kate as the supervisor involved.⁴⁷

Taken together then, the findings of these other studies and this analysis indicate there is a need to consider how opportunities for workers to critically reflect

⁴⁷ Reflecting how, as Kiddy (2014), Markham (2016) and Packer (2014) all suggest, the role of supervision in MST is revisited and extended from being adherence and task-focussed to incorporate a more supportive, restorative function, including more one-to-one attention.

on their work can be circumvented, and specifically, how the framework, whilst driving the work, may be used in ways that close down curiosity about how families can be best helped, and how this might happen in ways that do not necessarily conform with the established procedures. It may be that it is not so much that MST is based on a sense of professional omnipotence, but that anxieties extra to the work with families can play a role in fostering this and the resultant muddling there can be of the needs of the family and professional imperatives.

As part of the analysis, I touched on the role that funding reductions and a lack of professional training seemed to have in the worker's investment in the uniqueness and success of the programme. And I want to conclude this chapter by emphasising that it is also important to consider how the actual structure of children's service provision, as it is presently organised, can be thought of as channelling such an investment. In general, case holding social workers no longer provide direct help to families but rather act as brokers, referring families on for "expert" interventions, of which MST constitute one. Indeed, what the participants had to say is, essentially, similar to sentiments in the 2015 *Working Together* guidance. For example, the guidance states that services "may also focus on improving family functioning and building the family's own capability to solve problems" but "this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made" (Department for Education, 2015, p. 14).

I also want to note that I would concur with Markham (2016) that supervision in MST not only requires additional supportive qualities, as the other researchers on MST emphasise, but also attention to the wider organisational context and dynamics of the work. However, with this, and whilst I think a psycho-social perspective may be of considerable utility, I would underscore that there needs to be careful consideration

of the theoretical attachment inherent to MST work. The struggles I had with writing this analysis was how much the projection and strong investment in “success” reflected a desire to give a good account of oneself in interviews. In writing the analysis, I found that I was very much tempted to repay their welcoming of me and desire to be seen as “good” by portraying the participants’ accounts in a more sympathetic light and, as I came to see it, collapse into the simpler position of bearing witness to the challenges of the work, perhaps playing up the participants commitment to families and the caring aspects of the work whilst highlighting the considerable strain they were under. I found the interview material symptomatic of unique tensions and complexities in this line of work, for instance how “supportive” work with families can be in the context of problematizing family behaviours and relationships, the balance between taking (or needing to take) concrete action and standing back and reflecting on practice situations, and respecting a family’s right to make decisions for themselves about the direction of intervention and avoiding harm to children and young people. Yet, I was also troubled by how much any analysis I produced was about our differing theoretical attachments, and my inclination toward more involved (psychodynamically-orientated) understandings. For them, depersonalising the complexity of family situations and the suffering of parents was necessary to be able to do the work and avoiding reflective preoccupation.⁴⁸

⁴⁸ In this vein, it is useful to remind ourselves of Menzies Lyth acknowledgement of the difficulty and complexity of generating compassionate concern - excising an organisational context of social defences against anxiety would be as likely as excising psychological defences from human beings. The aspiration should, rather, reside with increasing awareness of their presence and function; then, to relate this to whom it is concerned when and where it was possible for it to be taken in and used.

Chapter 8: Dynamics of parental-status disclosure in child protection and intensive family intervention work

Introduction

The exploration of this chapter draws on material from both the interviews with the social workers and the intensive family intervention workers. It is specifically concerned with the topic of parental-status disclosure, that is, what the participants would say to parents about whether they, themselves, were parents or not, and how they personally negotiate the use or non-use of such disclosures and experience being asked about this by parents. This was something of a recurrent theme in interviews. Most participants said this was a question they were asked by parents in many or most cases they worked. Six of the nine social worker participants and three of the four intensive family intervention professionals spoke about the matter spontaneously when talking about the nature of their relationships with parents and the challenges they faced in working with them.

I pursue the topic in this chapter for three interlinked reasons. Firstly, it allows for further consideration of how the positioning of parents and organisationally-derived dynamics and defences addressed in the previous chapters influence workers' actual decision making and working practices. Secondly, it provides an opportunity for further consideration of how a psychoanalytically-informed and psycho-social analysis can shed light on (as I draw out to differing degrees of depth in the analysis) how the biography and person of the professional interact with organisational defences and dynamics in understanding and working relations with parents. Thirdly, the issue of parental status disclosure, as a form of professional self-disclosure, resides at the interface between psychoanalysis, social work practice and social work research.

Thus, there is scope for practical illustration of how the sort of psychoanalytically-informed research analysis developed can inform social work practice that is, to some degree, receptive to insights provided by psychoanalysis.

Many social work writers and researchers have addressed the topic of self-disclosure in the field of clinical social work and psychotherapeutic practice (Anderson & Mandell, 1989; Gibson, 2012; Goldstein, 1994; Jeffrey & Austin, 2007; Knewberger, 2015; Knight, 2012; Lee, 2014; Siebold, 2011; Streat, 1999; Wells, 1994). However, there is limited dedicated writing and research on its use in routine practice in child protection and child welfare contexts and work with involuntary clients (see Trotter, 2004, p. 143, 2006, p. 38).

I begin by briefly reviewing the place of self-disclosure in social work practice. I then look specifically at its use in child protection social work and the experiences and views of the social workers interviewed for this study in disclosing whether they were a parent or not. After this, I turn to the accounts of the intensive family intervention professionals before considering the implications of the analysis for practice at the end of the chapter. At different points in the analysis, I dwell on the case of specific participants so as to address the interface between the biography and person of the worker and organisational dynamics and defences.

Professional self-disclosure

Professional self-disclosure refers to the social worker (or psychotherapist) revealing something personal or specific about their person or non-immediate experience to someone they are seeking to help. It is often a factual type of revelation, for example “I trained as a social worker at the University of Sussex” or “After work, I go to the gym”. It can be distinguished from, what are referred to as, “self-involving

disclosures” or “transparency” which characterise the relating of feelings, often about the here-and-now of the work or intersubjective dynamics, for instance “You saying that makes me feel sad”. Such self-disclosures are commonly inconsequential, such as when a social worker informs a parent they are unable to undertake a visit at the usual day or time. However, in other situations, when personal information is revealed, it can give rise to issues around the maintenance of appropriate personal and professional boundaries, depending on what is disclosed.

The orthodox or textbook position for talking about personal information as a social worker is that it is both a potentially beneficial and potentially harmful activity (see, e.g., Ward 2010, pp. 46-47; Turney 2010, p. 138; Hamilton, 1951, pp. 32-33). In *Social work skills and knowledge* for example, Trevithick (2012) suggests the following “general rule”. Self-disclosure “*should not occur unless it is in the interest of the individual seeking help*, and even then, it must be handled sensitively” (Trevithick, 2012, p. 217, emphasis original). At times, she notes, revealing “present or past personal information about ourselves can be helpful, even invaluable, for people who feel isolated and alone in their suffering, or who worry about revealing themselves in any way” (Trevithick, 2012, p. 217). For professionals “to reveal that it is alright to be *known* in certain ways can help to break down feelings of shame, guilt, or self-blame – the feelings that say “I’m not like other people”” (Trevithick, 2012, p. 217, emphasis original). Yet, this does not alter the fact that self-disclosure should be used cautiously and sensibly. Indeed, for her, “it is often better to be quite vague and to keep our comments to a minimum, unless there are good reasons to do otherwise” (Trevithick, 2012, p. 218). Framing it slightly differently in *Communication in social work*, Lishman (2009, p. 78) emphasises that the “underlying meaning” of any requests for personal information should always be carefully considered. Despite often

being a straightforward attempt to build rapport, such requests can also be used by service users to avoid discussing difficult topics and a means of gaining power over a worker.

This general stance, that depending on what is said, disclosing personal information has variable degrees of appropriateness and value but should be approached with care, reflects the different contexts in which social workers work, including the vulnerability of some clients and risks posed by others. It also speaks to the mixture of theoretical influences that bear on how it is viewed in social work, especially from the fields of psychotherapy and counselling. For example, the influence psychoanalysis has traditionally had on social work theory and practice may be associated with a wariness regarding self-disclosure as a “non-neutral” act that can “dilute” projective and transference processes (Borenzweig, 1981). But this may, in turn, be contrasted with the influence of the humanistic and cognitive behavioural therapies, where self-disclosure is seen as a sometimes powerful means of modelling personal openness and sharing coping strategies. However, it is important not to overgeneralise regarding these differences. There can be a crudeness with such representations that can lead one to overlook the gradations of opinion about self-disclosure within different types of psychotherapy. Furthermore, it is important not to equate social work uncritically with psychotherapeutic work. The boundaries between these activities are porous; social workers can, of course, work in a therapeutic way. However, the demands of their role and the context of the work are different and what qualifies as appropriate practice changes as a result (Austin *et al.*, 2006; O’ Leary *et al.*, 2012; Pugh, 2007; Reamer, 2001). For instance, in the clinical practice of psychoanalytic therapy, occasions for self-disclosure often arise spontaneously as they do in social work, with the patient asking a question of the therapist. However, the

conventions of the consulting room dictate that the therapist would usually take some time to consider their response (even stay silent) and the meaning of any questions posed including the latent motivations being expressed via the request. This would be proper practice, even expected by the patient, though the style of interaction is at variance with everyday forms of conversational exchange. By comparison, for the social worker working with a parent in a family home, the context is much more unpredictable. Whilst it may be advantageous for the worker to have an idea of what a request for personal information from a parent means (even in terms of the psychodynamics), the social worker would have to come up with a response relatively swiftly unless they want to come across as aloof.

Recent research and writing addressing the topic of professional self-disclosure in regard to social work with children, young people and families has tended to maintain a “balanced” view of self-disclosure as both a potentially useful tool and potentially inappropriate (Maiter, Palmer, & Manji, 2006; Crowe, 2014; Eyrich-Garg, 2008; Sousa & Rodrigues, 2012; Trotter, 2004, pp. 143-146, 2006, pp. 38-39, pp. 152-154). However, it has also highlighted that professionals may talk about their personal identities and lives more routinely than has previously been assumed and that professionals who use disclosures can be perceived as genuine and more credible as professionals, even that the use of professional self-disclosure is associated with more positive outcomes for families.

As part of an Australian interview-based study of parents involved with child protective services, de Boer and Coady (2007) note how parents valued workers who “without shifting the focus from clients, revealed aspects of themselves that fostered personal connection”, for instance being a parent as well or having dealt with adversity and loss (p. 38). Disclosures helped, they found, to normalise families’ problems and

feelings and gave an indication of the worker's ability to understand and take seriously their experience.

In another Australian based study involving interviews with 50 child protection workers, 282 service users (including mothers, fathers and adolescent children) Trotter (2004, pp. 143-146) found that service users did not see self-disclosure as being that important. Yet, when workers did use self-disclosure, outcomes tended to be positive. Workers in this study were generally circumspect about its use, with only 43 percent saying that they believed it was appropriate to talk about their parental or marital status. Nevertheless, and quite strikingly, these views were found to correspond significantly with the outcome of child removal. For workers opposed to such disclosures, children were removed from their families in 19 percent of cases. Conversely, for workers favouring such disclosures, children were removed in only five percent of cases. Reflecting on this, Trotter concludes that given there is no other research to validate this finding, it would be premature to suggest self-disclosure is a factor in whether children are removed or not. It may simply be that when workers are required to remove children they become more impersonal in their practice. In other work concerning practice with involuntary clients more broadly (Trotter, 2006), he nonetheless suggests that the disclosure of non-intimate details, such as whether one is married or a parent, is "generally appropriate" (p. 154). Whilst the use of self-disclosure is context dependent, a fear of disclosing anything remotely personal at all can be unwarranted given that service users are expected to disclose a lot about themselves with little offered in return. In making this claim, he also references an earlier study of Shulman (1991) examining the practices of child welfare workers in Canada (Trotter, 2006, p. 38, pp. 152-154) in which self-disclosure, alongside the worker sharing their feelings, was positively related to service user perceptions of

professional helpfulness. The study also includes some brief observations on what comprises defensive and more open responses to questions from parents to workers about whether they are not parents themselves. Shulman (1991, p. 45) refers specifically to the example of a middle-aged mother asking a young, unmarried worker if they are married. He delineates a defensive response as the worker saying: “We are not here to talk about me. We are here to talk about you” or to point out that they don’t have children but “had excellent courses in child development theory” during their training (Shulman, 1991, p. 45). This sort of response, he says, discourages the client and erects a wall between them and the worker. An alternative, more open and humane response would be the worker saying something along the lines of: “I’m not married and don’t have kids. Why do you ask? Are you concerned about my being able to understand what it’s like for you raising three kids? I’m concerned about that as well. If I’m to help you, I will need to understand. Can you tell me what it’s like?” (Shulman, 1991, p. 45). This type of response involves an attempt at “*putting the client’s feelings into words*” (Shulman, 1991, p. 45, emphasis original) and demonstrates how the worker is open to the client’s experience and views.

Parental-status disclosure in child protection work

The social worker participants in this study tended to say they were pretty wary about revealing their parental status when asked, but did not view this categorically. What to say, that is, whether to just relate biographical facts about being a parent or not, or to disclose more detail, for example about one’s experience of having or not having children, needed to be reflected upon. A recurrent concern was to determine whether the situation in which the question had been asked was, in the words of four participants, “*genuine*” or “*unconstructive*”. A genuine situation could be recognised

as involving a more or less innocent attempt by a parent “*trying to build up a bit of rapport*” (Lisa, county team, interview 2). The parent was interested in the worker as a person and their question was a “*reasonable*” or “*understandable*” consequence of a healthy curiosity about their identity and responding honestly was a means of displaying empathy for the parent’s situation. Parents could be expected to tell the worker a lot about their lives and accordingly they might respond with similar questions.

Conversely, an unconstructive situation tended to arise when there was conflict and it was, in the words of Lisa (county team, interview 2), “*more of a power thing*”. As Mark (city retired, interview 1) put it, “*when you’re on the wrong side of parents, that’s when you get asked*”. In this scenario, the question was often used to confront the worker (“*Do you even have children?*” Mark, interview 1) and to attempt to undermine their professional authority.

The seven social worker participants who did not have children tended to emphasise it was important in such unconstructive situations that they did not concede that things might be different if they did not have children. They spoke of using the sort of response that would not involve the open, reflective observations recommended by Shulman (1991, p. 45). Alesha (county team, interview 1) for example, said that if the situation seemed unconstructive she would likely say “*Well this isn’t going to help the situation, it’s not going to add anything to this*”. Or, if a parent confronted her with the question, “*How can you tell me what to do if you don’t have children? (aggressive, dismissive tone)*”, she would respond that “*Well it still remains that I’m trained to do this job and that I’m a professional at the end of the day so it doesn’t matter whether I have them or not*”. Similarly, Lisa (interview 2) commented on how she used to avoid the question “*as much as possible*” when starting out in social work. Now, she would

“just tell them the truth but if they’re trying to do it to make a point or because they can just fire that back at you [that you don’t have children] then I’ll just avoid it. I’ll say ‘We’re not talking about me, we’re talking about your family’ and that normally works”.

If we disregard Shulman’s arguments momentarily, we might say that this is as much a defensible as a defensive position. There are no hard-and-fast rules just that it is thought about carefully. It is also a “valid position” not to disclose if one is uncomfortable with doing so (Trevithick, 2012, p. 218). A cautious approach is taken and a willingness to think about the underlying meaning of the question is evident. At the same time, this reflection only goes so far, and there is a clear inflexibility in the way admitting one is not a parent is equated with relinquishing authority in assessing the adequacy of parents’ caregiving. Indeed, workers without children also commented that the question of whether one was a parent or not tended to be more easily dealt with by social workers who were parents. They could just answer directly and move on, without having to elaborate.

There were, all the same, different mind-sets linked to this stance which were revealed, to varying degrees, in the way the issue was spoken about in interviews. Antonia, a social worker in the county authority, commented on how, as a social worker, one had to be pretty closed in regard to such issues given it could be used to undermine you. As she put it, *“otherwise I suppose it [the question of being a parent] could intimidate you... and you can’t go in and be intimidated by a family because that relationship wouldn’t work”* (Antonia, interview 2). However, she also commented on how it could be strange going into houses and giving advice to parents who were frequently much older than her and was mindful of the power imbalance involved in expecting parents to disclose personal information to her when it would not be

reciprocated. She had become wary of disclosing she was not a parent during her first year of qualified practice. She could see that the matter of saying she was not a parent or refusing to answer was more about impression management. It was a case of emphasising to parents and herself that she was as qualified as any other worker on the basis they would, like her, be child-centred and following the proper guidance to know what qualified as adequate and inadequate parenting.

...obviously I'm going into families, sometimes with older parents. I find it hard because I'm just starting out, early twenties and I'm telling a 40, 50 year old you know what to do so, [where] the standards a house should be at and sometimes I do think they're going to tell me to get stuffed but then the other side of it, I'm doing it because of the children and you just have to remind yourself of that and you are there for the children and they need this and regardless of how old I am, whoever came in, they would still say that.

Conceived in Kleinian terms, this anxiety can be said to have depressive qualities. There is a coexistence of worries around whether she is entitled to judge others, not having experienced parenthood herself with an appreciation of the demands of her role and the working culture. She accepts there is some truth in a view that not being a parent, she may see things differently, albeit she would be unlikely to admit it to parents.

Conversely, the narrative of James, one of the “retired” city authority workers, indicated a higher level of persecutory anxiety around the issue. This was evident in a stronger sense of refusal to entertain the idea that other social workers would see things or work differently, or that being a parent might help, and tolerate the conflicting feelings this would entail. He noted how he sought to not get involved in conversations about whether he was a parent or not. He also emphasised his professional training and the research and practice guidance underpinning decision making, and the fact he had been a child himself. For him, this obviated any way being

a parent might make him a better social worker, even if parents believed it to be the case. “*Whether I’ve got children or not I would be saying the same thing*” (interview 2). According to James, all workers needed to ensure their personal experiences did not distort the way parents were worked with and that this work was undertaken in a “*non-judgemental way*”. They just differed in terms of the impact of their experiences on their perception, which needed to be critically considered. He related this to other comments he had made in interviews about his experience growing up and the sacrifices his parents made for him and his siblings.

It's a bit like when I spoke about my family experience... I'm not going to go into a family and assume that they have to be like my family was and it's exactly the same in terms of having children, you know whether I have children or not. If I have children, I'm not going to go into a family and assume that you've got to do it the way that I do it I'll be informed by sort of best practice and research.

In this regard, he seemed to paradoxically maintain that personal experiences both do and do not qualify one for social work practice with families, whilst denying the sense in which a social worker will always be learning something new in working with a different family, whether they are a parent or not. When this was broached in the second interview, he struggled to expand on the matter. Following the above statement, I asked what he meant by practising in a way that is “*informed by best practice and research*”. Despite its centrality to James’ view of all workers practicing in comparable ways, he only mustered the response “*sort of statutory guidance I guess*”. Then, when asked about whether by “*research*” he meant the research underpinning that guidance, he seemed to run out of ideas, replying “*yeah, yeah, erm yeah I can’t remember anything else*”. In fact, in his first interview, James had commented that not being a parent and in a family with siblings and cousins who did

not have children had disadvantaged him when coming into social work and engaging children had been “*sort of out of my comfort zone*”.

For the three social workers who were mothers, there was a greater openness to self-disclose. It could just be engaged in, as the non-parent social workers suggested, swiftly and not entail the relating of any particularly intimate information. Krupa from the city front door team suggested that she would only go so far as generalised “*chat*” and “*sympathy*” in conversations with parents (interview 2). However, these workers did also emphasise how saying that one had children could be useful in communicating an appreciation of how parenting is an imperfect and difficult vocation and for “*building rapport*” with parents (Emily, interview 1). They also said that they tended to view parenting differently having been a parent.

Emily, the sole mother in the county authority at the time of the study, also emphasised how being a parent could help understanding the reality of children’s experiences and development. Being asked whether she was a parent was not something that arose all that often in her work and she did not seek to disclose that much about herself, especially unprompted. You had to weigh up “*what that information means sort of thing*”. Nevertheless,

I think it does help as well, I’ll sort of you know again it all depends on the parent and the situation but they’ll sort of be times I’ll say ‘My child’s the same age, I understand what, whatever’s going on’ or in terms of if they’re having any difficulty with their development or anything like that. It’s sort of saying ‘It’s normal, it’s fine, it’s not a problem, it’s just that kind of age they’re at or school pressures’ or whatever and again, it’s kind of building that rapport of showing you’ve got an understanding of what they’re, whatever they’re experiencing erm and I think sometimes for some people like to know that you you’ve got a child and you’re kind of living what they’re living as well.

(Interview 1).

The differences in view between the social workers about whether and how to respond to the question of whether one was a parent or not did not, in this vein, map straightforwardly onto the differences identified between the longer-term and front-door workers in the exploration of Chapter 6. Overall, the comments on self-disclosure further reinforced a view, as detailed in Chapter 6, that workers seemed to see a high level of social distance between themselves and the parents they were involved with. However, a more rigid outlook around not having personal conversations with parents appeared to be more connected to the fact they were not parents than anything else. This is, of course, not to deny that the front-door workers who were parents were not defensive in any disclosures they did make. Indeed, interestingly, it was one of the workers doing longer term work who provided the most in-depth account of sharing personal information with a parent and the role this could play in the development of a relationship with them.

This worker, Alesha (county team), described how telling a parent that she was not a parent and other personal information functioned as something of a “change moment” (Person, 2000) in their work together. Alesha was not, as the quote from her in the previous section indicates, averse to dismissive responses when asked about her parental status. Nevertheless, she said she would sometimes reveal things about herself in more constructive situations, which would usually involve her talking about her experiences growing up and life outside work. This particular case involved a mother with whom she had been working following episodes of domestic abuse from a former partner the children had witnessed. She felt relations had been fairly positive in their work together, but there remained a sense of unease that seemed to stem from the mother’s unexpressed resentment towards her. The mother was a similar age to her with four children and, as she saw it, likely felt that *“I’m judging her because my*

course of life is completely different to hers". Having asked and been informed of her age, the mother would probe into the particulars of her life and career development, and comment on how this might lead Alesha to view her. As she recalled it,

'So if you're nearly the same age as me, we probably went to school at the same time and you probably never had a break and you went from school to university to do your social work degree and that means when you started working, you told me, you had three years, that means you're still really young and you probably judge me and think "Oh gosh this young"'.

The mother also tended to notice and make remarks about small changes in her presentation (*"payday, new handbag is it?"*). Alesha found this troubling as she endeavoured to minimise any sense of superiority she might unwittingly communicate, for example by *"dressing mature"* in quite plain clothes at work. Likewise, when her own car had recently been out of action, she had refused to borrow her partner's because it was too ostentatious of a model for visiting families.

The question of her parental status was not, however, the result of any direct confrontation but because the mother's four-year-old daughter had rummaged through Alesha's bag during a visit and took out her car keys, attached to which was a picture of her goddaughter. The mother then asked whether the baby in the picture was hers, and after she explained, a conversation ensued. In this, she was more open about her own background, and not being a parent, and the mother spoke candidly about her feelings of having missed out in her life because of having children at a young age. This conversation really helped, she said, *"to break these things down and think why it [her perception of Alesha] is causing an issue"*. *"I think she felt, she really wanted, would've wanted to have a career before she had children"*. Following this dialogue, Alesha sought to be clearer with the mother about how her *"life choices"* did not concern her as long as there was not a risk of harming the children. She also proposed

that she might help the mother think further about her desire to be in paid work, what action might be taken and where the children fitted in to this. She said she subsequently helped the mother to seek careers advice and begin volunteering to build up her work experience.

On one level, the terminology of “life choices” used by Alesha and the underpinning sense of child-centrism reflect dominant modes of understanding parents in child protection practice and a sense of avoiding being seen in interviews as, in some way, prioritising parents or their problems. However, the act of self-disclosure also emerged in Alesha’s narrative as a means of, what she described as, “*breaking down barriers*” and more openly discussing tensions stemming from the mother’s belief that Alesha was inclined to discriminate against her because of their differences in social position and the power she held over her as a professional. This fact was not suppressed so as to give some illusory sense of a conflict-free relationship, but there was as a more direct acknowledgement of the inequities inherent to the respective roles they occupied.

Thinking about this example in terms of the parallels between the practice of direct work with parents and clinical psychoanalysis and psychotherapy (of a broadly psychoanalytic, and particularly relational psychoanalytic, orientation), the differences are clear to see. The decision of whether or not to disclose is imposed on Alesha who is subjected to personal comments and questions in a highly unpredictable context where there is a greatly increased potential for things to literally spill out of one’s person or be found by children than there ever would be in the clinic or consulting room. To be clear, and use a distinction of Clare Winnicott’s, she is also far from being just “a subjective figure” as the psychotherapist is, who will “start from the inside” to address inner conflicts (Winnicott 1963, p. 171). She is more “a real person”

in the life of the mother and children, helping to make changes in the “external world” of their lives, for example in helping the mother to fill out the necessary paperwork and begin volunteering. However, this does not mean that she is not an object of phantasy or that their encounters did not involve changes in the mother’s “inner world”. This is apparent in the response she evokes from the mother. The way she related to the mother might also be described as reflective of what Winnicott characterises as a “*willingness to try to understand*” that renders the helping relationship a therapeutic experience for a service user (Winnicott 1963, p. 173, emphasis original).

Whilst her response feels a long way from the traditional psychoanalytic stance (of viewing personal questions as associations and considering in terms of fantasies and thoughts that gave rise to them), it can be aligned to perspectives associated with relational psychoanalysis which have drawn attention to how it is not necessarily true that because the analyst reveals little, the patient reveals more (Gediman 2006; Greenberg 1995; Marcus 1998; Orange & Stolorow 1998; Renik 1999). With these, the claim is not that the analyst should regularly talk about him or herself or that they should use disclosures in a heavy-handed fashion. However, it is about a need to consider how, by not answering a personal question, the analyst is very much doing something and how self-disclosure may sometimes be “more analytically facilitating” than not answering (Ehrenberg 1995).

Wachtel (1995) maintains that, as a therapist, it is “perfectly possible to reveal certain aspects of oneself where it is deemed clinically appropriate without opening every back room of one’s psyche for the patient’s inspection” (p. 220). If there is a sense of the patient needing to idealise the therapist, at least for a certain period of time in therapy, they may be sparing in any revelations they give. However, for other

patients, not responding to a patient's questions may contribute to an adversarial tone or a process of, what he refers to, following Laing (1960), as "crazy making": providing confirmation that a patient's perceptions are in some way "off" and they should not trust what they are seeing or hearing, or that what they desire to know of others is not what one is supposed to want to know. For Wachtel, therapists should consider what self-revelations may benefit the therapeutic process and a patient's sense of safety. When a disclosure cannot be made or only made partially, he suggests, the rationale for doing so should be given to make clear that "all people are motivated to avoid topics that make them anxious.... the resistances that will inevitably be encountered in the course of the therapeutic work are not signs of the patient's recalcitrance or weakness but are, rather, manifestations of the human condition" (Wachtel, 1995, p. 223).

In Alesha and the mother's case, we can think about this in terms of how, by talking about herself in the way she did, Alesha verified the mother's sense of reality as well as establishing her own honesty and her concern for the mother. This was not to the level of depth one might anticipate from psychoanalytic therapy (which may, for instance, also bring to light the envy that seemed to be at play from the mother toward Alesha and arguably, the other way around, of Alesha not having children and the mother having them). However, it did serve to allow for, what Shulman (1991) terms, "getting the 'lurking negative' out" (p. 86). There was a recognition of the unspoken resentment and this guarded against the potential for any kind of professionally induced "crazy making" of the mother for being curious about Alesha's life outside work. Moreover, Alesha all but expressed a sentiment that her judgements were, inevitably, fallible and that she might judge the mother because of her more privileged background.

Parental-status disclosure in intensive family intervention work

The intensive family intervention professionals all spoke about the matter of parental-status disclosure in interviews. Four of the six team members were parents and these participants said that being and disclosing one was a parent could help in building rapport with parents. Unlike the social worker participants, they did not make a general distinction between constructive and unconstructive situations for answering questions about their parental status. Owing to the nature of the work and regular ongoing contact, most parents were aware or would have a notion whether they were a parent or not. They also all said that they would reveal their parental or non-parental status if they were asked. One worker also said they sometimes spoke about being a parent without prompting from parents.

The MST framework to which the participants worked, as a non-office based therapeutic intervention and family therapy, involves similar challenges to self-disclosure in child protection work. Refusing to disclose something about oneself may seem impolite, even rude when visiting families at home (Dixon, *et al.*, 2001, pp. 1491-1492). Some researchers have also suggested that not speaking about oneself with families in this type of work can hinder working relationships by implicitly drawing attention to how the therapist does not need help, but the family does (Roberts 2005; Yusof & Carpenter 2016, pp. 69-70). However, MST is also an “assimilative” form of integrative approach that incorporates principles from cognitive-behavioural and behavioural therapy, and structural and strategic family therapy (Ziv-Beiman, 2015, pp. 68-69), and these therapies can differ in stance to self-disclosure. Whereas structural family therapy is traditionally associated with a more detached stance, in cognitive behavioural approaches, the use of disclosure is recognised as a sometimes powerful way of transmitting values and attitudes and modelling coping strategies and

techniques (see D’Aniello & Nguyen, 2017; Goldfried, Burckell, & Eubanks-Carter, 2003; Roberts 2005).

Pete, the sole father in the sample, gave a brief story about one of the initial cases he had held working in the team. At the very least, for him, by revealing one was a parent, parents thought you could understand family life better. In the story, a taciturn stepfather had asked how many children he had and his answer, three, convinced him he knew what he was doing.

... dad, stepdad, asked if he could see me so I thought that was quite odd. He didn’t want to be involved which was fine and I went out and saw stepdad on a Saturday morning and the first thing he said to me was ‘How long you been doing this?’ I said, ‘I’ve been working in this field of work for about 11, 12 years’. ‘You got kids?’ I went ‘Yeah’. ‘How old?’ ‘24, 15 and 10’. ‘Oh okay you can come in’. He wasn’t prepared to work with anybody unless they’d actually experienced having kids themselves, and I thought actually I can get a little bit of that, where he’s coming from but would I, would he have carried on working with me anyway? And probably he would but erm it does, actually you can, it’s interesting that... [as] an example.

(Interview 1)

My initial impression was that this type of questioning did not seem to be a source of consternation for the intensive family intervention worker participants. It tended to be more a case of answering directly and seeing what happens rather than a therapeutic strategy which was tracked in terms of its effect on the process of engagement - though there could be different views of how understandable such questions from parents were. However, I was also aware of how in various ways this stance was interlinked with, as with the analysis of the last chapter, a desire to ensure their efforts and MST “worked”. In the case of what two workers said, it also appeared to be a vehicle for personal issues and conflicts.

Nita, as a lone parent of two children of primary school age, commented on how parents' awareness that you were a parent could help them to trust you as a worker. It made you "more real". She commented on how taking calls at home inevitably revealed, in some way, she was a parent. This could be challenging with her children being the age they were, but it ultimately helped to "humanise" you as a worker and for parents to know you as someone also familiar with the everyday challenges of family life. She gave as an example a time she took a call when her son had fallen over and started to cry.

It is hard and sometimes being on-call and there's things going on and then having to be just like (whispers) 'I can't talk, I can't talk' (as if talking to her son) and we've had the prep where its 'Mummy's on her work phone you have to be patient and wait' and trying to tell a four year old whose just fallen to just tone it down while I take this call, but there are families that understand that too (...) there was one particular mum that was talking to me on-call and at that point my little man was really, really distressed and he was really, really upset and she could hear it at the back but I still didn't put the phone down, I kept going in the room and she said 'Okay you've got your hands full as well'. She said 'It's okay. I can speak to you in a bit' and I said 'Alright, okay that's fine' and she said to [name of other worker in the team], 'She had her hands full last night'. And it shows that we're human too

(Nita, interview 1)

Personal experiences were also something Nita would deliberately draw on in her work with families. She recounted a case involving a devoutly religious, Muslim widower in a tense relationship with a teenage daughter, who "just wanted to go out with her friends". She described how she had "talked a lot about erm culturally my own issues growing up with him you know also being having been under those cultural pressures and stuff and what approach worked with me... [how] I wasn't explained why I was asked to do certain things, the more I would rebel against it" (interview 2). However, how much thought Nita gave to such disclosures, which were more intimate

than just acknowledging she was a parent, was unclear. She described herself as sometimes “*chaotic*” in her working style, and it seemed almost as though any shared experience was, to her, positive and there was a reduced sense of reflection on the meaning of doing so and the impact this might have on the parent. In her estimation, this fitted with the MST philosophy that parents’ “*expertise*” on their families should be recognised. As she put it, “*I’m only an expert in my family and so I wouldn’t go in and give that approach to anybody*”. Evidently, though, in disclosing her own experiences voluntarily, she seemed to be, paradoxically, quite forcefully imposing certain messages about what a family or parents did not know. Other material arising in the interviews also illustrated different ways she struggled to maintain boundaries between her work and personal life. She related how, on the night before her second interview, she had been planning on cancelling a visit to a family because her car had broken down and was being repaired. The father of the family had taken umbrage with this as he had arranged time off work to attend and offered to give her a lift there. She ended up completing this visit, having been dropped off by her ex-partner with her two children in tow whilst they went to the supermarket and picked her up afterwards.

Mirroring this, Nita’s interviews were sometimes quite varied, lively and noisy affairs. The second interview involved three interruptions for her to arrange a replacement car for her own and the third ended prematurely when she realised she had wrongly scheduled an appointment and her appointee had been waiting for her whilst we talked. I recorded in my field notes how I sometimes felt “*bewildered*” by the pace and discontinuity of her responses and way she jumped between topics and experiences (field notes, Nita Interviews 1-3).

Listening to her speaking about being on-call and, in her words, “*neglecting*” her son in distress, also evoked thoughts in me of how her children might feel amongst

all of this and puzzled as to why she had to prioritise on-call in the way she did. In addition, when returning to the interview transcripts and notes for the analysis, I wondered how much this was connected to childhood experiences or to the challenges of doing this line of work as a lone parent with its changeable timetable necessitated by families' needs. There was some suggestion of parallels between the nature of Nita's working life and aspects of her upbringing that she recounted during the interviews. Nita's mother had been a community worker and activist and was, she said, "*a great role model*" in her commitment to local and international causes. However, as the eldest girl in, in her words, a "*traditional*" Indian family, Nita had been left from a young age to look after her younger siblings whilst her mother engaged in voluntary pursuits. In retrospect, Nita said, she thought this commitment had, in part, acted as a way for her mother to avoid difficulties at home with her father.

Lying to parents

The second intensive family intervention worker participant for whom self-disclosure could be a vehicle for personal issues and conflicts was Diane. Diane, in her fifties and with extensive experience in social care work, was not convinced of the benefits of self-disclosure beyond initial impression management. She said there was a perception from parents, and indeed society in general, that unless you had children "*...you don't know how to parent sort of thing*". Specifically, parents tended to take the view that unless you had a few or, better, lots of children, you did not know how to parent. They preferred "*quantity over quality*". In response to the question of whether she was a parent and how many children she had, Diane said she would answer (honestly) in the affirmative but then lie, saying she had had two children (now grown up) when, in reality, she only had one.

Diane recognised this was a deception but did not see it as fraudulent. The construction she put on this was that it was a “*buffer*” or pragmatic strategy of professional discretion. It was a way to circumvent playing into parents’ prejudicial sentiments and avoiding awkwardness, “*a deflector rather than a lie*”.

Diane: ... I think when they... ask you, they’re seeking that confirmation that you’ve got a sufficient number of children so you know what you’re doing and I know other people who haven’t got children and find it really difficult to answer (Me: yeah) and then they feel that person isn’t going to necessarily believe in their knowledge or expertise because they haven’t got them or only one so I’ve just adopted this, I’ve created a second. He’s left home obviously.

Me: So it’s (D: a deflector yeah) to not get bogged down

D: It’s not getting bogged down in that because you can spend the next half hour them saying ‘Well you haven’t’ or ‘You’ve only got one’ and it’s awkward you know ‘Hang on’ but there’s still if you’re at that position where you’re still trying to get that full engagement from parents, there are times when you’re going to use sort of personal experiences or personal analogies but where’s the cut-off point you know? Where does it become not as useful as you were hoping it would?

The strategy of lying is troubling, however one looks at it. It is a pretence that ends up being more disingenuous than the “detached” or aloof approach it acts as a foil to. As Murphy and Ord (2013) point out, given the very nature of self-disclosure is “an insight into a personal experience or element of self, it is vital that such interactions are based on truth and not altered or fabricated to falsely gain rapport” (p. 331). Diane might rationalise this as doing “whatever it takes” to ensure engagement. She might also contrive that the MST therapist adherence scale highlights that workers should seek to avoid “a lot of irrelevant small talk (chit chat)” (Henggeler & Borduin 1992, as cited in Schoenwald *et al.* 2000, p. 88). However, whether one has children or not can only be interpreted as small talk if one person involved in a conversation sees it as such. And this guidance would not, one can easily assume, recommend that

workers should think so “creatively” about self-disclosure. Indeed, another point of the adherence scale is that the family and therapists are “straightforward with each other” (see Schoenwald *et al.* 2000, p. 88).

I came to think of this stance in terms of the way it further reflected other themes around the social distance participants perceived between themselves and the parents with whom they worked. Diane’s passing comment about parents favouring “quantity” over “quality” speaks, for instance, to how she may see, we can presume, her own parenting of a single child (as a “quality” relationship). By comparison, the word “quantity” conjures associations that we might conjecture as a lack of self-control, of parents they work with as having more children than they can properly care for, even a sprawling spawning underclass mass of uncared for and dangerous children (her saying she has “*adopted*” a second child is also telling in this regard). The stance may also be described as further evidence of persecutory anxieties about the programme “needing” to work and professional survival. However, I also found that the motivation to engage in it seemed to run deeper still or and could be considered in terms of connections with Diane’s biography and background.

Viewed psychoanalytically, lying can be framed in terms of particular relationships between the self and object (Freud, 1913/1958; Lemma, 2005; O’Shaughnessy, 1990; Weinshel, 1979; Wilkinson & Hough, 1996). The lie, as Lemma (2005) characterises it, can “be known with absolute certainty by the self” and creates an illusion of dictating “what the other will believe and think” (p. 738). It is “always an indirect form of emotional communication about the internal world” and in which there is a “truth”, not about external reality but the nature of the liar’s internal object world (Lemma, 2005, p. 752). It is “a psychic detour”, a “difficulty, even danger, in being open and direct with one’s objects”, emerging “when there is a need

to bypass one's objects, to 'work round them' in some way or even to swerve violently in order to avoid a head-on collision with them" (Lemma, 2005, p.738). Lemma notes how lying takes, on the one hand, "sadistic" forms and can be an attempt to "triumph" over and "dupe" the object, controlling and humiliating it for the self's gratification (Lemma, 2005, p. 738). Yet it can also function as a means of "self-preservation" and a "symptom of hope" (Winnicott, 1956/1984), the seeking of communication with an object experienced as unavailable or inscrutable and substitution a "real self", felt as unlovable, with a "made-up" one (Lemma, 2005, p. 738). Via a manufactured identity, the chance of guaranteeing the object's love is maximised by alleviating any doubt about the contents of its mind or for creating psychic space and safeguarding the self against an "intrusive, omniscient, made object" (Lemma, 2005, p. 738).

Diane made several comments in her interviews about feeling affronted by the ways in which working in this field as a part-time worker could be viewed by others as not qualifying as proper work and raising one child as not having really been a proper parent. Moreover, in her interviews, younger workers were often represented in an unfavourable way, as naïve and more concerned with appearing professional than doing the work and helping families. Comments were also made about qualifications, credentials and sophisticated ideas counting for little when compared with the merits of age and experience. This view was located by Diane with young workers. "*I think if you speak to anyone in this field, if they're in their twenties, they'll say it's a disadvantage*" (interview 1). It was also, she said, how she felt personally. She could well understand how parents would be suspicious of younger looking workers. She did too, citing examples of young-looking policemen and doctors. "*Obviously*", she said, this was not accurate in terms of professional integrity or ability but was nonetheless the way she knew she felt.

At times, this certainly came across as a veiled reference to me. I found Diane, like other members of the MST team, to be well-humoured and accommodating of me and the research. However, I also wondered if my presence irritated her and interviewing her was not always straightforward or a comfortable experience. I wrote in my field-notes how, at times, I experienced listening to her as difficult and felt under attack as a youngish researcher pursuing “qualifications”. I also got entangled in enactments around this dynamic. Toward the end of the second interview for example, Diane began to say, *“I mean I have a job sometimes thinking I’m working with people born in the nineteen eighties, thinking they’re children, surely they must be children. I know they’re not, I know they’re adults, I just think they’re...”*. This was a statement she was unable to finish on account of my interjecting, oblivious to the fact she was talking, to ask *“Is there anything else you want to say?”*⁴⁹ Elsewhere, when the idea of helping work being, in different ways, *“political”* was raised and swiftly dismissed by Diane (she did not like to talk about politics anyway she said), I found myself feeling irked and fantasised about seeking out some sort of argument with her where I would correct her and show her how obvious it is that what is political (that is, as forms of social governance and power) runs through all aspects of our lives.

Diane had left school wanting to be a PE teacher and was, she said, bright enough to pursue this but unmotivated, much more interested in playing sport. For a less intellectually strenuous route, she had joined the armed forces where she worked until getting married and having her son before moving into the field of family support and working with young people involved in offending. She had, however, not seemed to resolve where she had got to with this and what she had managed to achieve academically or professionally. In this vein, her disparagement of younger or, as she

⁴⁹ What I can remember thinking at the time was that I was born in the eighties then alarm that the interview was running over. Thus, it would be in Diane’s best interests if the interview was terminated so she would not be held from any other commitments she had.

viewed them, self-important workers seemed to provide a hook on which to hang her own insecurities about achievement and having a professional identity.

Her attitude appeared to assist her in adopting the principles of the programme and to invest in ensuring it “worked”. As a non-professional in a professional role, she was particularly impressionable and liable, to use the supervisor’s words about most of the workers in the team, to be “*uncritical*” about the MST framework and evidence base. Indeed, her attempts to help families sometimes took the form of quite striking courage, particularly in her willingness to intervene in physical altercations between children and their parents. Nevertheless, it was not always clear where this stopped. She also spoke about another practice that could be regarded as, potentially, unethical or manipulative: the giving of gifts to parents who were struggling to engage with the programme.

There are parallels between the act of gift giving and lying when viewed from the perspective of psychoanalysis and relationships between the self and object. Both can be thought of as unconscious attempts at controlling the “truth” about the self in the others mind and establishing the status of the liar/giver to the recipient of the lie/gift.⁵⁰ The practice of giving gifts, most commonly in the form of toys to children who have few of their own is recognised and to some degree promoted in MST to foster engagement, especially in cases where engagement is an issue. Initially, Diane spoke about this as something to be engaged in, in a reasoned way, “*without patronising or being overbearing*”. As a female worker, she said, she could and did take flowers to mothers. “*It takes away that sternness and it’s not sort of threatening*”. “*Does it sort of hurt to have half a dozen bunches of daffodils in your car. They’re a present aren’t they? It’s very small*”. She recounted the example of a mother with

⁵⁰ Stephen’s (2000) Kleinian inspired interpretation of Mauss’ (1925/2002) seminal work on the giving of gifts as a process of “wounding” the recipient by indebting them to the giver elucidates this process well.

whom they had been struggling to engage and who had been saying she no longer wanted their involvement. She interpreted this as an emotional response and took it more as an indication of the mother not being able to reciprocate, than MST not being what the mother wanted or needed. She had managed to gain access by turning up with a bunch of daffodils. As she recalled it, *“It was the right thing to do because it all came flooding out that I didn’t want to send you away, but it was just proving too difficult at home”*. However, at a later point, she described the situation differently, this time, partially acknowledging the coercive dimension. She noted how the mother had *“rung up and said, that’s not for me I don’t want to do it anymore thank you very much, but that was because it was firstly under a lot of pressure at home with her boys and that was one (I: right) and that was one where we took flowers and chocolates and (whispers) made her feel guilty”*.

Discussion and conclusion

Whilst there is clearly much more to be said about how decisions around when and how to talk about one’s parental-status as a children’s services professional and how questions from parents about parental-status are experienced by professionals,⁵¹ the analysis establishes that there are varying degrees to which workers are in touch with their motivations to speak about this with parents. It also evidences how questions about parental-status can be a problematic proposition for professionals in this context; how strongly they can feel that a certain stance about this is the “correct” one, and how both more “open” and “closed” stances toward disclosure may be considered, in

⁵¹ Particularly in terms of the bearing of broader social and cultural including the pervasiveness of confessional forms in popular culture.

different ways, as interlinking with anxieties about the maintenance of a particular professional identity and organisationally-derived dynamics and defences.⁵²

The exploration highlights the potential value of helping children's services professionals to develop a coherent understanding of self-disclosure in order to understand the advantages and disadvantages of its use, speak about it in a reflective way with parents, and when it is considered appropriate, to use it confidently. Generalised guidance is not useful if it is privileged over case and person specific considerations, but it is important for practitioners to ask themselves whether self-disclosure is being used ethically. Following Peterson (2002, p. 30), questions such as the following may be useful: Is disclosing likely to benefit the parent or myself? Will the parent use this information in a way that is helpful to them? Will it interfere with the relationship we have built?

Secondly, it is useful to consider, complicated and difficult as it may be, how practitioners can be encouraged to more closely attend to their own investments to talk or not talk about being a parent and how decisions about this laminate additional meanings onto worker-parent relations. Alford (200, as cited in Zerubavel 2006, p. 16) makes the simple but valuable point that the best way to encourage unethical behaviour is to not talk about ethical issues. To paraphrase him, do not talk about ethical issues and then do not talk about not talking about them. Greater openness in organisations and teams around the issue of self-disclosure may not be easy to foster, given the mixed messages there are surrounding it. Professionals may, for example, assume that in disclosing things about themselves, they are being inappropriate and

⁵² Wengraf (2004) provides an apt statement here. He observes that "although it is perfectly possible for a very hierarchical and rule-organised organisation to espouse a theory of professional-client relations of a 'romantic and anarchic' variety, this is rather less likely" (Wengraf, 2004, "Equilibrium or Unused Potential for the Agency," para. 2). An organisation's "pro-boundary practice... is likely to predispose it towards a fetishisation of boundary relations in their model of human development for clients" (Wengraf, 2004, "Equilibrium or Unused Potential for the Agency," para. 2).

overly familiar with parents or that in not disclosing, they are being somehow disingenuous. Nevertheless, simply getting people talking, as Alford recommends, may help. One can, for example, anticipate that Diane might have been discouraged in her practice of lying to parents if a colleague or manager had broached it with her. As Chapter 7 highlighted, supervision under the MST framework tends to be focussed on cases, the formulation of service user problems and ensuring engagement. It can be heavily permeated with anxieties about the “success” of the programme and fail to explore attendant “personal” issues even when, as was the case with the participants’ team, effort had been made to incorporate this aspect.

Similarly, we can assume that if social workers with and without children talk to one another about how they answer parents asking them if they have children, they may be able to reach a different understanding around the issue. Given the sense in which the younger, non-parent workers seemed to struggle with not talking about their parental status, there is also value in workers asking themselves how by not disclosing, or refusing to disclose, serves to place parents, particularly ones who are resistant to professional involvement, in a position of limited or non-insight. As relational psychoanalysts have shown, to not disclose or to refuse to disclose when asked personal questions is very much to communicate something.⁵³

As a final point, I want to briefly return to the issue of methodology and the case of Diane’s lying. I struggled in developing and writing the analysis of this chapter with the extent to which I was putting her on the couch as part of it. In the claims I have made about her and her practice I have sought to not speculate beyond what was

⁵³ Given workers may feel somewhat clunky in returning questions to parents in their practice, there may also be benefit in role-play exercises when it involves reflection about the difference between such exercised encounters and real encounters with parents. Shulman (1991) emphasises that the words have to match the affect in responses to personal questions and draws parallels between how “skills training” in certain listening skills (body language, alert attention) do not necessarily translate into the people being listened to or feeling more heard. That said, there is a dynamic relationship with this, and sometimes such (pretend) practices can lead to changes in the way people think about themselves and what they know of others.

said in the interviews and what I experienced, and work from a position of sympathy and respect, as Hollway and Jefferson recommend in *DQRD*. It is easy to characterise her approach as unethical and, in some way, blame her for this. However, whilst it is invariably unethical practice to lie to service users, it bears emphasising how, as I sought to attend to in the analysis, this practice emerges in a particular context. This can also be thought about further. In particular, additional attention deserves to be dedicated to how Diane's biography was socially shaped and the demands on women to be relational and autonomous at work and in family life, and the devaluing of the former. The fact that she was the primary caregiver to her son would have limited the sort of career opportunities open to her and shaped her views on the pursuit of "qualifications". Moreover, clearly with the anxieties participants had around the programme's success, it can be assumed that with parents who were ambivalent about professional involvement it was better to impute a desire for MST than risk overlooking it. The interview material in this research, however, only went so far in allowing for proper consideration of the intensity of professional working life and the demands this places on how practitioners have to think on the go. This is particularly the case when it overlaps with life outside work, as in Nita's case and the taking of calls in the presence of her children.

The analysis of Diane's lying also touches on issues around the participant-led nature of interviews and what, over the course of three interviews, can be revealed. It demonstrates how this type of approach can involve getting past well-worn discourses and the uses this sort of narrative material can be put to in terms of exploring the reasons why certain discursive positions are invested in in interviews. Yet, it also shows the extent to which it is not possible to anticipate what will be revealed and that sometimes this can involve troubling opinions being voiced.

Chapter 9: Psychoanalytically-informed interviewing, research beneficence and containment

Introduction

This chapter is the last of the four that deal directly with material from the interviews conducted for this research. Its starting point is a recent contribution of Ruch's (2013) which links research beneficence to Kleinian/post-Kleinian psychoanalytic notions of containment and container-contained dynamics. Essentially, I chart an engagement with Ruch's arguments. In the analysis, I adopt a similar approach in combining theoretical reflection with reflections on theory and research material, attending to what participants had to say about being interviewed and my own experience of completing the research. I evaluate my own role as an interviewer of professional participants and how the interviews undertaken and relationships that developed can be read and conceptualised as "containing". By way of this exploration, the consonance between psychoanalytically-informed approaches and the pursuit of a deeper understanding of the more implicit, relational benefits of research is further illustrated. However, I also raise critical points about the need to maintain a psychoanalytically-informed or psycho-social frame of reference when conceptualising research beneficence.

Containment and research beneficence

In psychoanalytic and psychotherapeutic literature, the concept of containment is usually discussed in the context of dyadic relations: normally those of the caregiver-infant, analyst-analysand, therapist-patient. The intricate mental exchanges of projection and introjection in human interactions are given form in the concept. In

short, it concerns how parts of the psyche and states of anxiety and affect pass between minds and how the caregiver or clinician's ability to receive and take in what the infant or patient projects (their capacity for reverie (Bion, 1962)) mediates how states of heightened affectivity are tolerated, imbued with meaning, and thought about.

Waddell (1998, pp. 28-29) gives the instructive example of an infant attempting a simple jigsaw puzzle in the presence of his or her mother. The infant is struggling to figure out where to place a particular piece and becoming frustrated. There are various ways the mother may respond which, in turn, lead to different eventualities in the infant's mind. One response is the mother becoming irritated by the child's inability to resolve a seemingly simple puzzle. Picking up on this irritation, the child becomes more anxious and less capable as result, perhaps even abandoning the activity entirely. Another response entails the mother simply inserting the piece in the correct place. A third response involves the mother seeking to engage with and gain a sense of the infant's frustration and distress, maybe encouraging him or her to persevere a while longer, hinting, or if need be, turning a piece the correct way round, aiding the infant to achieve a measure of autonomy. As Waddell characterises it, the first of the three scenarios involves a failure to contain the child's anxiety about their ability to complete the puzzle. It conceivably has as much to do with the mother's anxiety as the infant projecting an "un-thought" sense of uselessness. However, this is left unmodified by the absence of attention to it. With the second example, there is some suggestion of the mother tolerating or engaging with the child's anxiety, though the feelings are only minimally modified or attended to, and the mother's response is not based on a real understanding of the infant's distress. The mother conducts herself in a way she perceives as helpful but does not stay with what is being communicated. This is not a desire for the puzzle to be solved but an expression of the distress the

infant feels when faced by the prospect of doing something without her. In the third scenario, the mother both withstands and makes use of the anxiety generated, taking time to process the uncertainty around what is being communicated and then, when intervening, does so as a “thinking partner” (Wolf, 2004, p. 17) with an eye on how the child responds so as to not impinge on the child’s emergent capability to think for him or herself.

This relationship between what Bion (1962) described as, the sensory-somatic, or “beta”, quality of the infant’s affect and projections and the transformation of them into the more mental, or “alpha”, quality of something that could be thought about can be easily misunderstood. It is not simply the caregiver reflecting the infant’s mood or impulses back to them, but rather concerns the process of symbolisation and meaning-making through internal and intersubjective phenomena.

Similarly, when thought about in terms of psychotherapy or professional helping, the concept of containment can, on one level, be allied with a supportive and empathic engagement. Hinshelwood (2014, pp. 282-283) describes it as “probably the basis of the everyday saying, ‘a problem shared is a problem halved’”. It cannot, however, be reduced to this or to the helper being an emotional sponge, soaking everything up. Like the caregiver who returns projected affect in manageable quanta to the infant, it captures how the helper receives and struggles to internally mediate what is projected by the person they are trying to help and this person’s awareness of their struggle to do this. In psychoanalytic therapy, this means a relative faith in the analyst’s countertransference experience as communicating something about what is going on in the mind of the patient, and for using verbal interpretation to communicate this process to the patient.⁵⁴

⁵⁴ Albeit to differing degrees: for some analysts and therapists, this may mean seeking to be realistic about what is projected and more active in making interpretations as a means of communicating that the

Ruch's (2013) linking of containment and research beneficence is grounded in an appreciation that the emphasis within psychoanalytically-informed and psycho-social methodologies on in-depth reflexivity, emotionality, unconscious and intersubjective processes, opens up avenues for more "containing" research relationships. It means attending to what is relational or subtle rather than the concrete outcomes (i.e. increased self-knowledge over some form of reward or payment for taking part). Ruch references Bion (1962) and Hollway and Jefferson's (2000) invoking of containment as part of their interview approach. She defines it as an interplay between thoughts and feelings, in which anxiety is significant, and as a process in which a person becomes able to tolerate an experience for themselves (in terms of the processing of unconscious and un-symbolised experience or "beta" elements into alpha elements as thoughts which are conscious and symbolised). She also describes a lack of containment as something that can "engender irrational behaviours" (Ruch, 2013, p. 526).

In Ruch's estimation, if the researcher is to provide a "containing" presence for participants, they need to not just attend to process, but be receptive to be moved by what they encounter. There is a need to tolerate "not knowing" and to avoid premature certainty. The researcher must stay with feelings of discomfort in themselves and seek to maintain a state of reverie, even when what they are observing or hearing feels unclear or confusing.

Supporting this argument, she draws specifically on ethnographic research she completed with two local authority child and family support teams. This research, exploring the conditions influencing reflective practice, involved observation of

patient's projections may not be representative of reality and are being tolerated and thought about. Conversely, for others, a greater emphasis may be placed on sifting through subjective feelings to be clear on what is being projected and how the potential meanings of this might be expanded between the patient and analyst together.

office-based practice and later, semi-structured interviews with workers from each team. The study was initially grounded in an “emancipatory” paradigm informed by feminist thinking and collaborative approaches but became more “psycho-social” or psychoanalytically informed as the research progressed. Newer psycho-social methodologies were, Ruch notes, in their infancy at the time the project began. However, as she describes it, her commitment to relationship-based practice and parallels between her research and professional practice meant the project was always, to some degree, psycho-socially inspired (Ruch, 2013, pp. 527-528).

She found that in both settings, various “unintentional relational benefits” arose which could be attributed to “the participants’ experiences of a containing research process that had enabled them to confront anxiety provoking aspects of their work context and practice” (Ruch, 2013, p. 529). In one team, she found containment to be significantly lacking at an organisational level, in terms of space to reflect on the work and durable procedures and processes. In this team, following the research, arrangements were put in place to institute case discussion meetings. Also, comments indicated that supervision had become more focussed, shifts in practice had been observed in others, and conversations had occurred between team members about the experience of the research. Participants from both teams additionally spoke in later interviews of initial, mostly unexpressed reservations about her involvement, but also about how these lessened during her time alongside them. She attributed this to the space she provided through her observations and interviews, “to both think about their practice and also experience having their practice thought about by someone else” (Ruch, 2013, p. 531).

Further exploring the link between containment and research beneficence

In this study, whilst I did not focus specifically on the topic of reflective practice, I took a similar approach to Ruch (2013) in evaluating my involvement. I asked participants about their experience of the research at the end of their interviews and whether there was anything else they wanted to say to me as interviewer. This generated data for thinking about the more intangible benefits of participation, for example increased self-insight or appreciation of having a space to speak openly about feelings they have about parents they worked alongside. In contrast to Ruch, my study involved a more limited involvement (and less of a “sustained presence”) with participants and their teams. I completed no more than three interviews with each participant, in many cases, two and, in a few cases, just single interviews. However, I used a psycho-social interview approach in FANIM and was concerned with the process and intersubjective dynamics of the researcher-researched relationship throughout my research.

In *DQRD*, Hollway and Jefferson (2000a, pp. 49-50) describe the interviewer who stays with anxiety provoking topics and uses phrases that reflect the “reality” of the participant’s emotional experience as creating a context of “recognition” and “containment”. They also describe the concept in terms of unconscious intersubjectivity and emotions being “constantly passed between people” (Hollway & Jefferson, 2000a, p. 50). Expressly, what is too painful to bear is passed onto –or put into– someone else who “experiences it through empathy” (Hollway & Jefferson, 2000a, p. 50). If that person can bear it and not deny its painful nature, for example by reassurance, then it can be returned in a “detoxified” form and “faced as an aspect of reality” (Hollway & Jefferson, 2000a, p. 50). It becomes “safer to acknowledge” and a sense of recognition ensues. Indeed, Ruch’s (2013) invoking of the concept involves

her citing specifically an observation they make about the containment they were able to offer in the interviews they completed into the fear of crime through which they developed their method. Specifically, “the tendency of participants to see us as very knowledgeable meant that when we do understand, sympathise and recognise their dilemmas, it could have an emotional effect. It could begin to feel less disconcerting or upsetting to them (that is, we would, ‘contain’ it)” (Hollway & Jefferson, 2000a, as cited in Ruch 2013, p. 525).

When embarking on the analysis for this chapter, I agreed with Ruch that understanding and theorising how research can benefit professional participants in more implicit and relational ways is an important task, given the pressures with which they routinely have to cope. At the very least, this helps to safeguard against participants being made more anxious than they are already. But I also had reservations about laying claim to a “containing” stance, and points Ruch (2013, p. 526) herself makes about not confusing rapport, containment and beneficence felt important. She emphasises, in concluding her account, “caution” and “realism” are in order (Ruch, 2013, p. 536). Though it may be possible to intentionally encourage beneficence by designing research with containment in mind, there is no guarantee this will follow, or for that matter, that containing research will generate “relational” benefits (Ruch, 2013, p. 536).

Some of the care necessary for this is illustrated in her account. For example, she notes that the fact some participants referenced how initial discomfort dissipated once familiarity was built indicated that attempts to “appease her” by acting differently did not appear to be a “significant dynamic” (Ruch, 2013, p. 531). Nevertheless, questions can still be asked about the researcher’s therapeutic ambition. Aware of the significant pressures workers may be under, and seeking to be attuned to the pain and

emotional complexity the work involves, there is a strong temptation for researchers to conceive of their involvement as, in some way, “containing”. This may lead to losing an analytic sensibility in taking participants’ accounts at face value or as indicative of some form of self or process-based insight, rather than as defended, even when they are complimentary of the researcher’s involvement.

Undertaking my interviews, I was aware that researchers making use of a psychoanalytically- informed type of interview approach often state in passing that they felt the research interviews served some form of containing function or at least the beginnings of this (e.g. Gibbs, 2011, p. 241; Gregor 2013, p. 61; Evans, 2009, p. 78; Lillrank, 2002, p. 123). I wondered whether this was because of the psychotherapeutic skill they brought to interviews (and perhaps skill that I did not possess in a comparable way). However, I also wondered whether they were using the terminology correctly, essentially as a way to relate that personal and potentially sensitive conversations were conducted in a safe manner. I was conscious that, in the context of psychoanalysis and psychotherapy, there are recognised tendencies for deploying the terminology of containment imprecisely. It is often, for example, conflated with the Winnicottian notion of “holding” despite referring to similar, but distinct processes and having foundations in different ideas of subjectivity (see Bott Spillius, *et al.*, 2011, p. 282; Longhofer, 2015, pp. 46-49; Parry, 2010; Pederson, Poulsen, & Lunn, 2014).

Benefits to participation

In response to my asking about participants’ experience of taking part, no overtly negative comments were made. No one, for example, said it had been a waste of time, or that in retrospect they wished they had not volunteered to participate. Instead, the

vast majority of participants made comments to the effect that they felt they were better off having taken part. In particular, they appreciated the opportunity the interviews offered as a space to think and reflect on their work.

They observed that this reflection could be in-depth and gave them greater insight into how they approached working with parents. Emily (county social worker) for example, talked about the experience of being a young parent in interviews. She also spoke about the “*difficult*” relationship she experienced with her mother growing up, and how she felt this influenced the way she perceived relationships in families. She felt she was particularly sensitised to family dynamics in which teenagers were scapegoated. When asked about the experience of taking part, she eloquently described it as an opportunity for reflecting in “*less obvious ways*” on practice, “*where I suppose our ... personal selves meet our professional selves and professional duties and how that kind of works out in the end when it’s put together*” (Emily, Interview 2). This was something that “*definitely... impacts on your way of working, your way of delivery*” and that one would reflect on “*from time to time*” but rarely “*actually really delving into it deeply*”.

Participants also commented on how interviews had helped them in getting a different perspective on a specific incident or aspects of their work and enabled insight into ways they had developed professionally, including understanding the impact of changes in the structure and organisation of services had on them. James (city retired social worker) spoke about how it had been “*nice to go back with how turbulent things have been in the authority*” – a “*turbulence*” that seemed to refer as much to the authority as it did to his own career. He had moved between three different posts in a year, leaving and restarting in short succession and going to where he was most needed without any time, as he put it, to “*wrap things up*” properly (interview 2).

In the case of two of the intensive family intervention worker participants, there was also evidence that they had learned something about their practice by linking their experience of being interviewed with practice situations and relationships with parents. Nita spoke a good amount about her early life in her interviews and connected this to the need to better understand parents through talking about their upbringing. Alternately, with Pete, this learning surrounded the influence that audio-recording can have on the extent to which people are open and candid about personal experiences or issues of sensitivity. He noted how, in participating, he had become less inclined to record all his work with families.

The experience of being interviewed as more or less containing

On the basis of these views, it may be surmised that the use of FANIM, and the participant-centred interviewing stance it involves, offers a space for professional reflection and, in different ways, facilitates reflective insight. Yet, construing this as containing, in a psychotherapeutic sense, is still another step on from this.

The prospect of being asked about personal views and experiences in research interviews often feels daunting and this was evident in all the participants' accounts at the beginning, especially when only a limited amount was known about the research. In the case of the social workers from the county authority involved in longer term work, I had only met participants at short notice. Following email correspondence and managerial approval for the research to go ahead, interviews had been arranged by an administrator and times booked in with whoever had volunteered to take part on the basis of written information sent out in advance (the offer of a preliminary meeting to talk about the study with prospective participants having been passed up at this point).

This could mean a lack of clarity around the research and participation when participants first met with me. For instance, on first meeting Tanya, I noted how she

...wasn't really aware of what the study was about (despite having been sent information by email regarding it) and appeared a bit taken aback when she realised it would be tape recorded after the purpose of the research had been explained, her face dropping when I asked about this. I reassured her at this stage that she was under no obligation to take part and could withdraw at any time with no questions asked. This seemed to reassure Tanya to a degree and I commenced the interview in a tentative fashion.

(Tanya interview 1, field notes)

In a similar vein, when first meeting with Lisa, it felt as if she thought I should be viewed with suspicion.

Lisa remarked that she had been talking about this [the interview] before coming down and I half joked [anxious myself] that I hoped it was nothing bad to which I thought I heard her say she wouldn't tell me if it was anything bad (and she wasn't telling me anything) making me feel quite the outsider. I thought then perhaps she said 'nothing bad' but then after the general tone of the interview [as I remembered it at the time, one which felt generally quite strained and which I was relieved to terminate when I did] I realised I must have been mistaken.

(Lisa interview 1 field notes)

These anxieties lessened as participants became more familiar with the interview structure. At the beginning, such anxieties were also, as the example with Lisa illustrates, partly a product of my own anxieties, particularly around being a "good" interviewer and listener.

In follow-up interviews, participants from this team expressed their appreciation of my recalling what had been said in the first interviews (having listened to and transcribed it at this stage). In the case of Lisa's second interview, I noted how she seemed "less irritated by the interview process" and "impressed by how much was relayed from the first interview and that I could relay back and comment on what she

was saying”. In turn, I was “more certain of the interview and it felt more natural to move from topic to topic” (Lisa interview 2, field notes). I had also perhaps overestimated the awkwardness of the initial encounter. At the end of her interview, Lisa informed me that , as a team, “they had been talking about the interview experience with each other and she ‘wanted’ to tell me ‘what was good about the interview experience anyway’” (Lisa interview 2, field notes).

However, despite the positive appraisal I generally received, I was never entirely convinced that I had been that helpful to them, even within the confines of what might be expected from two interviews with each participant. As social workers who, like me, had qualified around five years previously or less at the time of the interviews, their education would have likely involved an emphasis on reflective practice. The idea that talking with a university researcher should help in thinking about their work felt like a predictable thing to say when asked about the experience of being interviewed. They would have some notion that a desirable answer would be something to this effect. I remember thinking how Emily’s (Interview 2) comments about thinking about how and where professional and personal selves “meet”, and her own relationships growing up, provided nice quotes. But I also recall that it felt somewhat insincere as, in other ways, she appeared to distance herself from the idea that the interview had provided her with any personal insight. When, for example, I asked whether this had been okay and not too painful to talk about, she emphasised how she had “*dealt*” with it before by talking with friends.

With the participants from this team, I felt I represented, at an unconscious level, more of an avenue of escape from the daily grind of their work and the heaviness of the concern for children and families they worked alongside than someone that could actually help them in a meaningful way. Lisa for example,

appeared to identify with me when speaking about wanting to go into the research-based role in the service for an easier work-life balance. There also seemed to be an unsaid perception of me as something of a knight in shining armour that could potentially liberate them from the work. We were of a similar age and I, a male researcher, was involved with an entirely female team. The participants had tended to present, as I recalled it, as quite weary in initial interviews, but brighter and more elegantly dressed for the follow ups. After the tape recorder had been turned off in one of the final interviews, one participant also commented that it had “been nice touching you” when she had meant to say talking to me. When considering this slip of the tongue and the wider dynamic it was part of, I initially assumed I was mistaken. Perhaps I had unwittingly encouraged this and it was more about my unarticulated desire to rescue or take care of them than anything they contributed. The first series of interviews had, as I recalled it when first analysing the data, been completed late in the week and follow-up ones earlier. Hence, participants would have looked more presentable in follow-up interviews. However, when I went back to my records, I found both rounds of interviews had been conducted on Mondays.

In making this point, I am not suggesting the research was without beneficial aspects for this team, but only questioning how containing it was in a psychotherapeutic sense. There were significant constraints on my involvement which meant very little time and space could be afforded to them away from their work. I was working with a psychodynamic stance of avoiding premature certainty and also seeking to use my personal emotional experience as a source of data. However, this did not inform any feedback, for example, regarding their vulnerability in the work and the sense in which they felt trampled on by it. They could only see me struggle

with thinking about this to a very limited degree, indeed, it was only after the interviews that I felt I was able to get a hold on what the dynamics were.

In other cases, whilst participants claimed they had benefitted from being interviewed, it was similarly difficult to say how containing my involvement had actually been. The two participants who had recently left child protection and child-in-need work to pursue different professional roles were accommodating of me in setting aside time to be interviewed and facilitating my visits. Their positive comments about the interviews focussed on how they had been able to review their experience in this line of work, as with James' comments about going over what had been a difficult experience moving between different teams. Correspondingly, I felt I had helped them to get some perspective on the ambivalence they felt about the work, and how they had needed to leave what had become very difficult, sometimes painful, work, but in doing so, were abandoning a commitment to families and colleagues. At the same time, this insight was possible not just because of the interviews, but because they were now away from direct involvement in this work.

Conversely, with the three participants in the same authority but from the front-door team, I felt that, whilst I had not harmed them in any way, I had not been much of a beneficial or containing presence. As the analysis of Chapter 6 illustrated, the chaotic nature of the work and the incursion of working demands meant it could be difficult to stick with the interview approach and be receptive to all they were communicating. The following extract from my meeting Krupa for the first time exemplifies this.

It seemed [name of manager] had not explained much to Krupa and I felt a bit like a journalist here, just to get some quick comments rather than interview her formally. Krupa launched in to talking about contact with parents at [name of service] before I really had chance to say what I was doing and what I was interested in speaking to her about and [that] I wanted a chance to record what she was saying. However, at the

same time, I didn't want to discourage or interrupt her and indicate I did not want to listen to her. Eventually I relented, stating that I was interested in what she was saying but wanted to record this and go through the expectations of participation properly. Krupa seemed to have assumed the interview had started and [her] only concern was that this was a test of some kind. I assured her it was not and that the research was of an exploratory nature and I was keen to hear what social workers had to say about working with parents and their problems in the context of children's services. (Krupa, process notes, interview 1)

Two of these participants explicitly said the interviews had helped them to reflect on their work. However, it was difficult for me to demonstrate receptiveness by virtue of the specific dynamics and defences orientating their working practices and the fact that only a small amount of interviews were completed with the team.

The interview as “free therapy”

In the case of the participants from the intensive family intervention team a greater sense of continuity and more sustained engagement was possible because I did more interviews. I often completed individual interviews on separate days, and this meant I would bump into other team members and have informal conversations throughout my involvement with them. As I noted in Chapter 7, in different ways, I warmed to the members of this team and felt a sense of obligation towards them. Though there were tensions, they were, overall, receptive and accommodating of me. I was welcomed on arrival and found the team to be friendly towards me and well-humoured. At the end of the research, they were, overall, complimentary about the interviews and connected this experience to the need to take time to reflect on their practice.

With three participants (Nita, Diane and Pete), this was not seen as out of the ordinary and broadly comparable to “helpful” conversations they might have with colleagues or friends about their work. They found benefits in taking part, but gained

as much satisfaction, they said, from helping me as being helped. However, the remaining two participants, Kate and Ben, went much further and gave the most complimentary accounts of the entire sample. In these accounts, the experience of being interviewed was represented, in different ways, as therapeutic and personally significant. The fact that they talked at length about the experience provided more material to consider how containing the interviews had been and the type of containment provided.

For Kate, the interview being “*just kind of exploratory stuff and just talking about stuff going wherever*” made for a welcome contrast to the “*action orientated*” and “*specific*” nature of case-based supervision they worked with under the MST approach.

I quite like the idea that things can take a direction and kind of go off on a tangent to some extent, whilst at the same time, whilst you've got a hold on knowing where it needs to go if it's going in a place you don't want it to go or I don't know, if that's the right way to describe it. I think you've got an idea where you want it to go and you've got to guide it in that direction, but this is more unstructured whereas supervision it tends to be more structured and we've got goals we have to work towards and it's how we're gonna get there. It's more like that. It's very action orientated. It's very different, it's very specific.

(Interview 3)

She welcomed my prompts as to what I hoped to cover in follow-up interviews. She said this was valuable in terms of being able “*to think and ponder on your answers*” and that “*the reflection stays with you for a few days in that it plants a seed in some ways*”. In the first interview, she found it difficult not knowing “*what to expect*”. However, her unease was alleviated in the two subsequent interviews once she was acquainted with the format. She drew parallels between the experience of the interviews and her habit of going for walks after getting home in the evenings, which

she characterised as a means of making sense of her experience at work and a way to “de-stress”: “I’ll often walk ... thinking ‘God I was really angry’ or ‘God I was hurt by that’ in my head to myself”. She joked, half seriously, about being “booked in” and having “more sessions”. “I’d do it again in a flash. If you ever need me again, it’s like free therapy” (Interview 3). As supervisor, the day-to-day focus of her work resided with families and staff and “less so on myself”. This was rightly the case she felt but could leave her “in quite an insular position”. Many issues would arise with staff, individual cases and other agencies, and it could be difficult to know who to turn to for support. The management team she belonged to in the local authority only had a superficial understanding of their programme, her contact with other MST supervisors was infrequent, and it would be inappropriate to share team or personal issues with other team members: “...there are times when you just sit there. I think ‘Oh God, who do I talk to?’ and very often there is nobody”.

In accord with Kate’s account, I felt that I, and the interviews, had been of benefit to her and contained anxieties she had about the work, and that this did, at times, border on a psychotherapeutic relationship. She had been able to use the interviews to help her in thinking through important issues not restricted to work with parents but also the place of the programme in the local authority and how she worked as a supervisor. Prompted by her suggestion that she would “do it again in a flash”, I fantasised about doing a long-term research project where the interviews (or duration of the research) could more closely resemble psychotherapy or clinical supervision. For example, I would undertake interviews at fortnightly or monthly junctures for a year to explore the lived experience of the MST supervisor.

In her three interviews, I did not seek to go beyond my brief as a researcher, for example by offering comments on the dynamics of the issues she faced as a

supervisor, and perhaps the most significant insight Kate came to as a result of participating was that she needed, or had much to gain, from a similar relationship. It made her realise just how difficult it is to figure things out alone, particularly in terms of things about which one feels especially unsure or uncertain.

Ben, by comparison to Kate, was not as direct about the interviews being something akin to psychotherapy although he did refer to them as “*therapeutic*”. He was, all the same, similarly - in certain respects more - positive in his comments, especially with respect to the opportunity the interviews gave for self-reflection. Like Kate, he emphasised how the more unstructured nature of the interviews was a welcome change to other forums with which he was involved. At the end of the research, he focussed on my “*skills*” as an interviewer as opposed to the interview format, referring directly to my “*reflecting things back, being clear you’re listening*”, being “*respectful*” and picking up “*non-verbal cues*”: “*You’ve been engaged throughout and I feel you’ve really listened and you’ve retained and recalled conversations and bits of information which means this isn’t just a formality and you’re interested in the process*” (interview 3).

For Ben, what was particularly positive was the opportunity the interviews provided to think about how he had developed professionally. The interviews had, he said, “*allowed me to think about where I am now in relation to where I was before and where I want to go*” (interview 3). He went further still, linking my involvement and the interviews with his gaining, at the end of our involvement, a new supervisory post at another service.

... it’s interesting that within this process I have gone from talking about [name of residential home he worked in prior to his appointment in the programme] to talking about working here, and now I’ve got a new job and something’s kind of evolved which I don’t know, in the same way as the interview process has evolved, my career had kind of evolved as well at the same time. (Ben, Interview 3).

Ben was, of course, correct in stating that I was interested in the process and keen to ensure connections be drawn between different interviews. However, and gratifying as it was, I felt uncomfortable with, what felt like, an idealised representation of me as an interviewer and the connection he made between my involvement with him and the progress he had made with his career.

The transition he referenced in the quote wherein he had established a working identity and progressed in the MST programme after having worked in residential care and a different treatment approach, had, the interviews indicated, been very difficult for him and was complicated by personal problems outside of work. He spoke candidly about this early on in the interviews, how difficult it had been for him in getting an ideal job, then never feeling like a success at it. But as the interviews progressed, he distanced himself from, even rejected, a sense of vulnerability and sensitivity whilst emphasising his resilience. This came across, in particular, in distinctions he made between himself and others. Social workers in the authority had been described as having “*a really tough job*” in the second interview. “*They’re criticised a lot but the odds are stacked against them*”. Yet, later, in the third interview, they were depicted more as agents of their own difficulties. Here, despite acknowledging that the social workers in the authority were “*spread really thin*”, he described them in terms of their “*negativity*”, wondering why they continued to do jobs they disliked, whilst speaking of his own “*love*” for his job and how he was “*really happy*” working in MST. Along similar lines, he described his partner as “*very much the emotional side of the two of us*” (interview 2) and himself, “*more of positive person generally*”. “*I think I’m quite robust. I tend to sort of... I tend to think everything will be okay. I don’t always think I’ll be alright, I think shit happens and I’ll be okay and I don’t think she necessarily thinks like that*” (interview 3). This

espoused view, of course, contradicted my impression of how difficult things had been for him. It also seemed to represent a simplistic view of resilience as something people possessed, more or less, innately rather than something fostered through experience and relationships.

In the third interview when Ben imparted the news that he had gained a new supervisory role, I unwittingly expressed “alarm” following the unexpected incursion of a fire alarm test in an adjacent building. We had been talking about the difficulties Ben had experienced in the MST therapist role. And, in retrospect, it feels like an effort on my behalf to put him in touch with how a sense of personal vulnerability was being evaded and difficult for him to tolerate. At the time, he had already provided some reflections on being interviewed, jumping at the chance to, when I brought it up as a point to cover, amongst other things, at the start of the interview. I had, however, simply been trying to gather more data on how the emphasis in MST on achieving good outcomes in the work affected him emotionally.

Ben: ...I think in the beginning I was certainly guilty of taking things personally erm and that's down to my own inexperience and knowledge of MST but I think over time erm because I've had successes with quite a few cases, I've had quite good outcomes erm I think I've got more confidence in my ability to do the job and if things are going wrong I look at how we can address them to improve them and probably don't need anywhere near as much guidance or management as I did because erm I'm more competent in my job and I'm doing it. Incidentally, I've just got a new job.

Me: Oh wow [surprised] (B: yeah), congratulations.

B: Thanks (laughs). So I'm going to be a supervisor in [name of city] (Me: Okay), same job as [name of supervisor in another authority he had spoken of in a previous interview]

(Fire alarm rings in background)

Me: Yeah okay wow, congratulations. Because you said – is this alarm bells ringing? (I laugh)

B: Yeah I think it's the other building. We'll be okay [not seeming to pick up on or hear the joke]

Me: *Because you said before that you wanted, in some ways, to progress, so that's brilliant.*

B: *And it's interesting that while I've been doing the interviews that's actually happened.*

Me: *Right yeah, and so you'll be out there doing the same thing, supervising?*

B: *Yeah I'll be a supervisor and manager in [name of city] so*

Me: *Crikey, do they have one at [city name] already?*

B: *They've got one in [city] and [county name] (Me: okay). The one in [city], the supervisor's going on maternity leave so I've got a one year contract there so I'm going to be taking on that position.*

Me: *So if you don't like it, you can come back.*

B: *Well yeah. I did ask for a secondment but because of the needs of the service they've said no but I'm leaving effectively a permanent contract for a one year contract but this what I want to do, where I want to go and I feel like I'm ready to be in a management position erm and I think as I said because of the structure and the way that it sits, it's quite appealing to me. You get good support as well... I think that helps so I think the model works really well. Its very thorough, very well thought out.*

Several things can be said about this exchange in terms of how it further reflected Ben's flight to "resilience" in the interviews and what my responses indicated. I was put on the spot in terms of his disclosing that he had gained a new post at the same time as the fire alarm sounded. In this way, something of a compromise was made possible. I expressed my unease indirectly (or ineffectively), as I also did in my later comment that "*if you don't like it, you can come back*", my surprise ("*crikey*"), implicit questioning this was what he desired evident ("*because you said... in some ways, you wanted to progress*"), and questioning whether there is an MST programme in city he will be based as a supervisor and manager. In other respects though, I was complicit with the revised view he gave of himself, reverting to being, as he viewed himself, "*a positive person*" and responses that accord with social convention (being congratulatory and interested about an individual success) but which did not express the unease I felt personally for the role I was put into as his

confidante and supporter. This role he again alluded to in his observation that it was “*interesting*” this opportunity had “*happened*” whilst the interviews were ongoing and he had been able to take advantage of it. I merely acknowledged the fact of this, but did not endorse the underlying sentiment and changed the subject. Whilst it would be a stretch to say that he “heard” my joke on some level on the basis of his response that “*We’ll be okay*” when referring to the fire alarm being in another building, Ben did seem to pick up on my unease about his vulnerability, to some degree. At the start of the interaction, he speaks about “*taking things personally*” although this is rationalised as a lack of experience. Also, in his final comments he speaks about getting “*good support*” in his new post.

The phrasing I used in regard to my “alarm” at his new appointment and his readiness was also noteworthy as it recalled a phrase Ben himself had used during the second interview. In this interview, Ben had been speaking about the events that had led him to leave his earlier post in residential care. It was very difficult to take time off of work because of being committed to caring for the children. The supervision (of a broadly psychodynamic orientation) did not tend to help as, he said, it generally focussed on seeking insight around why this situation had arisen rather than offering practical help to avoid overwork. He recounted the exhaustion he suffered and how, on one occasion, he had fallen asleep at the wheel of his car on the way home. This had resolved him to accept, he said, that it was time to move on from work. “*It was like alarm bells ringing*” he said.

It may be argued that Ben might have been better helped (and a more “containing” research relationship provided) if I had sought in a more resolute way to put him in touch with the emotions that appeared to be hived off from his conscious awareness and identification with me. I did not address this at this point or later in the

interview. My rationale was that I would have stepped outside my role as a researcher and become more of a consultant, advisor, therapist, even parent figure. I wondered whether I ended up providing too much of a collusive kind of support. But I was not his supervisor and was not in a position to share my understanding of Ben with him, at least not in any formal way. I also wondered whether some form of direct feedback addressing the dynamics at play would have been experienced as persecutory, and could just as well have functioned as a way to push the anxiety back and recreated the dynamics of the supervision in his former residential work that, he felt, had unhelpfully denied him more practical and sympathetic support.

Discussion and conclusion

The examples of Ben and Kate illustrate how comments about the experience of being interviewed, even when positive and engaged with the meaning of the interview process, still need to be considered dynamically, especially in terms of the role of the interviewer as researcher. This means looking at how, in different ways, these accounts are “defended” and closely considering the researcher’s experience and the dynamics of the researcher-researched relationship. Without this, there is a danger we end up with accounts of research beneficence or “containing” research relationships that are, as much as anything, a projection of our own desire to be of help to participants and “positive” responses about the space to talk provided and not considered in terms of the way they may indicate something else.

These examples also suggest that what the participant brings to the research, their expectations of being interviewed or observed, are a significant factor in how helpful research involvement may be experienced. Both participants were seeking a space to talk openly and felt they benefited from what was provided. This points to the

role of (as touched on in Chapter 3), what Saville Young (2011) refers to as, “interrelational reflexivity” (p. 152) and taking into account participants’ thoughts, feelings and fantasises about the research. It would also include asking participants about their motivations for taking part and what kind of benefits, if any, they may anticipate in advance. Participants may also be interested in revisiting their experience of being interviewed at some later point (for example three, six, or 12 months down the line). Indeed, I think it would be a potentially valuable exercise to return to Kate and Ben in future and explore if they still felt similarly about their involvement, and whether they would be interested in hearing about the speculations I had about the extent to which, why and how being interviewed was helpful to them.

These implications acknowledged, overall, this exploration is less certain in linking containment and research beneficence than Ruch is in her arguments. Indeed, the views documented and consideration of my experience as interviewer raise questions about how “containing” a small interview-based study can be, in a psychotherapeutic sense. A more sustained researcher presence may enable participants to better appreciate that they are being held in mind by the researcher. It is, of course, and as Ruch acknowledges, naive to conceive in advance of a research engagement as therapeutic or containing. The researcher, like the therapist with the patient, cannot predict the impact of their involvement. However, in three or less interviews, this may be difficult to establish, even if a working relationship is built and individual interviews are experienced as, in some way, cathartic or an insightful experience.

As a final point, and to take something of a different direction to the one taken up to now, I want to suggest there is a need for more in-depth attention to how the concept of containment is articulated in terms of research beneficence. In the

exploration of this chapter, I took my cue from Ruch's and Hollway and Jefferson's accounts and its application to dyadic phenomena. However, this mode of application simply equates a process that is "containing" as one that promotes some form of psychological growth (and, essentially, more a matter of degrees of containment than different forms).

Parry (2010, p. 13) references how Bion (1963) substituted the terms "container" and "contained" with the symbols ♂ and ♀ in order to express his sense of dissatisfaction with the terminology as "impure representations of an unknowable central abstraction" and to convey a sense of "mating", that is "a repetitive cycle of coming together of pre-conceptions and realisations" that "given the right environment leads to thoughts evolving towards greater complexity and abstraction". He also notes how the concept is variably interpreted by psychoanalysts, which can be considered a product of "the way in which Bion uses language and the way in which he circles around this unknowable central abstraction, never fully explicating his views on it lest it saturate our experience" (Parry, 2010, p. 35). This essential ambiguity means questions can always be asked of how something is being referred to in terms of container-contained dynamics.⁵⁵ While there should be further empirical consideration of the "containing" research relationship along the lines of this exploration, there is also a need for thinking about how the application of the concept in this context reflects its application elsewhere, in social work practice particularly (e.g., Johns, 1995; Maher, 1999; Peacock, 1997; Steckley, 2010, 2012).

⁵⁵ Bower (2003), for example, writes about psychoanalytic theory as offering a "container" to social workers confronted with highly emotive and confusing situations at their work wherein by way of the ideas of transference, countertransference, and defence mechanisms, this experience can be processed and reflected upon. For practitioners who have made use of psychoanalytic theory in their work, this will likely make sense. Benefits are accrued from doing so, particularly when working with service users who present as highly ambivalent about any support they attempt to provide. Likewise, the teacher's knowledge about a particular subject means his or her course may be considered to contain students' anxiety in learning (French, 1997, pp. 490-491).

Chapter 10: Conclusion

Introduction

In this thesis, I have addressed, in different ways, the theory and practice of research interviewing as a psychoanalytically-informed endeavour. In particular, I have sought to rectify a lack of critical concern amongst social work researchers with the work of Hollway and Jefferson (2000a, 2013) and FANIM, as an influential example of psychoanalytically-informed interviewing well known in the psycho-social studies field. I have also addressed different interlinked topics surrounding how this type of research method is used and theorised, including the application of free association in research interviewing (Chapter 4) and the use of interpretation and feeding back of analyses to participants (Chapter 3).

I also reported on empirical research informed by Hollway and Jefferson's approach which involved 33 interviews with 15 participants. This allowed for further consideration of how interview narratives can be understood in a psychoanalytically-informed and psycho-social way, and in accord with the aims of the research, how psycho-social theory and analysis can be used for understanding how professionals doing front-line children's services work experience their work and the parents they work with. I explored how certain ways parents are viewed by professionals hook together with organisationally-derived anxieties and defences and the role and function of parental status disclosure in work with parents in child protection and intensive family intervention work. Using material from these interviews, furthermore, I explored how participating in this kind of study is experienced and the psychoanalytic and psycho-social conceptualisation of research beneficence.

Practice and research implications of this work around specific topics (and limitations) have been addressed, to varying degrees, in individual chapters. The aim of this final chapter is not so much to recapitulate what has been said as to engage in a brief dialogue about how this work might be taken further. I begin by outlining the more general implications in regard to psychoanalytically-informed interviewing and social work research. I then move on to more specific considerations around how FANIM might be incorporated into ethnographic research addressing professional practice in a children's services context. Lastly, in keeping with the way I began the thesis, I provide some personal reflections on my experience of completing this project and my development as a researcher.

The psychoanalytically-informed interview and social work research

The first more general implication of the work reported in this thesis is that a psychoanalytically-informed approach to research interviewing, resembling that developed by Hollway and Jefferson (2000a, 2013), is labour-intensive. The interviewing style on which it is based serves to generate experience-rich material, with follow-up interviews playing a significant role in enabling access to material that might not otherwise be obtained. These interviews allow for the re-appraisal of initial assumptions and for addressing matters of individual and emotional significance. For my research, I was more open-ended in my approach to interviewing than Hollway and Jefferson suggest, with follow-up interviews encouraging greater elaboration on what was said rather than a more topic-focussed conversation. Yet, it can still be said that the method necessitates flexibility around research questions and aims and the maintenance of an open-minded stance that allows for the significance of seemingly irrelevant data to be properly accounted for.

The second more general implication of this thesis is that psychoanalytically-informed interviewing is a research method that should be approached and handled with care, both in the practice of interviews and the analysis of resultant material. This is in terms of how psychoanalytic or psychoanalytically-informed one can actually be and how psychoanalytic ideas are conceptualised as part of it, and how this method can be reconciled with ethical research practice. The anonymization of data needs careful consideration and researchers should be continually mindful of Hollway and Jefferson's principles of honesty, sympathy, and respect for participants (Hollway & Jefferson 2000a, pp. 100-102). Connecting what participants say in interviews with the intersubjective dynamics of the interviewer-participant relationship, and more broadly, personal and organisational anxieties and defences, requires discipline in not speculating beyond the material available, and thinking about the implications of doing so. To put it crudely, characterising research understanding as emergent or co-constructed through the researcher-researched relationship does not mean that anything goes in terms of the significance accorded to particular data. Indeed, I would argue that, without theoretical rigour, there is a danger that attempts at psycho-social analysis in social work research become not so much a "best of both worlds" scenario of bringing together aspects of sociological theory and psychoanalytic psychology (Clarke, 2006, p. 1160), but rather a (and to quote Bourdieu (1999, as cited in Darmon, 2016, p.123)) "rapprochement of pop psychoanalysis and soft sociology".

Researchers should question why they are led to use certain ideas and how they imagine this will be of service to their work and the insights they are seeking and be wary to not embellish (and diminish) "simpler" interview techniques. It is, for instance, perfectly reasonable to complete two or three interviews with a single

participant to deepen one's understanding of their views or experience without claiming to be psychoanalytic or psychoanalytically-informed.

The third more general implication of the thesis surrounds the need to ask questions about the influences that bear on the various re-elaborations of psychoanalysis in social work research and the value of systematically studying this process. This includes how particular theorisations of the subject find currency and are invested in, and how psychoanalytic concepts are viewed and articulated in certain (i.e. homogenised or divergent) ways in research and prop up particular views about the nature of social work, the work practices of social workers, and the experience of those they seek to help. In particular, systematically reviewing how different projects have made use of FANIM in social work research (and allied fields) would provide more robust evidence concerning how these applications align with or depart from Hollway and Jefferson's version of it. It may also be advantageous to interview researchers who have used this method, for example, in terms of what their motivations were in using it, how specifically they used it, and any adaptations they made.

Ethnographic research, free association narrative interviews and practice-near understanding

With regard to the use of FANIM alongside ethnographic or participant observation methods research on professional experiences and practice in children's services provision, I want to offer some comments based on experience I gained through other research I was involved in while completing my doctoral studies. This research, an evaluative research project in a single local authority's children's services provision, involved being a participant observer in an area-based social work team over a period

of approximately four months. It was very much undertaken in accord with Ferguson's (2016a, 2016b, 2018) perspective (addressed in Chapter 1) that an inflexibility to get close to frontline child protection practice severely constrains what can be said about how practitioners experience their work and the dynamics of professional relationships.

In the research, as well as observing meetings and office working, I shadowed home visits and tracked the progress of a small sample of cases held by members of the team, and completed short and long interviews with families and social workers. The short interviews with workers could be at their desks but were often conducted on-the-move when walking or driving to or from visits and meetings. They were highly valuable in getting a live sense of the emotional experience of the work. It was also not hard to discern how the "emotional logic" (Hollway & Jefferson, 2000a) of these interviews was shaped by the environment in which it was taking place (for example comments being stimulated by passing scenery and the houses of other families they had been involved with) and the encounters they had or were anticipating. Having built rapport with the team and individual social workers, these could be more conversational than the more formal approach generally associated with in-depth and narrative interviews. I was able to ask directly about what they were feeling or thinking about during what I had seen as significant moments in exchanges with families, and, in this sense, was much more of an interpretive presence. This led me to revisit assumptions I had made about refraining from psychotherapeutic interpretation in interviews and attendant concerns about exposing participants to "insights" they may not be equipped to receive. I wondered whether this more cautious approach, in actual fact, overestimated the clinical capabilities of researchers and a stance that was too passive. Having said this, the experience of completing these

interviews also reinforced my view, expressed in Chapter 3, that much depends on how the interview is approached by the individuals involved. I would concur with Saville Young (2011) that researchers attempting to use a psychoanalytically-informed interview approach should take time to explore what prospective participants anticipate from being interviewed and the fantasies they have about being listened to (particularly any therapeutic benefits) prior to participation. They should also closely consider participants' ability to make use of any feedback or interpretations that may be given, and provide participants with opportunities to comment on the experience of taking part.⁵⁶

If I were to complete a second project building on the empirical work reported in this thesis, I would be inclined to incorporate some form of ethnographic involvement and practice observation. However, I would also narrow the focus of the research to one professional group and workers from a single service and include some form of engaged element with participants. Developing an analytic approach to address the interview material from the two professional groups in this research was challenging and complicated by the fact that I had to interview the social worker participants from three different contexts and on fewer occasions than the intensive family intervention workers. At the beginning, I did not fully foresee the problems this would create, not being experienced in the use of psychoanalytically-informed methods. I think it would be more productive to pursue a more extensive course of study which explored a small number of professionals' understanding and feelings of work with parents. Interviews would be completed on regular occasions (for example, weekly or fortnightly) tracking how their feelings and thoughts about parents changed as cases progressed, allowing for a much more comprehensive exploration of the

⁵⁶ Ideally both shortly after being interviewed and further down the line when they have had the opportunity to reflect in greater depth on this and any impact it may have had on them.

unconscious dynamics at play and how they might change. Such an approach would also increase opportunities to help services and professionals reflect, more comprehensively, on the implications of the “inside out” understanding this type of practice-near research develops, that is, of linking a focus on the emotional life of workers and organisations with wider professional and social discourses and structural influences. Such an approach, closer to action research, clearly reworks the nature of the relationship between the researcher and participant and involves a different kind of engagement than was possible in this research. I would also, potentially, seek to make use of two or more theoretical frameworks together as, as Frosh (2016) has suggested, a means of avoiding “any kind of dogmatic adherence to one type of expert knowledge” (Frosh, 2016, p. 479, see Frosh & Baraitser, 2008, Frosh & Emerson, 2005).

Personal reflections and researcher development

Overall, I feel I took on a good amount of work in focussing my doctoral research and writing the thesis in the way I did. However, as I noted in Chapter 1, from quite early on in my studies, I felt convinced that it was important to address issues around what it means to be psychoanalytically-informed in social work research. This was, for me, a vital issue to address so as to inform and develop research that can engage with the social and emotional complexity involved in children’s services work. Indeed, coming to the end of the research now, as often as I think about how a simpler project would have made life easier for me, I feel conflicted about not going as far as I wanted to in resolving the issues I set out to address, and writing up this thesis has been a lesson in learning to live with a sense of irresolution.

As I also noted at the start of the thesis, not being socialised into a psychodynamic approach via prior professional training or working at an institute where such a research was established, meant a certain level of anxiety which informed the position I adopted around the resituating of psychoanalytic concepts in research. I would, for example, be easily swayed by Freud's cautioning about the perils "not only with men but also with concepts, to tear them from the sphere in which they have originated and been evolved" (Freud 1939, p. 42, as cited in O'Neill 2005). I only slowly reoriented the thesis to be focused primarily on methodology as, in pursuing these issues, I was already undertaking and analysing interviews with participants. I feel I have, nonetheless, been able to move from an "inter-textual" to "experiential" understanding in the doing of this research (Bondi, 1999, p. 16).⁵⁷ To begin with, in reading psychoanalytic writing and other research making use of psychoanalysis, I tended to work on the basis of connections I was able to make with other work and theorisations via "conceptual, logical understanding" rather than in terms of their "personal resonance" (Bondi, 1999, p. 16), that is, of recalling other incidents, stories or experiences in light of what was being said. However, as I progressed with my research and spent more time in the field, doing the interviews for this study and working on other research projects, I began to think more in this way. I also became less ambivalent about laying claim to a psychoanalytic or psycho-social sensibility albeit I remain of the view that a kind of awkward rigour is required for this to be properly realised that is grounded in an appreciation of how psychoanalysis, in its theory, draws into relief the impossibility of writing about it impersonally.

I have also become more aware of the balance that needs to be struck in thinking about where expertise resides in thinking about extra-clinical phenomena

⁵⁷ Bondi uses this distinction in describing her own progression from being an academic geographer with an interest in psychoanalysis to being an academic geographer and qualified counsellor who made use of this sensibility in her work.

psychoanalytically. A quote that I was reminded of, at different stages during my studies, was one I read of Cooper and Lousada (2010) who describe psychoanalysis as needing to “learn to travel ‘more lightly’” if it is to remain relevant and helpful in late-modern society (p. 44). As they put it, psychoanalysis must “free itself ... from the need to maintain hierarchies of meaning and expertise” and engage in more fluid ways with traditional boundaries between “the pure and the applied, the public and the private, the ancient and the modern, the professional and the political” (Cooper & Lousada, 2010, p. 44). The analyst is rightfully the expert on the unconscious in the consulting room given all the time and experience they have in it. However, outside this context, for example in front-line mental health work, other professionals have something to say about the psychodynamics of the work, and how psychoanalytic ideas can be put to work in practice application.

In future, I hope to write further about issues surrounding the interface between social work, psychoanalysis and qualitative research and explore in greater depth the function of different forms of reflexivity (researcher, disciplinary and inter-relational) in this. I have not published from the thesis to date. During my studies, I began to work on different articles based on the work in Chapters 2 to 5, pulling together reflections into drafts, but have struggled to unite these into a coherent whole that I felt was ready to publish. Shortly after my second year equivalent upgrade review I submitted a manuscript based on Chapter 3 to an influential journal concerned with psychoanalysis and psychotherapy that often publishes applied work. The work was at an earlier stage then and received a mixed response from the reviewers. On the one hand, the exploration of free association’s compatibility with research interviewing was commended and referred to as an important area of study given the increasing interest in the application of psychoanalytic ideas and techniques in qualitative

research. However, different weaknesses were highlighted, particularly the need to improve the writing and make sturdier claims. I should come down on one side of the fence: either free association was a portable concept and practice and could be legitimately applied outside the consulting room, or that there was too much danger of it being diluted as a result. I found this feedback difficult to respond to at the time. The oblique aspects of the discussion and overly long sentences were symptomatic of my puzzlement and the difficulty I was having of finding suitable way to express what I knew, and did not know, and wanted to say. Recognising this, I retracted my manuscript with the editor's agreement with a view to submitting it again when I had more time to work on it following writing up the thesis. I felt it would be better to establish the core findings and a more robust stance in the thesis overall before pursuing publication from it. I have nonetheless sought to build experience in writing for publication whilst undertaking my doctoral studies, and have been involved in co-authoring several articles that have been published in social work and mental health journals. This writing derived from research I was involved in prior to my research training, and different projects I have been involved in as a researcher during this time. It was a less complex affair than the work of the thesis, but has benefitted me in terms of the insight it has provided into preparing manuscripts for submission and the process of peer review.

References

- Adler, E., & Bachant, J. L. (1996). Free association and analytic neutrality: The basic structure of the psychoanalytic situation. *Journal of the American Psychoanalytic Association, 44*, 1021-1046.
- Ainslie, R. C. (2013). Intervention strategies for addressing collective trauma: Healing communities ravaged by racial strife. *Psychoanalysis, Culture & Society, 18*, 140-152.
- Ainslie, R. C. & Brabeck, K. (2003). Race murder and community trauma: Psychoanalysis and ethnography in exploring the impact of the killing of James Byrd in Jasper, Texas. *Journal for the Psychoanalysis of Culture & Society, 8*, 42-50.
- Alexander, C., & Charles, G. (2009). Caring, mutuality and reciprocity in social worker-client relationships: Rethinking principles of practice. *Journal of Social Work, 9*, 5-22.
- Allcorn, S., Baum, H. S., Diamond, M. A., & Stein, H. F. (1996). *The human cost of a management failure: Organizational downsizing at general hospital*. Westport, CT: Quorum.
- Aron, L. (1990) Free association and changing models of mind. *Journal of the American Academy of Psychoanalysis, 18*, 439-59.
- Ashmore, Z., & Fox, S. (2014). Multisystemic therapy as an intervention for young people on the edge of care. *British Journal of Social Work, 45*, 1968–1984.
- Auestad, L. (2011). Splitting, attachment and instrumental rationality. A re-view of Menzies Lyth's social criticism. *Psychoanalysis, Culture & Society, 16*, 394-410.
- Austin, W., Bergaum, V., Nuttgens, S., & Peternelj-Taylor, C. (2006). A re-visioning of boundaries in professional helping relationships: Exploring other metaphors. *Ethics & Behaviour, 16*, 77-94.
- Balbus, I. D. (1998). *Emotional rescue: The theory and practice of a feminist father*. London: Routledge.
- Baraitser, L. (2009). *Maternal encounters: The ethics of interruption*. London: Routledge.
- Baraitser, L. (2015). Temporal drag: Transdisciplinarity and the “case” of psychosocial studies. *Theory, Culture & Society, 32*, 207-231.

- Beattie, M. (2013). *Navigating between polarities: An exploration of how gay male therapists' subject positionings affect their experience of the therapeutic relationship with male clients* (Unpublished PsychD Thesis). Roehampton University, London. Retrieved December 11, 2017, from: [https://pure.roehampton.ac.uk/portal/en/studentthesis/navigating-between-polarities-an-exploration-of-how-gay-male-therapists-subject-positionings-affect-their-experience-of-the-therapeutic-relationship-with-male-clients\(fb5be392-a9dc-4318-8733-9ad5f81f1293\).html](https://pure.roehampton.ac.uk/portal/en/studentthesis/navigating-between-polarities-an-exploration-of-how-gay-male-therapists-subject-positionings-affect-their-experience-of-the-therapeutic-relationship-with-male-clients(fb5be392-a9dc-4318-8733-9ad5f81f1293).html)
- Berg, D. N. (1985). Anxiety in research relationships. In D. N. Berg & K. K. Smith, (Eds.), *The self in social inquiry: Researching methods* (pp. 213-228). London: Sage.
- Bibi, F. (2014). *Mechanisms of engagement and change for minority ethnic caregivers with multisystemic therapy: A grounded theory* (Unpublished DClinPsy thesis). Royal Holloway, University of London, London. Retrieved April 12, 2018 from: <https://repository.royalholloway.ac.uk/file/36836ba8-5155-0d2f-1079-945ff8f761c7/1/Bibi%20FatimaThesis%202014%20with%20corrections.pdf>
- Bion, W. R. (1962). *Learning from experience*. London: Karnac.
- Bion, W. R. (1970). *Attention and interpretation*. London: Karnac.
- Birch, M., & Miller, T. (2000). Inviting intimacy: The interview as therapeutic opportunity. *International Journal of Social Research Methodology*, 3, 189-202.
- Blake, V., & Jackson, D. (2009). Older men's embodied selves: Rethinking older men's relationships with their changing bodies. In: A. Biricik & J. Hearn (Eds.), *GEXcel Work in Progress Report Volume VI - Proceedings from GEXcel Theme 2: Deconstructing the Hegemony of Men and Masculinities Conference 27–29 April 2009* (pp. 43-50). Institute of Thematic Gender Studies. Retrieved October 17, 2018 from: <http://eprints.lancs.ac.uk/71687/1/GEXcel.pdf#page=43>.
- Blass, R. B. (2010). Affirming “That's not psycho-analysis!” On the value of the politically incorrect act of attempting to define the limits of our field. *International Journal of Psychoanalysis*, 91, 81-89
- Bollas, C. (2002). *Free association*. London: Icon Books.
- Bondi, L. (1999). Stages on journeys: Some remarks about human geography and psychotherapeutic practice. *Professional Geographer*, 5, 11-24.

- Bondi, L. (2014). Understanding feelings: Engaging with unconscious communication and embodied knowledge. *Emotion, Space & Society*, 10, 44-54.
- Borden, W. (2000). The relational paradigm in contemporary psychoanalysis: Toward a psychodynamically informed social work perspective. *Social Service Review*, 74, 352-379.
- Borenzweig, H. (1981). The self disclosure of clinical social workers. *The Journal of Sociology & Social Welfare*, 8, 432-460.
- Bott Spillius, E., Milton, J., Garvey, P. Couve, C., & Steiner, D. (2011). *A new dictionary of Kleinian thought*. London: Routledge.
- Bourdieu, P. (1999). The space of points of view. In P. Bourdieu, A. Accardo, G. Balazs, et al., *The weight of the world: Social suffering in contemporary society* (P. Parkhurst Ferguson, S. Emanuel, J. Johnson, & S. T. Waryn, Trans., pp. 303-305). Cambridge: Polity Press.
- Bower, M. (2003). Broken and twisted. *Journal of Social Work Practice*, 17, 143-151
- Bower, M. (Ed.) (2005) *Psychoanalytic theory for social work practice: Thinking under fire*. London: Routledge.
- Bower, M., & Solomon, R. (Eds.) (2018). *What social workers need to know: A psychoanalytic approach*. London: Routledge.
- Boyle, J., Kernohan, W. G., & Rush, T. (2009). "When you are tired or terrified your voice slips back into its old first place": The role of feelings in community mental health practice with forensic patients. *Journal of Social Work Practice*, 23, 291-313.
- Braddock, L. (2010). Emotions, interpretation and the psychoanalytic countertransference. In D. Spencer, & J. Davies (Eds.), *Anthropological fieldwork: A relational process* (pp. 2014-228). Newcastle Upon Tyne: Cambridge Scholars Press.
- Brandell, J. R., & Ringel, S. (2004). Psychodynamic perspectives on relationship: Implications of new findings from human attachment and the neurosciences for social work education. *Families in Society*, 85, 549-556
- Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J., & Black, J. (2008). *Analysing child deaths and serious injury through abuse and neglect: What can we learn? A biennial analysis of serious case reviews 2003-2005*. Department for Children, Schools and Families. Retrieved April 12, 2018 from: <http://dera.ioe.ac.uk/7190/1/dcsf-rr023.pdf>

- Briggs, S., & Hingley-Jones, H. (2013). Reconsidering adolescent subjectivity: A “practice-near” approach to the study of adolescents, including those with severe learning disabilities. *British Journal of Social Work, 43*, 64-80.
- Broadhurst, K., & Mason, C. (2014). Social work beyond the VDU: Foregrounding co-presence in situated practice – why face-to-face practice matters. *British Journal of Social Work, 44*, 578–595.
- Broadhurst K., Wastell D., White S., Hall C., Peckover S., Thompson K., Pithouse A., & Davey D. (2010). Performing “initial assessment”: Identifying the latent conditions for error at the front-door of local authority children’s services. *British Journal of Social Work, 40*, 352–370.
- Bronstein, C. (2002). On free association and psychic reality. *British Journal of Psychotherapy, 18*, 477-489.
- Brooks, E., & Dallos, R. (2009). Exploring young women’s understandings of the development of difficulties. *Clinical Child Psychology & Psychiatry, 14*, 101-115.
- Brown, A. P. (2007). Interpretation and the case study: The challenge of a relational approach. *Theoretical Criminology, 11*, 485-500.
- Brown, G. W., & Harris, T. (1978). *Social origins of depression: A study of psychiatric disorder in women*. Tavistock: London.
- Brown, J. (2009). What is this thing called love? Narratives from two generations. In S. Day Sclater, D. Jones, H. Price, & C. Yates (Eds.), *Emotion: New psychosocial perspectives* (pp. 153-166). Basingstoke, Hampshire: Palgrave Macmillan.
- Bunge, M., & Moessinger, P. (1987). Let’s be as precise as possible: An interview with Mario Bunge. *New Ideas in Psychology, 5*, 385-397.
- Burgo, J. (2013). Why free association is so difficult [Blog post]. Retrieved April 12, 2014, from: <http://www.afterpsychotherapy.com/freeassociation>
- Burman, E. (2008). Resisting the deradicalization of psychosocial analyses. *Psychoanalysis, Culture & Society, 13*, 374–378.
- Bury, C., Raval, H., & Lyon, L. (2007). Young people’s experiences of individual psychoanalytic psychotherapy. *Psychology & Psychotherapy, 80*, 79-86.
- Butler, I. (2002). A code of ethics for social work and social care research. *British Journal of Social Work, 32*, 239-248.

- Butler, S., Baruch, G., Hickey, N., & Fonagy, P. (2011). A randomised control trial of multisystemic family therapy and a statutory therapeutic intervention for young offenders. *Journal of the American Academy of Child & Adolescent Psychiatry, 50*, 1220-1235.
- Caper, R. (1994). *Immaterial facts: Freud's discovery of psychic reality and Klein's development of his work*. Jason Aronson: Northvale, NJ.
- Capri, C., & Buckle, C. (2015). "We have to be satisfied with the scraps": South African nurses' experiences of care on adult psychiatric intellectual disability in patient wards. *Journal of Applied Research in Intellectual Disabilities, 28*, 167-181.
- Carr, A. (1989). Countertransference to families where child abuse has occurred. *Journal of Family Therapy, 11*, 87-97.
- Carr, A. (1995). Child abuse, rehabilitation and poverty: A quintet of problems entailed by the dominant discourse. *Human Systems, 5*, 283-292.
- Cartwright, D. (2000). *Latent murderousness: An exploration of the nature and quality of object relations in rage-type murders* (Unpublished PhD thesis). Rhodes University, Grahamstown, South Africa.
- Cartwright, D. (2004). The psychoanalytic research interview: Preliminary suggestions. *Journal of the American Psychoanalytic Association, 52*, 209-42.
- Casement, P. (1985). *On learning from the patient*. London: Tavistock.
- Charlton, R. S. (1986). Free association and Jungian analytic technique. *Journal of Analytical Psychology, 31*, 153-171.
- Chernomas, R. (2007). Containing anxieties in institutions or creating anxiety in institutions: A critique of the Menzies Lyth hypothesis. *Psychoanalysis, Culture & Society, 12*, 369-384.
- Clarke, S. (2002). Learning from experience: Psycho-social research methods in the social sciences. *Qualitative Research, 2*, 173-194.
- Clarke, S. (2006). Theory and practice: Psychoanalytic sociology as psycho-social studies. *Sociology, 40*, 1153-1169.
- Clarke, S., & Hoggett, P. (2009). Researching beneath the surface: a psycho-social approach to research practice and method. In S. Clarke, & P. Hoggett (Eds.), *Researching beneath the surface: Psycho-social research methods in practice* (pp. 1-26). London: Karnac.

- Cook, L. L. (2017). Making sense of the initial home visit: The role of intuition in child and family social workers' assessments of risk. *Journal of Social Work Practice, 31*, 431-444.
- Cooper, A. (1996). Psychoanalysis and the politics of organisational theory. *Journal of Social Work Practice, 10*, 137-145.
- Cooper, A. (2009). Hearing the grass grow: Emotional and epistemological challenges of practice-near research. *Journal of Social Work Practice, 23*, 429-442.
- Cooper, A. (2015). Reviving therapeutic social work. *New Associations, 19*, 1-2.
- Cooper, A. & Lees, A. (2015). Spotlight: Defences against anxiety in contemporary human service organisations. In D. Armstrong, & M. Rustin (Eds.), *Social defences against anxiety: Explorations in a paradigm* (pp. 239-255). London: Karnac.
- Cooper, A., & Lousada, J. (2005). *Borderline welfare: Feeling and fear of feeling in modern welfare*. London: Karnac.
- Cooper, A. & Lousada, J. (2010). The shock of the real: Psychoanalysis, modernity, survival. In A. Lemma & M. Patrick (Eds.), *Off the couch: Contemporary psychoanalytic applications* (pp. 33-45). London: Routledge.
- Cooper, S., & Foster, D. (2007). *The aura of silence: A psychosocial analysis of stigma amongst students working in the field of HIV and AIDS at the University of Cape Town* (Centre for Social Science Research working paper no. 180). University of Cape Town, Cape Town. Retrieved December 11, 2017, from: <https://open.uct.ac.za/handle/11427/19496>
- Cooper, S. H. (1998). Analyst subjectivity, analyst disclosure and the aims of psychoanalysis. *Psychoanalytic Quarterly, 67*, 379-406.
- Cornell, K. L. (2006). Person-in-situation: History, theory, and new directions for social work practice. *Praxis, 6*, 50-57.
- Coventry LSCB. (2013). *Serious case review into the experience of Daniel Pelka*. Retrieved September 25, 2013, from: <http://www.coventrylscb.org.uk/dpelka.html>
- Crapanzano, V. (1977). On the writing of ethnography. *Dialectical Anthropology, 2*, 69-73.
- Crowe, J. (2014). Ethics of self-disclosure with children and adolescents. Retrieved October 18, 2018, from: https://www.socialworktoday.com/archive/exc_070814.shtml

- D'Aniello, C., & Nguyen, H. N. (2017). Considerations for intentional use of self-disclosure for family therapists. *Journal of Family Psychotherapy, 28*, 23-37.
- Danto, E. A. (2005). *Freud's free clinics: Psychoanalysis and social justice, 1918-1938*. Columbia University Press: New York.
- Darmon, M. (2016). Bourdieu and psychoanalysis: An empirical and textual study of a pas de deux. *The Sociological Review, 64*, 110-128.
- Davies, L., & Collings, S. (2004). Subject-to-subject: Reclaiming the emotional terrain for practice. In L. Davies, & P. Leonard (Eds.), *Social work in a corporate era: Practices of power and resistance* (pp. 45-56). Aldershot, Hants: Ashgate.
- de Boer, C. & Coady, N. (2007). Good helping relationships in child welfare: Learning from stories of success. *Child & Family Social Work, 12*, 32-42.
- Dennis, P. K. (2004). *Fat in the countertransference: Clinical social workers' reactions to fat patients* (Unpublished PhD thesis). Institute for Clinical Social Work, Chicago. Retrieved December 11, 2017, from:
https://www.icsw.edu/_downloads/_dissertations/dennis_2005.pdf
- Department for Education. (2015). *Working together to safeguard children: Statutory guidance on inter-agency working to safeguard and promote the welfare of children*. Retrieved January 24, 2018, from:
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- Devereux, G. (1967). *From anxiety to method in the behavioural sciences*. The Hague: Mouton & Co.
- Dingwall, R., Eekelaar, J., & Murray, T. (1995). *The protection of children: State intervention and family life* (2nd. ed.). Aldershot, Hants: Avebury. (Original work published in 1983).
- Dixon, L., Adler, D., Braun, D., et al. (2001). Re-examination of therapist self-disclosure. *Psychiatric Services, 52*, 1489-1493.
- Dore, M. M., & Alexander, L. B. (1996). Preserving families at risk of child abuse and neglect: The role of the helping alliance. *Child Abuse & Neglect, 20*, 349-361.
- Drapeau, M. (2002). Subjectivity in research: Why not? But... *The Qualitative Report, 7* (3). Retrieved April 13, 2018, from:
<https://nsuworks.nova.edu/tqr/vol7/iss3/3/>

- Dugmore, P. (2018, May). *Acknowledging and bearing emotions – a study of social work practice with children*. Paper presented at The 2018 Tavistock Doctoral Conference, London.
- Dyregrov, K. (2004). Bereaved parents' experience of research participation. *Social Science & Medicine*, 58, 391-400.
- Ehrenberg, D. B. (1995). Self-disclosure: Therapeutic tool or indulgence? *Contemporary Psychoanalysis*, 31, 213-228.
- Elliott, A. (1996). *Subject to ourselves*. Oxford: Polity.
- Elliott, B. J. (2001) [Review of the book *Doing qualitative research differently: Free association, narrative and the interview method*]. *Qualitative Research*, 1, 261-262.
- Elliott, H., Ryan, J., & Hollway, W. (2012). Research encounters, reflexivity and supervision. *International Journal of Social Research Methodology*, 15, 433-444.
- Elliott, S., Lowenthal, D., & Greenwood, D. (2007). Narrative research into erotic countertransference in a female therapist-male patient encounter. *Psychoanalytic Psychotherapy*, 21, 233-249.
- Etherington, K. (2009). Life story research: A relevant methodology for counsellors and psychotherapist. *Counselling & Psychotherapy Research*, 9, 225-233.
- Evans, T. (2009). *The bridge to manhood: How the masculine self is affected by the father-son relationship* (Unpublished PsychD thesis). Roehampton University, London. Retrieved December 11, 2017, from: [https://pure.roehampton.ac.uk/portal/en/studentthesis/the-bridge-to-manhood-how-the-masculine-self-is-affected-by-the-fatherson-relationship\(f6d5407e-b5cd-47cd-83ac-998b4d1050ab\).html](https://pure.roehampton.ac.uk/portal/en/studentthesis/the-bridge-to-manhood-how-the-masculine-self-is-affected-by-the-fatherson-relationship(f6d5407e-b5cd-47cd-83ac-998b4d1050ab).html)
- Ewing, K. P. (1987). Clinical psychoanalysis as an ethnographic tool. *Ethnos*, 15, 16-39.
- Eyrich-Garg, K. M. (2008). Strategies for engaging adolescent girls at an emergency shelter in a therapeutic relationship: Recommendations from the girls themselves. *Journal of Social Work Practice*, 22, 375-388.
- Farber, S. K. (2005). Free association reconsidered: The talking cure, the writing cure. *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry*, 33, 249-273.

- Fassin, D., & Rechtman, R. (2009). *The empire of trauma: An inquiry into the condition of victimhood*. (R. Gomme, Trans.). Princeton University Press: Princeton, NJ. (Original work published 2007).
- Featherstone, B., White, S., & Morris, K. (2014). *Re-imagining child protection: Towards humane social work with families*. Bristol: Policy Press.
- Featherstone, B., Gupta, A., Morris, K., & Warner, J. (2016). Let's stop feeding the risk monster: Towards a social model of child protection. *Families, Relationships & Societies*. Retrieved February 9, 2017, from: http://www.ingentaconnect.com/content/tpp/frs/pre-prints/content-pp_frs-d-15-00034r2
- Ferard, M. L., & Hunnybun, N. K. (1962). *The caseworker's use of relationships*. London: Tavistock.
- Ferguson, H. (2005). Working with violence, the emotions and the psycho-social dimensions of child protection: Reflections on the Victoria Climbié case. *Social Work Education, 24*, 781-795.
- Ferguson, H. (2009). Performing child protection: Home visiting, movement and the struggle to reach the abused child. *Child & Family Social Work, 14*, 471-480.
- Ferguson, H. (2011). *Child protection practice*. Basingstoke, Hampshire: Palgrave Macmillan.
- Ferguson, H. (2016a). How children become invisible in child protection work: Findings from research into day-to-day social work practice. *British Journal of Social Work*, doi: 10.1093/bjsw/bcw065. Retrieved October 17, 2018, from: <https://eprints.nottingham.ac.uk/34291/8/Br%20J%20Soc%20Work-2016-Ferguson-bjsw-bcw065.pdf>
- Ferguson, H. (2016b). Researching social work practice close up: Using ethnographic and mobile methods to understand encounters between social workers, children and families. *British Journal of Social Work, 46*, 153-168.
- Ferguson, H. (2018). How social workers reflect in action and when and why they don't: the possibilities and limits to reflective practice in social work. *Social Work Education, 37*, 415-427.
- Flannery, J. (1985). Boredom in the therapist: Countertransference issues. *British Journal of Psychotherapy, 11*, 536-544.
- Fonagy, P. (2008). Being envious of envy and gratitude. In A. Lemma, & P. Roth (Eds.), *Envy and gratitude revisited* (pp. 201-210). London: Karnac.

- Fonagy, P., Butler, S., Cottrell, D., Scott, S., Pilling, S., *et al.* (2018) Multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour (START): A pragmatic, randomised controlled, superiority trial. *The Lancet Psychiatry*, 5, 119-133.
- Foster, A. (2001). The duty of care and the need to split. *Journal of Social Work Practice*, 15, 81-90.
- Fox, S., & Ashmore, Z. (2011). How does the delivery of multisystemic therapy to adolescents and their families challenge practice in traditional services in the criminal justice system? *British Journal of Forensic Practice*, 13, 25-31.
- French, R. B. (1997). The teacher as container of anxiety: Psychoanalysis and the role of the teacher. *Journal of Management Education*, 21, 483-495.
- Freud, S. (1957). "Wild" psychoanalysis. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (vol. 11, pp. 219-227). London: Hogarth Press. (Original work published 1910)
- Freud, S. (1958). On beginning the treatment. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (vol. 12, pp. 121-144). London: Hogarth Press. (Original work published 1913)
- Freud, S. (1958). Recommendations for physicians on the psychoanalytic method of treatment. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (vol. 12, pp. 111-120). London: Hogarth Press. (Original work published 1912)
- Freud, S. (1958) Remembering, repeating, and working through. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (vol. 12, pp. 145-156). London: Hogarth Press. (Original work published 1914)
- Freud, S. (1958). Two lies told by children. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (vol. 12, pp. 303-309). London: Hogarth Press. (Original work published 1913)
- Freud, S. (1961). A short account of psycho-analysis. In J. Strachey (Ed. and Trans.) *The standard edition of the complete psychological works of Sigmund Freud* (vol. 19, pp. 191-209). London: Hogarth Press. (Original work published 1924).

- Froggett, L. (2012). Psychosocial research. In S. Becker, A. Bryman, & H. Ferguson (Eds.), *Understanding research for social policy and social work: Theories, methods and approaches* (2nd ed.) (pp. 179-186). Bristol: Policy Press.
- Froggett, L., & Briggs, S. (2009). Editorial. *Journal of Social Work Practice*, 23, 377–382. [Special Issue on Practice-Near Research.]
- Froggett, L. & Briggs, S. (2012). Practice-near and practice-distant methods in human services research. *Journal of Research Practice*, 8(2). Retrieved October 25, 2018, from: <http://jrp.icaap.org/index.php/jrp/article/view/318/276>
- Froggett, L., & Chamberlayne, P. (2004). Narratives of social enterprise: From biography to practice and policy critique. *Qualitative Social Work*, 3, 61-77.
- Froggett, L., & Hollway, W. (2010). Psychosocial research analysis and scenic understanding. *Psychoanalysis, Culture & Society*, 15, 281-301.
- Froggett L., Ramvi, E., & Davies, L. (2015). Thinking from experience in psychosocial practice. *Journal of Social Work Practice*, 29, 133-150.
- Frosh, S. (2006). *For and against psychoanalysis* (2nd ed.). London: Routledge.
- Frosh, S. (2010). *Psychoanalysis outside the clinic: Interventions in psychosocial studies*. London: Palgrave Macmillan.
- Frosh, S. (2016). Towards a psychosocial psychoanalysis. *American Imago*, 73, 469-482.
- Frosh, S., & Baraitser, L. (2008). Psychoanalysis and psychosocial studies. *Psychoanalysis, Culture & Society*, 13, 346-365.
- Frosh, S., & Emerson, P. D. (2005). Interpretation and over-interpretation: Disputing the meaning of texts. *Qualitative Research*, 5, 307-324.
- Frosh, S., Phoenix, A., & Pattman, R. (2003). Taking a stand: Using psychoanalysis to explore the positioning of subjects in discourse. *British Journal of Social Psychology*, 42, 39-53.
- Frost, E. (2015). Why social work and sociology need psychosocial theory. *Nordic Social Work Research*, 5(Suppl. 1), 85-97
- Frost, L. (2008). Why teach social work students psychosocial studies? *Social Work Education*, 27, 243-261.
- Frost, L., & McClean, S. (2014). *Thinking about the lifecourse: A psychosocial introduction*. Basingstoke, Hampshire: Palgrave Macmillan.

- Fryer, D. (2001). [Review of the book *Doing qualitative research differently: Free association, narrative and the interview method*]. *Journal of Community & Applied Social Psychology*, 11, 324-327.
- Garfield, S. (2007). *Exploring the impact of the therapeutic alliance and structural factors in treatment groups for domestically abusive men* (Unpublished PhD thesis). London South Bank University, London.
- Garrett, A. (1942). *Interviewing: Its principles and practice*. New York: Family Service Association of America.
- Garrett, P. M. (2009). *“Transforming” children’s services? Social work, neoliberalism and the ‘modern’ world*. Maidenhead, Berkshire: Open University Press.
- Gediman, H. K. (2006). Facilitating analysis with implicit and explicit self-disclosures. *Psychoanalytic Dialogues*, 16, 241-262.
- Gemignani, M. (2011). Between researcher and researched: An introduction to countertransference in qualitative inquiry. *Qualitative Inquiry*, 17, 701-708.
- Giami, A. (2001). Counter transference in social research: Beyond Georges Devereux. Retrieved 18 April, 2018, from: <http://www.ethnopsychiatrie.net/giami.htm>
- Gibbs, R. (2011). *Standing in the shadows: Faith, homelessness and troubled lives* (Unpublished DSW thesis). University of East London/Tavistock & Portman Foundation Trust, London. Retrieved 13 July, 2017, from: <http://roar.uel.ac.uk/3505/>
- Gibson, M. (2017). Social worker or social administrator? Findings from a qualitative case study of a child protection social work team. *Child & Family Social Work*, 22, 1187-1196.
- Gibson, M. F. (2012). Opening up: Therapist self-disclosure in theory, research and practice. *Clinical Social Work*, 40, 287-296.
- Gin, K. B. (2003). *Free association as the theoretical goal of psychoanalytic work* (Unpublished PsyD thesis). The Wright Institute, San Francisco, CA.
- Goldfried, M. R., Burckell, L. A., & Eubanks-Carter, C. (2003). Therapist self-disclosure in cognitive-behaviour therapy. *Journal of Clinical Psychology*, 59, 555-568.
- Goldstein, E. G. (1994). Self-disclosure in treatment: What therapists do and don’t talk about. *Clinical Social Work Journal*, 22, 417-433.
- Graham, I. W. (2007). Consultant nurse-consultant physician: A new partnership for patient-centred care? *Journal of Clinical Nursing*, 16, 1809-1817.

- Greenberg, J. (1995). Self-disclosure: Is it psychoanalytic? *Contemporary Psychoanalysis*, 31, 193-205.
- Gregor, C. (2013). *How might parents of pre-pubescent children with gender identity issues understand their experience?* (Unpublished DSW thesis), University of East London/The Tavistock Clinic, London. Retrieved April 13, 2018 from: <http://roar.uel.ac.uk/3444/>
- Gregor, C., Hingley-Jones, H., & Davidson, S. (2015). Understanding the experience of parents of pre-pubescent children with gender identity issues. *Child & Adolescent Social Work Journal*, 32, 237-246.
- Guest, Y. (2012). Reflections on resilience: A psycho-social exploration of the life long impact of having been in care during childhood. *Journal of Social Work Practice*, 26, 109-124.
- Gunter, M.& Bruns, G. (2012). *Psychoanalytic social work: Practice – foundations – methods*. London: Karnac.
- Haaken, J. (2008). When white buffalo calf woman meets Oedipus on the road: Lakota psychology, feminist psychoanalysis, and male violence. *Theory & Psychology*, 18, 195-208.
- Haaken, J. (2010). *Hard knocks: Domestic violence and the psychology of storytelling*. London: Routledge.
- Hamilton, G. (1951). *Theory and practice of social case work* (2nd ed.). New York: Columbia University Press.
- Harlow, E. (2009). Eliciting narratives of teenage pregnancy in the UK: Reflexively exploring some of the methodological challenges. *Qualitative Social Work*, 8, 211-228.
- Hart, A., Hall, V., & Henwood, F. (2003). Helping health and social care professionals develop an “inequalities imagination”: A model for use in education and practice. *Journal of Advanced Nursing*, 49(5), 480-489.
- Harvey, A. (2017). *“The shadow falls”*: *Understanding the factors involved in decision-making in local authority children’s services* (Unpublished DSW thesis). University of East London/The Tavistock Clinic, London. Retrieved April 13, 2018 from: <http://roar.uel.ac.uk/3444/>
- Henderson, F. A. L. (2016). *Difficult conversations in the frontline - managing the tensions between care and control: Are communication skills enough?* (Unpublished DPsychother thesis). University of Essex, Colchester, Essex.

- Hendin, H. (1964). *Suicide and Scandinavia*. New York: Anchor.
- Hendin, H., Gaylin, W., & Carr, A. (1965). *Psychoanalysis and social research: The psychoanalytic study of the non-patient*. New York: Anchor.
- Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). *Multisystemic therapy for antisocial behaviour in children and adolescents* (second ed.). New York: Guilford Press.
- Herdt, G. & Stoller, R. J. (1990). *Intimate communications: Erotics and the study of culture*. New York: Columbia University Press.
- Herman, J. (1997) *Trauma and recovery: From domestic abuse to political terror* (Rev. ed.). New York: Pandora.
- Hingley-Jones, H. (2009). Developing practice-near social work research to explore the emotional words of severely learning-disabled adolescents in transition and their families. *Journal of Social Work Practice*, 23, 413-428.
- Hingley-Jones, H. (2016). Using observation to research the experiences of teenagers with severe learning disabilities: Observing the “ordinary”. In G. Ruch & I. Julkunen (Eds.), *Relationship-based research in social work: Understanding practice research* (pp. 107–125). London, Jessica Kingsley.
- Hingley-Jones, H., & Ruch, G. (2016). “Stumbling through?” Relationship-based social work practice in austere times. *Journal of Social Work Practice*, 30, 235-248.
- Hinshelwood, R. D. (2014) Whose suffering? – Carers and curers. *Psychosis*, 6, 278-287.
- Hoffer, A. (2001). Jung’s analysis of Sabina Spielrein and his use of Freud’s free association method. *Journal of Analytical Psychology*, 46, 117-28.
- Hoffer, A. (2006). What does the analyst want? Free association in relation to the analyst’s activity, ambition, and technical innovation. *American Journal of Psychoanalysis*, 66, 1-23.
- Hoffer, A. & Youngren, V. R. (2004). Is free association still at the core of psychoanalysis? *International Journal of Psychoanalysis*, 85, 1489-1492.
- Hoggett, P. (1992). *Partisans in an uncertain world: The psychoanalysis of engagement*. London: Free Association Books.
- Hoggett, P. (2015). A psycho-social perspective on social defences. In: D. Armstrong, & M. Rustin (Eds.), *Social defences against anxiety: Explorations in a paradigm* (pp. 50-58). London: Karnac.

- Hoggett, P., Mayo, M., & Miller, C. (2009). *The dilemmas of development work: Ethical challenges in regeneration*. Bristol: Policy Press.
- Hoggett, P., Beedell, P., Jimenez, L., Mayo, M., & Miller, C. (2010). Working psycho-socially and dialogically in research. *Psychoanalysis, Culture & Society*, 15, 173-188.
- Holland, S. & Crowley, A. (2013). Looked-after children and their birth families: Using sociology to explore changing relationships, hidden histories and nomadic childhoods. *Child & Family Social Work*, 18, 57-66.
- Hollis, F. (1970). The psychosocial approach to the practice of casework. In R. W. Roberts, & R. H. Nee (Eds.), *Theories of social casework* (pp. 33-75). Chicago: University of Chicago Press.
- Hollway, W. (1989). *Subjectivity and method in psychology: Gender, meaning and science*. London: Sage.
- Hollway, W. (2001). The psycho-social subject in “evidence-based practice”. *Journal of Social Work Practice*, 15, 9-22.
- Hollway, W. (2006). Paradox in the pursuit of a critical development of self in family relationships. *Theory & Psychology*, 16, 465-482.
- Hollway, W. (2007). Afterword. *Infant Observation*, 10, 331-336.
- Hollway, W. (2008). Doing intellectual disagreement differently? *Psychoanalysis, Culture & Society*, 13, 385-396.
- Hollway, W. (2009). Applying the “experience-near” principle to research: Psychoanalytically informed methods. *Journal of Social Work Practice*, 23, 461-474.
- Hollway, W. (2011a). Psycho-social writing from data. *Journal of Psycho-Social Studies*, 4 (2). Retrieved April 15, 2018 from: <http://www.psychosocial-studies-association.org/wp-content/uploads/2017/01/writingfromdata.pdf>
- Hollway, W. (2011b). Through discursive psychology to a psycho-social approach. In N. Bozatzis, & T. Dragonas (Eds.), *Social psychology: The turn to discourse* (pp. 209-240). Athens: Metaixmio.
- Hollway, W. (2012, November). *Psychoanalysis as epistemology: Psycho-social methods since “Doing qualitative research differently”*. Paper presented at the Birkbeck Institute for Social Research, University of London. Retrieved October 18, 2018, from:

- <https://backdoorbroadcasting.net/2012/11/psychoanalysis-as-epistemology-psycho-social-methods-since-doing-qualitative-research-differently/>
- Hollway, W. (2013). Unconscious, “societal-collective” processes. *Organisational & Social Dynamics*, 13, 22-40.
- Hollway, W. (2015) *Knowing mothers: Researching maternal identity change*. Basingstoke, Hampshire: Palgrave Macmillan.
- Hollway, W., & Featherstone, B. (Eds.). (1997). *Mothering and ambivalence*. London: Routledge.
- Hollway, W., & Froggett, L. (2012). Researching in-between subjective experience and reality. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 13(3). Retrieved October 17, 2018 from: <http://www.qualitative-research.net/index.php/fqs/article/view/1899/3429>
- Hollway, W., & Jefferson, T. (1996). PC or not PC: Sexual harassment and the question of ambivalence. *Human Relations*, 49, 373-393.
- Hollway, W., & Jefferson, T. (1997). Eliciting narrative through the in-depth interview. *Qualitative Inquiry*, 3, 53-70.
- Hollway, W., & Jefferson, T. (2000a). *Doing qualitative research differently: Free association, narrative and the interview method*. London: Sage.
- Hollway, W., & Jefferson, T. (2000b). Narrative, discourse and the unconscious: The case of Tommy. In M. Andrews, S. Day Sclater, C. Squire, & A. Treacher (Eds.), *Lines of narrative: Psychosocial perspectives* (pp. 136-149). London: Routledge.
- Hollway, W., & Jefferson, T. (2005a). But why did Vince get sick? A reply to Spears and Wetherell. *British Journal of Social Psychology*, 44, 175-180.
- Hollway, W., & Jefferson, T. (2005b). Panic and perjury: A psychosocial exploration of agency. *British Journal of Social Psychology*, 44, 147-163.
- Hollway, W., & Jefferson, T. (2013) *Doing qualitative research differently: A psychosocial approach* (second ed.). London: Sage.
- Holmes, J. (2013). A comparison of clinical psychoanalysis and research interviews. *Human Relations*, 66, 1183-1199.
- Holmes, J. (2014). Countertransference in qualitative research: A critical appraisal. *Qualitative Research*, 14, 166 - 183
- Holmes, J. (2017). Reverie-informed research interviewing. *International Journal of Psychoanalysis*, 98, 709-728.

- Holt, K., & Kelly, N. (2016). Why parents matter: Exploring the impact of a hegemonic concern with the timetable for the child. *Child & Family Social Work, 21*, 156-173.
- Horvath, J. (2016). The toxic duo: The neglected practitioner and a parent who fails to meet the needs of their child. *British Journal of Social Work, 46*, 1602–1616.
- Humphreys, C., & Joseph, S. (2004) Domestic violence and the politics of trauma. *Women's Studies International Forum, 27*, 559-570
- Hutchinson, S., & Wilson, H. (1994). Research and therapeutic interviews: A poststructuralist perspective. In J. M. Morse (Ed.), *Critical issues in qualitative research methods* (pp. 300-315). Thousand Oaks, CA: Sage.
- Hyatt Williams, A. (1977). The nature of aggression. In: A W Franklin (Ed.), *The challenge of child abuse* (pp. 161-173). London: Academic Press.
- Hydén, M. (2014). The teller-focused interview: Interviewing as relational practice. *Qualitative Social Work, 13*, 795-812
- Jacques, E. (1951). *The changing culture of a factory: A study of authority and participation in an industrial setting*. London: Tavistock.
- Jacobs, T. (1999). Self-disclosure: Error or advance in technique? *Psychoanalytic Quarterly, 68*, 159-183.
- Jefferson, T. (1994). Theorising masculine subjectivity. In T. Newburn, & E. A. Stanko (Eds.), *Just boys doing business? Men, masculinities and crime* (pp. 10-31). London: Routledge.
- Jefferson, T. (2002). Subordinating hegemonic masculinity. *Theoretical Criminology, 6*, 63-88.
- Jefferson, T. (2004). From cultural studies to psychosocial criminology: An intellectual journey. In J. Ferrell, K. Hayward, W. Morrison, & M. Presdee (Eds.), *Cultural criminology unleashed* (p. 29-39). London: Glass House Press.
- Jefferson, T. (2008). What is “the psychosocial”? A Response to Frosh and Baraitser. *Psychoanalysis, Culture & Society, 13*, 366–373.
- Jeffrey, A., & Austin, T. (2007). Perspectives and practices of clinician self-disclosure to clients: A pilot comparison study of two disciplines. *The American Journal of Family Therapy, 35*, 95-108.
- Jervis, S. (2011). *Relocation, gender and emotion: A psycho-social perspective on the experiences of military wives*. London: Karnac.

- Joffe, H., & Elsey, J. W. B. (2014). Free association in psychology and the grid elaboration method. *Review of General Psychology, 18*, 173-185.
- Johns, K. (1995) The use of containment in working with a fragile mother in a child protection case. *Journal of Social Work Practice, 9*, 33-41.
- Jones, D. W. (1998). Distressing interviews and unhappy interviewing. *Oral History, 26*(2), 49-56.
- Jones, D. W. (2003). Shame and loss: Narrative and identity in families with a member suffering from mental illness. *The International Journal of Critical Psychology, 10*, 68-92..
- Kanter, J. (2000). The untold story of Clare and Donald Winnicott: How social work influenced modern psychoanalysis. *Clinical Social Work Journal, 28*, 245-261.
- Kanter, J. (2005). "Let's never ask him what to do": Clare Britton's transformative impact on Donald Winnicott. *American Imago, 61*, 457-481.
- Kanter, J., & Vogt, P. (2012). On "being" and "doing": Supervising clinical social workers in case-management practice. *Smith College Studies in Social Work, 82*, 251-275.
- Karvinen-Niinikoski, S. (2009). Promises and pressures of critical reflection for social work coping in change. *European Journal of Social Work, 12*, 333-348.
- Kaur, P., Pote, H., Fox, S., & Paradisopoulos, D. A. (2017). Sustaining change following multisystemic therapy: Caregivers' perspectives. *Journal of Family Therapy, 39*, 264-283.
- Keddell, E. (2016). Constructing parental problems: the function of mental illness discourses in a child welfare context. *British Journal of Social Work, 46*, 2088-2103.
- Kettle, M., & Jackson, S. (2015). Revisiting the rule of optimism. *British Journal of Social Work, 47*, 1624-1640.
- Keylor, R. G. (2003). Subjectivity, infantile Oedipus, and symbolization in Melanie Klein and Jacques Lacan. *Psychoanalytic Dialogues, 13*, 211-242.
- Kiddy, C. L. (2014). *Exploring the tension between adherence and cultural fit when delivering multisystemic therapy in England* (Unpublished DClInPsy thesis). Royal Holloway, University of London, London. Retrieved April 15, 2017, from: <https://repository.royalholloway.ac.uk/file/caafc8b7-003b-37dc-9649-1e3ada7c1059/1/Kiddy%20C.%202011%20Exploring%20the%20tension%20>

between%20adherence%20and%20cultural%20fit%20when%20delivering%20MST%20in%20England.pdf

- King, J. (2016). *Young people's reflections on engaging with youth offending services: A psycho-social exploration* (Unpublished DECCPsy thesis). University of Essex/Tavistock and Portman NHS Foundation Trust. Retrieved August 8, 2017, from: <http://repository.tavistockandportman.ac.uk/1395/>
- Kirk, G., & Duchinsky, R. (2014). "Life is about choices, but external factors can often affect outcomes": Social work students' reasoning about the origins of social problems. *Critical & Radical Social Work*, 2, 77-92.
- Klein, M. (1975). A contribution to the psychogenesis of manic-depressive states. In M. Klein. *Love, guilt and reparation and other works 1921-1945*. London: Vintage. (Original work published 1935).
- Klein, M. (1975). Notes on some schizoid mechanisms. In M. Klein. *Envy and gratitude and other works 1946-1963* (pp. 1-24). London: Vintage. (Original work published 1946)
- Klein, M. (1975). Some theoretical considerations regarding the emotional life of the infant. In M. Klein. *Envy and gratitude and other works 1946-1963* (pp. 61-93). London: Vintage. (Original work published 1952).
- Knight, C. (2012). Social workers' attitudes towards and engagement in self-disclosure. *Clinical Social Work*, 40, 297-306.
- Knox, S., Hess, S. A., Peterson, D. A., & Hill, C. E. (1997). A qualitative analysis of client perceptions of therapist self-disclosure in long-term therapy. *Journal of Counselling Psychology*, 44, 274-283.
- Koelsch, L. E. (2013). Reconceptualising the member check interview. *International Journal of Qualitative Methods*, 12, 168-179.
- Kohli, R. K. S., & Dutton, J. (2010). Brief encounters: Working in complex, short-term relationships. In G. Ruch, D. Turney, & A. Ward. (Eds.), *Relationship-based social work: Getting to the heart of practice* (pp. 85-101). London: Jessica Kingsley.
- Kris, A. O. (1996) *Free association: Method and process* (Rev ed.). London: Karnac.
- Kuehner, A. (2016). Social research as a painful (but rewarding) self-examination: Re-reading George Devereux's psychoanalytical notion of radical subjectivity. *Qualitative Inquiry*, 22, 725-734.

- Kulick, E. M. (1985). On countertransference boredom. *Bulletin of Menninger Clinic*, 49, 95-112.
- Kurtz, A. (2002). A psychoanalytic view of two forensic mental health services. *Criminal Behaviour & Mental Health*, 12, s68-s80.
- Kurtz, A. (2005). The needs of staff who care for people with a diagnosis of personality disorder who are considered a risk to others. *The Journal of Forensic Psychiatry & Psychology*, 16, 399-422.
- Kvale, S. (1999). The psychoanalytic interview as qualitative research. *Qualitative Inquiry*, 5, 87-113.
- Lacan, J. (1977). The function and field of speech and language in psychoanalysis. In *Écrits* (A. Sheridan, Trans., pp. 30-113). London: Routledge.
- Laing, R. D. (1960). *The divided self*. London: Penguin.
- Lakeman, R., McAndrew, S., MacGabhann, L., & Warne, T. (2013). “That was helpful... no one has talked to me about that before”: Research participation as a therapeutic activity. *International Journal of Mental Health Nursing*, 22, 76-84.
- Langa, M. (2016). The value of using psychodynamic theory in researching black masculinities of adolescent boys in Alexandra Township, South Africa. *Men & Masculinities*, 19, 260-288.
- Laplanche, J. & Pontalis, J.-B. (1973). *The language of psychoanalysis* (D. Nicholson-Smith, Trans.). London: Karnac. (Original work published 1967)
- Lapping, C. (2011). *Psychoanalysis in social research: Shifting theories and reframing concepts*. Abingdon, UK: Routledge.
- Laulik, S., Chou, S., Browne, K. D., & Allam, J. (2013). The link between personality disorder and parenting behaviours. *Aggression & Violent Behaviour*, 18, 644-655.
- Layton, L. (2008). What divides the subject? Psychoanalytic reflections on subjectivity, subjection and resistance. *Subjectivity*, 22, 60-72.
- Lee, E. (2014). A therapist’s self-disclosure and its impact on the therapy process in cross-cultural encounters: Disclosure of personal self, professional self, and/or cultural self? *Families in Society*, 95, 15-23.
- Lees, A., Meyer, E., & Rafferty, J. (2013). From Menzies Lyth to Munro: The problem of managerialism. *British Journal of Social Work*, 43, 542-558.

- Lemma, A. (2005). The many faces of lying. *International Journal of Psychoanalysis*, 86, 737-753.
- Lichtenberg, J. D., & Galler, F. B. (1987). The fundamental rule: A study of current usage. *Journal of the American Psychoanalytic Association*, 35, 47-76.
- Lillrank, A. (2002). The tension between overt talk and covert emotions in illness narratives: Transition for clinician to researcher. *Culture, Medicine & Psychiatry*, 26, 111-127.
- Littell, J. H. (2005). Lessons from a systematic review of effects of multisystemic therapy. *Children & Youth Services Review*, 27, 445-463.
- Littell, J. H. (2006). The case for multisystemic therapy: Evidence or orthodoxy [Letter to the editor]. *Children & Youth Services Review*, 28, 458-472.
- Long, C., & Eagle, G. (2009). Ethics in tension: Dilemmas for clinicians conducting sensitive research. *Psycho-analytic Psychotherapy in South Africa*, 17(2), 27-52.
- Long, S. (2015). Beyond identifying social defences: “Working through” and lessons from people whispering. In D. Armstrong & M. Rustin (Eds.), *Social defences against anxiety: Explorations in a paradigm* (pp. 39-49). London: Karnac.
- Longhofer, J. (2015) *A-Z of psychodynamic practice*. London: Palgrave Macmillan.
- Longhofer, J., Kubek, P. M., & Floersch, J. (2010). *On being and having a case manager: A relational approach to recovery in mental health*. New York: Columbia University Press.
- Lorimer, F. (2010). Using emotion as a form of knowledge in a psychiatric fieldwork setting. In J. Davies & D. Spencer (Eds.), *Emotions in the field: The psychology and anthropology of fieldwork experience* (pp. 98-127). Stanford, CA: Stanford University Press.
- Madembo, C. R. (2015). *Unconscious processes in multi-agency partnership working for protecting and safeguarding children: A psychoanalytic examination of the conception and development of a multi-agency safeguarding hub project in an inner London local authority* (Unpublished DSW thesis). University of East London/Tavistock & Portman NHS Foundation Trust, London. Retrieved November 11, 2017, from: <http://roar.uel.ac.uk/4742/>
- Maher, A. (1999). Using a therapeutic model of thought and practice. In A. Hardwick & J. Woodhead (Eds.), *Loving, hating and survival: A handbook for all who*

- work with troubled children and young people* (pp. 197-210). Farnham, Surrey: Ashgate.
- Mahony, P. (1979). The boundaries of free association. *Psychoanalysis & Contemporary Thought*, 2, 151-198.
- Maiter, S., Palmer, S., & Manji, S. (2006). Strengthening social worker-client relationships in child protective services: Addressing power imbalances and “ruptured” relationships. *Qualitative Social Work*, 5, 167-186.
- Marcus, D. M. (1998). Self-disclosure: The wrong issue. *Psychoanalytic Inquiry*, 18, 566-579.
- Markham, A. C. C. (2016). *Multisystemic therapy: Therapist experience of programme delivery, processes and outcomes* (Unpublished ForenPsyD thesis). University of Birmingham, Birmingham, UK. Retrieved 15 April, 2018, from: <http://etheses.bham.ac.uk/6831/1/Markham16ForenPsyD.pdf>
- Marks, S., & Mönnich-Marks, H. (2003). The analysis of counter-transference reactions is a means to discern latent interview-contents. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 4(2). Retrieved October 25, 2018, from: <http://www.qualitative-research.net/index.php/fqs/article/view/709/1536>
- Martin, C., Godfrey, M., Meekums, B., & Madill, A. (2011). Managing boundaries under pressure: A qualitative study of therapists’ experiences of sexual attraction in therapy. *Counselling & Psychotherapy Research*, 11, 248-256.
- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 11(3). Retrieved April 18, 2018 from: <http://www.qualitative-research.net/index.php/fqs/article/view/1428>
- Mauss, M. (2002). *The gift: The form and reason for exchange in archaic societies*. London: Routledge. (Original work published 1923)
- McAndrew, S. (2008). *Gay men and suicidality: An exploration of the significant biographical experiences fore-grounded during childhood, adolescence and early adulthood of some gay men who have engaged in suicidality* (Unpublished PhD thesis). University of Leeds: Leeds, UK.
- McAndrew, S., & Warne, T. (2010). Coming out to talk about suicide: Gay men and suicidality. *International Journal of Mental Health Nursing*, 19, 92–101

- McGhee, J., & Waterhouse, L. (2017). The lady and the pram. *British Journal of Social Work, 47*, 1652-1668.
- Meek, H. W. (2003). The place of the unconscious in qualitative research. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research, 4*. Retrieved April 18, 2018, from: <http://www.qualitative-research.net/index.php/fqs/article/view/711/1540>
- Megele, C. (2015). *Psychosocial and relationship-based practice*. Critical Publishing: Northwich, Cheshire.
- Menashe, A., Possick, C., & Buchbinder, E. (2014). Between the maternal and the professional: The impact of being a child welfare officer on motherhood. *Child & Family Social Work, 19*, 391-400.
- Menzies Lyth, I. (1988). The functioning of social systems as a defence against anxiety: A report on the study of the nursing service of a general hospital. In I. Menzies Lyth. *Containing anxiety in institutions: Selected essays, volume 1* (pp. 43-85). London: Free Association Books. (Original work published 1959).
- Menzies Lyth, I. (1988). Some methodological notes on a hospital study. In I. Menzies Lyth. *Containing anxiety in institutions: Selected essays, volume 1* (pp. 115-129). London: Free Association Books. (Original work published 1969).
- Menzies Lyth, I. (1989). A psychoanalytic perspective on social institutions. In I. Menzies Lyth, *The dynamics of the social: Selected essays, volume II* (pp.26-44). London: Free Association Books.
- Midgley, N. (2006). Psychoanalysis and qualitative psychology: Complementary or contradictory paradigms? *Qualitative Research in Psychology, 3*, 213-231.
- Mirick, R. G. (2016). Challenges in recruiting parents to participate in child welfare research: Implications for study design and research practice. *Child & Family Social Work, 21*, 484-491.
- Morris, K., Archard, P. J., Laird, S., & Clawson, R. (2017). Family experiences of children's social care involvement following a social work change programme. *Journal of Social Work Practice*, doi: 10.1080/02650533.2017.1326473. Retrieved April 17, 2018, from: <https://www.tandfonline.com/doi/abs/10.1080/02650533.2017.1326473?journalCode=cjsw20>
- Morris, K., Mason, W., Bywaters, P., Featherstone, B., Daniel, B., Brady, G., Bunting, L., Hooper, J., Mirza, N., Scourfield, J., & Webb, C. (2018). Social work,

- poverty, and child welfare interventions. *Child & Family Social Work*, 23, 364-372.
- Moylan, C. A. (2009). *Treating depression: Towards an indigenous psychotherapy* (Unpublished PhD thesis). James Cook University, Queensland, Australia.
Retrieved December 11, 2017, from: <https://researchonline.jcu.edu.au/10578/>
- Muir, B. (1986). Is in-patient psychotherapy a valid concept? In R. Kennedy, A. Heymans, & L. Tischler (Eds.), *The family as in-patient: Families and adolescents at the Cassel Hospital* (pp. 64-77). London: Free Association Books.
- Munro, E. (1999). Common errors of reasoning in child protection work. *Child Abuse & Neglect*, 23, 745-758.
- Munro, E. (2011). *Munro review of child protection: Final report—A child-centred system*. Retrieved November 24, 2018, from:
<https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system>
- Munro, E. R., Holmes, L., & Ward, H. (2005) Researching vulnerable groups: ethical issues and the effective conduct of research in local authorities. *British Journal of Social Work*, 35, 1023-1038.
- Murphy, C., & Ord, J. (2013). Youth work, self-disclosure and professionalism. *Ethics & Social Welfare*, 7, 326-341.
- Newberger, J. (2015). The (k)not of self-disclosure: One therapist's experience. *Psychoanalytic Social Work*, 22, 39-51.
- Newman, E., & Kaloupek, D. G. (2004). The risks and benefits of participating in trauma-focussed research studies. *Journal of Traumatic Stress*, 17, 383-394.
- Nicholds, E. (1960). *A primer of social casework*. New York: Columbia University Press.
- Nicholls, L. (2009). Seeing ↔ believing, dreaming ↔ thinking: Some methodological mapping of view points. In S. Clarke, & P. Hoggett (Eds.), *Researching beneath the surface: Psycho-social research methods in practice* (pp. 169-192). London: Karnac.
- Nicholson, C., Meyer, J., Flatley, M., Holman, C., & Lowton K. (2012). Living on the margin: Understanding the experience of living and dying with frailty in old age. *Social Science & Medicine*, 75, 1426-1432.

- Nicholson, C., Meyer, J., Flatley, M. & Holman, C. (2013). The experience of living at home with frailty in old age. *International Journal of Nursing Studies*, 50, 1172-1179.
- Noyes, C. (2015). *Live work: The impact of direct encounters in statutory child and family social work* (Unpublished DSW thesis). University of East London, London. Retrieved December 11, 2017, from: <http://repository.tavistockandportman.ac.uk/1351/>
- Ofsted. (2010). *Learning lessons from serious case reviews 2009-2010*. Retrieved October 25, 2018, from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/381110/Learning_20lessons_20from_20serious_20case_20reviews_202009-2010.pdf
- Ogden, T. H. (1999). *Reverie and interpretation: Sensing something human*. London: Karnac.
- Ogden, T. H. (2009). *Rediscovering psychoanalysis: Thinking and dreaming, learning and forgetting*. London: Routledge.
- O'Leary, P., Ming-Sum, T., & Ruch, G. (2012). The boundaries of the social work relationship revisited: Towards a connected, inclusive and dynamic conceptualisation. *British Journal of Social Work*, 43, 135-153.
- O'Neill, S. (2005). Psychoanalytic application and psychoanalytic integrity. *International Journal of Psychoanalysis*, 86, 125-146.
- Orange, D. M. & Stolorow, R. D. (1998). Self-disclosure from the perspective of intersubjectivity theory. *Psychoanalytic Inquiry*, 18, 530-537.
- O'Shaughnessy, E. (1990). Can a liar be psychoanalysed? *International Journal of Psychoanalysis*, 71, 187-195.
- Osofsky, H. J., & Osofsky, M. J. (2009). Like father, like son: A psychoanalytical approach to interviewing in extreme circumstances. *Psychoanalytic Inquiry*, 29, 529-541.
- O'Sullivan, N. (2018). Creating space to think and feel in child protection social work; A psychodynamic intervention. *Journal of Social Work Practice*, doi: 10.1080/02650533.2018.1460589. Retrieved 25 October, 2018, from: <https://www.tandfonline.com/doi/full/10.1080/02650533.2018.1460589>.
- Owens, C., Owen, G., Belam, J., Lloyd, K., Rapport, F., Donovan, J., & Lambert, H. (2011). Recognising and responding to suicidal crisis within family and social

- networks: Qualitative study. *British Medical Journal*, 343, 1-9. Retrieved October 19, 2018 from:
<https://www.bmj.com/content/bmj/343/bmj.d5801.full.pdf>
- Packer, R. (2014). *Competing with the gang: An exploration of MST therapists' experiences working with gang-involved young people and their families* (Unpublished DClinPsy Thesis). University College London, London. Retrieved 17 April, 2018, from: <http://discovery.ucl.ac.uk/1433761/>
- Padgett, D. K. (1998). *Qualitative methods in social work research: Challenges and rewards*. London: Sage.
- Parker, I. (2003). Psychoanalytic research: How to locate subjectivity in contemporary culture. *Interações*, VIII(16), 13-35.
- Parker, I. (2005). *Qualitative psychology: Introducing radical research*. Maidenhead, Berkshire: Open University Press.
- Parry, B. (2010). *A critical examination of Bion's concept of containment and Winnicott's concept of holding and their psychotherapeutic implications* (Unpublished MA thesis). University of the Witwatersrand, Johannesburg, South Africa. Retrieved September 30, 2016, from:
<http://wiredspace.wits.ac.za/bitstream/handle/10539/9617/Richard%20Parry%20FINAL%20DRAFT%20B%26W%20Corrected%20Final%20Submission.pdf?sequence=2>
- Peacock, S. (1997). *"Holding on": An exploration of the relevance of "holding" and "containment" to field social work with children* (Unpublished MA thesis). University of Reading, Reading, UK. Retrieved 30 September, 2016, from:
http://www.pettrust.org.uk/index.php?option=com_content&view=category&id=272&Itemid=407
- Pederson, S. H., Poulsen, S., & Lunn, S. (2014). Affect regulation: Holding, containing and mirroring. *International Journal of Psychoanalysis*, 95, 843-864.
- Pelias, R. (2011). Writing into position: Strategies for composition and evaluation. In N. Denzin, & Y. Lincoln (Eds.), *The sage handbook of qualitative research* (4th ed., (pp. 659-668). London: Sage.
- Perlman, F. & Frankel, J. (2009). Relational psychoanalysis: A review. *Psychoanalytic Social Work*, 16, 105-125.

- Person, E. S. (2000). Change moments in therapy. In J. Sandler, R. Michels, & P. Fonagy (Eds.), *Changing ideas in a changing world: The revolution of psychoanalysis - Essays in honour of Arnold Cooper* (pp. 77-85). London: Karnac.
- Pilgrim, D. (2001). Disordered personalities and disordered concepts. *Journal of Mental Health, 10*, 253-263.
- Pillow, W. S. (2003). Confession, catharsis, or cure? Rethinking the use of reflexivity as methodological power in qualitative research. *Qualitative Studies in Education, 16*, 175-196.
- Poland, B., & Pederson, A. (1998). Reading between the lines: Interpreting silences in qualitative research. *Qualitative Inquiry, 4*, 293-312.
- Probst, B. (2015). The eye that regards itself: Benefits and challenges of reflexivity in qualitative social work research. *Social Work Research, 39*, 37-48.
- Proudfoot, J. (2015). Anxiety and phantasy in the field: The position of the unconscious in ethnographic research. *Environment & Planning D: Society & Space, 33*, 1135-1152.
- Pugh, R. (2007). Dual relationships: Professional and personal boundaries in rural communities. *British Journal of Social Work, 37*, 1405-1423
- Racker, H. (1968). *Transference and countertransference*. London: Hogarth Press.
- Ramvi, E. (2012). A psychoanalytic approach to fieldwork. *Journal of Research Practice, 8*(2). Retrieved 18 April, 2018, from: <http://jrp.icaap.org/index.php/jrp/article/view/306/273>
- Ramvi, E., & Davies, L. (2010). Gender, mothering and relational work. *Journal of Social Work Practice, 24*, 445-460.
- Reamer, F. (2001). *Tangled relationships: Managing boundary issues in the human services*. New York: Columbia University Press.
- Reder, P., & Lucey, C. (1995). Significant issues in the assessment of parenting. In P. Reder, & C. Lucey (Eds.), *Assessment of parenting: Psychiatric and psychological contributions* (pp. 3-17). Hove, East Sussex: Routledge.
- Redman, P. (2016). Once more with feeling: What is the psychosocial anyway? *Journal of Psycho-Social Studies, 9*, 73-93.
- Renik, O. (1999). Playing one's cards face up in analysis: An approach to the problem of self-disclosure. *The Psychoanalytic Quarterly, 68*, 521-539.

- Rhodes, T., Bernays, S., Houmoller, K. (2010). Parents who use drugs: Accounting for damage and its limitation. *Social Science & Medicine*, 71, 1489-1497.
- Richards, B. (1989). Psychoanalysis in reverse. In B. Richards (Ed.), *Crises of the self: Further essays on psychoanalysis and politics* (pp. 41-56). London: Free Association Books.
- Rizq, R. (2013). States of abjection. *Organization Studies*, 34, 1277-1279.
- Robb, M. (2004). Exploring fatherhood: Masculinity and intersubjectivity in the research process. *Journal of Social Work Practice*, 18, 395-406.
- Roberts, J. (2005). Transparency and self-disclosure in family therapy: Dangers and possibilities. *Family Process*, 44, 45-63.
- Roesch-Marsh, A., Gadda, A., & Smith, D. (2012). "It's a tricky business": The impact of identity work in negotiating research access. *Qualitative Social Work*, 11, 249-265.
- Rogers, C. R. (1945). The nondirective method as a technique for social research. *American Journal of Sociology*, 50, 279-283.
- Rogowski, S. (2012). Social work with children and families: Challenges and possibilities in the neo-liberal world. *British Journal of Social Work*, 42, 921–940.
- Roper, M. (2003). Analysing the analysed: Transference and counter-transference in the oral history encounter. *Oral History*, 31, 2, 20-32.
- Rosegrant, J. (2005). The therapeutic effects of the free-associative state of consciousness. *Psychoanalytic Quarterly*, LXXIV, 737-766.
- Roseneil, S. (2006). The ambivalence of Angel's "arrangement": A psychosocial lens on the contemporary condition of personal life. *Sociology*, 54, 847-869.
- Ruch, G. (2007) Reflective practice in contemporary child-care social work: The role of containment. *British Journal of Social Work* 37, 659-680.
- Ruch, G. (2009). Identifying "the critical" in a relationship-based model of reflection. *European Journal of Social Work*, 12, 349-362.
- Ruch, G. (2013). Beneficence in psycho-social research and the role of containment. *Qualitative Social Work*, 13, 522-538.
- Ruch, G. (2014). "Helping children is a human process": Researching the challenges social workers face in communicating with children. *British Journal of Social Work*, 44, 2145–2162.

- Ruch, G., & Murray, (2011). Anxiety, defences and the primary task in integrated children's services: Enhancing inter-professional practice. *Journal of Social Work Practice*, 25, 433-449.
- Ruch, G., Turney, D., & Ward. A. (Eds.) (2010). *Relationship-based social work: Getting to the heart of practice*. London: Jessica Kingsley.
- Rustin, M. (1991). *The good society and the inner world: Psychoanalysis, politics and culture*. London: Verso.
- Rustin, M. (2015) Anxieties and defences: Normal and abnormal. *Organisational & Social Dynamics*, 15, 233-247.
- Sagan, O. (2007). An interplay of learning, creativity and narrative biography in a mental health setting: Bertie's story. *Journal of Social Work Practice*, 21, 311-321.
- Sagan, O. (2010). Along the continua: Mentally ill artists uninterrupted. Retrieved October 20, 2018 from:
<https://www.uel.ac.uk/wwwmedia/microsites/cnr/documents/Sagan.rtf>
- Saunders, B., Kitzinger, J. & Kitzinger, C. (2015). Anonymising interview data: Challenges and compromise in practice. *Qualitative Research*, 15, 616–632.
- Saville Young, L. (2011). Research entanglements, race, and recognisability: A psychosocial reading of interview encounters in (post-) colonial, (post-) apartheid South Africa. *Qualitative Inquiry*, 17, 45-55.
- Sayer, A. (2005). *The moral significance of class*. Cambridge: Cambridge University Press.
- Sayers, J. (1991). Blinded by family feeling? Child protection, feminism and countertransference. In Carter, P., Jeffs, T., & Smith, M. K. (Eds.), *Social work and social welfare yearbook 3* (pp. 83-94). Open University Press: Milton Keynes.
- Scheper-Hughes, N., & Stein, H. F. (1987). Child abuse and the unconscious in American popular culture. In N. Scheper-Hughes (Ed.), *Child survival* (pp. 339-358). Dordrecht, Holland: D. Reidel Publishing Company.
- Schmidt, C. (2012). Using psychodynamic interaction as a valuable source of information in social research. *Journal of Research Practice*, 8(2). Retrieved April 18, 2018, from: <http://jrp.icaap.org/index.php/jrp/article/view/295/266>

- Schoenwald, S. K., Brown, T. L., & Henegler, S. W. (2000). Inside multisystemic therapy: Therapist, supervisory, and program practices. *Journal of Emotional and Behavioural Disorders, 8*, 113-127
- Schoenwald, S. K., Henggeler, S. W., Brondino, M. J., & Rowland, M. D. (2000). Multisystemic therapy: Monitoring treatment fidelity. *Family Process, 39*, 83-103.
- Scourfield, J. (2001). Constructing women in child protection work. *Child & Family Social Work, 6*, 77-87.
- Seligman, S. (1993). Why how you feel matters: Countertransference reactions in intervention relationships. *World Association for Infant Mental Health News, 1*(2), 1-6.
- Seligman, S. (1999). Integrating Kleinian theory and intersubjective infant research: Observing projective identification. *Psychoanalytic Dialogues, 9*, 129-159.
- Sherwood, R. (1980). *The psychodynamics of race: Vicious and benign spirals*. Brighton, Sussex: The Harvester Press.
- Siebold, C. (2011). What do patients want? Personal disclosure and the intersubjective perspective. *Clinical Social Work Journal, 39*, 151-160.
- Skogstad, W. (2004). Psychoanalytic observation – the mind as research instrument. *Organisational & Social Dynamics, 4*, 67-87.
- Skoll, G. R. (2012). Ethnography and psychoanalysis. *Human & Social Studies: Research & Practice, 1*, 29-50.
- Smith, D. (2006). Making sense of psychoanalysis in criminological theory and probation practice. *Probation Journal, 53*, 361-376
- Smith, D. L. (1984). On the psychoanalytic listening process. *Self & Society: European Journal of Humanistic Psychology, 12*, 213-216.
- Smith, K. (2011). *Activist social workers in neoliberal times: Who are we becoming now?* (Unpublished PhD thesis). University of Toronto. Retrieved October 17, 2018, from: <https://tspace.library.utoronto.ca/handle/1807/29875>
- Snyder, B. L. (2016). Women's experience of being interviewed about abuse: A qualitative systematic review. *Journal of Psychiatric & Mental Health Nursing, 23*, 605-613.
- Sousa, L., & Rodrigues, S. (2012). The collaborative professional: Towards empowering vulnerable families. *Journal of Social Work Practice, 26*, 411-425.

- Spacal, S. (1990). Free association as a method of self-observation in relation to other methodological principles of psychoanalysis. *The Psychoanalytic Quarterly*, 59, 420-36.
- Spears, R. (2005). Where did Vincent's van go? *British Journal of Social Psychology*, 44, 165-168.
- Stanley, & Goddard, (2002). *In the firing line: Violence and power in child protection work*. Chichester, West Sussex: John Wiley & Sons.
- Starr, F., Ciclitira, K., Marzano, L., Brunswick, N., & Costa, A. (2013). Comfort and challenge: A thematic analysis of female clinicians' experiences of supervision. *Psychology & Psychotherapy*, 86, 334-351.
- Steckley, L. (2010). Containment and holding environments: understanding and reducing physical restraint in residential care. *Children & Youth Services Review*, 32, 120-128.
- Steckley, L. (2012). Touch, physical restraint and therapeutic containment in residential child care. *British Journal of Social Work*, 42, 537-555.
- Stein, H. F. (2017). *Listening deeply: An approach to understanding and consulting in organizational culture* (second ed.). Columbia, MO: University of Missouri Press.
- Stephen, M. (2000). Reparation and the gift. *Ethos*, 28, 119-146.
- Stevenson, S. (2009). *The psycho-dynamics of the risk assessment process in child protection court proceedings: An empirical study* (Unpublished DClinSci thesis). University of Kent. Kent.
- Stopford, A. (2004). Researching postcolonial subjectivities: The application of relational (postclassical) psychoanalysis to research methodology. *Critical Psychology*, 10, 13-35.
- Storey, J., Collis, M.-A., & Clegg, J. (2011). A psychodynamic interpretation of staff accounts of working with people who have learning disabilities and complex needs. *British Journal of Learning Disabilities*, 40, 229-35.
- Strean, H. S. (1999). Resolving some therapeutic impasses by disclosing countertransference. *Clinical Social Work Journal*, 27, 123-140.
- Strømme, H., Gullestad, S. E., Stänicke, E., & Killingmo, B. (2010). A widened scope on therapist development: Developing a research interview informed by psychoanalysis. *Qualitative Research in Psychology*, 7, 214-32.

- Summers, A. (2003). Involving users in the development of mental health services: A study of psychiatrists' views. *Journal of Mental Health, 12*, 161-174.
- Sutton, R. P. (2012). *Voices from the silence: A qualitative study giving voice to adults with learning disabilities who have experience as service users with mental health needs* (Unpublished PhD thesis) University of Portsmouth, Portsmouth, UK. Retrieved October 17, from: https://researchportal.port.ac.uk/portal/files/6060631/Voices_from_the_Silence_R_P_Sutton.pdf
- Swartz, L., Rohleder, P., Bozalek, V., Carolissen, R., Leibowitz, B., & Nicholls, L. (2009) "Your mind is a battlefield": South African trainee health workers engage with the past. *Social Work Education, 28*, 488-501.
- Symington, N. (1986). *The analytic experience*. London: Free Association Books.
- Szykierski, D. (2010). The traumatic roots of containment: The evolution of Bion's metapsychology. *Psychoanalytic Quarterly 79*, 935-968.
- Taylor, H., Beckett, C., & McKeigue, B. (2008). Judgements of Solomon: Anxieties and defences of social workers involved in care proceedings. *Child & Family Social Work, 13*, 23-31.
- Thompson, M. G. (2001). The enigma of honesty: The fundamental rule of psychoanalysis. *Free Associations, 8*, 390-434.
- Tighe, A., Pistrang, N., Casdagli, L., Baruch, G., & Butler, S. (2012) Multisystemic therapy for young offenders: Families' experiences of therapeutic processes and outcomes. *Journal of Family Psychology, 26*, 187-197.
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*, 349-357.
- Tosone, C. (2004). Relational social work: Honouring the tradition. *Smith College Studies in Social Work, 74*, 475-487.
- Trevithick, P. (2012) *Social work skills and knowledge: A practice handbook* (3rd ed.). Maidenhead, UK: Open University Press.
- Tuck, V. (2013). Resistant parents and child protection: Knowledge base, pointers for practice and implications for policy. *Child Abuse Review, 22*, 5-19.
- Turney, D. (2010). Sustaining relationships: Working with strong feelings III. Love and positive feelings. In G. Ruch, D. Turney, & A. Ward. (Eds.), *Relationship-*

- based social work: Getting to the heart of practice* (pp.133-147). London: Jessica Kingsley.
- Volkan, V. D. (1986). The narcissism of minor differences in the psychological gap between opposing nations. *Psychoanalytic Inquiry*, 6, 175-191.
- Vrouva, I., & Dennington, L. (2012). A paper about paperwork. *International Journal of Applied Psychoanalytic Studies*, 9, 73-77.
- Wachtel, P. L. (1993) *Therapeutic communication: Principles and effective practice* (2nd ed.). New York: The Guilford Press.
- Waddell, M. (1998). *Inside lives: Psychoanalysis and the growth of the personality*. London: Routledge.
- Waisbrond, N., Buchbinder, E., & Possick, C. (2012). In-home intervention with families in distress: Changing places to promote change. *Social Work*, 57, 121-132.
- Walker, S. (2003). Social work and child mental health: Psychosocial principles in community practice. *British Journal of Social Work*, 33, 673–687.
- Walkerdine, V., Lucey, H. & Melody, J. (2002). Subjectivity and qualitative method. In T. May (Ed.), *Qualitative research in action* (pp. 179-196). London: Sage.
- Ward, A. (2010). The use of self in relationship-based practice. In G. Ruch, D. Turney, & A. Ward. (Eds.), *Relationship-based social work: Getting to the heart of practice* (pp. 46-65). London: Jessica Kingsley.
- Warne, T., & McAndrew, S. (2010). Re-searching for therapy: The ethics of using what we are skilled in. *Journal of Psychiatric & Mental Health Nursing*, 17, 503-509.
- Warner, J. (2015). *The emotional politics of child protection*. Bristol: Policy Press.
- Wastell, D., White, S., Broadhurst, K., Peckover, S., & Pitthouse, A. (2010). Children's services in the iron cage of performance management: Street-level bureaucracy and the spectre of Svejksism. *International Journal of Social Welfare*, 19, 310-320.
- Waterhouse, L., & McGhee, J. (2009). Anxiety and child protection – implications for practitioner-parent relations. *Child & Family Social Work*, 14, 481-490.
- Webb, S. (2005). *Social work in a risk society: Social and political perspectives*. Basingstoke, Hampshire: Palgrave Macmillan.
- Weinshel, E. M. (1979). Some observations on not telling the truth. *Journal of the American Psychoanalytic Association*, 27, 503-531.

- Wells, C., Adhyaru, J. , Cannon, J. , Lamond, M., & Baruch, G. (2010). Multisystemic therapy (MST) for youth offending, psychiatric disorder and substance abuse: Case examples from a UK MST team. *Child & Adolescent Mental Health, 15*, 142-149.
- Wells, T. L. (1994). Therapist self-disclosure: Its effects on clients and the treatment relationship. *Smith College Studies in Social Work, 65*, 23-41.
- Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. London: Sage.
- Wengraf, T. (2004). Boundaries and relationships in homelessness work: Lola, an agency manager. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research, 5* (1). Retrieved 18 April, 2018, from: <http://www.qualitative-research.net/index.php/fqs/article/view/1558/3071>
- West, L., & Carlson, A. (2006). Claiming and sustaining space? Sure start and the auto/biographical imagination. *Auto/Biography, 14*, 359-380.
- Westlake, D., & Forrester, D. (2015). Adding evidence to the ethics debate: Investigating parents' experiences of their participation in research. *British Journal of Social Work, 46*, 1537–1552.
- Westoby, P., & Ingamells, A. (2010). A critically informed perspective of working with resettling refugee groups in Australia. *British Journal of Social Work, 40*, 1759–1776.
- Wetherell, M. (2003). Paranoia, ambivalence, and discursive practices: Concepts of position and positioning in psychoanalysis and discursive psychology. In R. Harré, & F. Moghaddan (Eds.), *The self and others: Positioning individuals and groups in personal, political and cultural contexts* (pp. 99-120). Westport, Connecticut: Praeger.
- Wetherell, M. (2005). Unconscious conflict or everyday accountability? *British Journal of Social Psychology, 44*, 169-173.
- Wetherell, M. (2015). Tears, bubbles and disappointment—new approaches for the analysis of affective-discursive practices: A commentary on “researching the psychosocial”. *Qualitative Research in Psychology, 12*, 83-90.
- Wexler, S. (2008). Maternal ambivalence in female psychotherapy relationships. *Journal of Social Work Practice, 22*, 153-168.

- Whittaker, A. (2011). Social defences and organisational culture in a local authority child protection setting: Challenges for the Munro review? *Journal of Social Work Practice*, 25, 481-495.
- Whittaker, A. (2014). *Professional judgment, practitioner expertise and organisational culture in child protection: An ethnographic study* (Unpublished PhD thesis). University of East London, London. Retrieved January 23, 2018, from: <http://repository.tavistockandportman.ac.uk/1222/>
- Whittaker, A. (2018). How do child-protection practitioners make decisions in real-life situations? Lessons from the psychology of decision making. *British Journal of Social Work*, doi: 10.1093/bjsw/bcx145. Retrieved October 19, 2018, from: <https://academic.oup.com/bjsw/advance-article-abstract/doi/10.1093/bjsw/bcx145/4793382?redirectedFrom=fulltext>
- Wilkinson, I. (2005). *Suffering: A sociological introduction*. Cambridge: Polity.
- Wilkinson, I. (2012). With and beyond Mills: Social suffering and the sociological imagination. *Cultural Studies ↔ Critical Methodologies*, 12, 182-191.
- Wilkinson, S., & Hough, G. (1996). Lie as narrative truth in abused adopted adolescents. *The Psychoanalytic Study of the Child*, 51, 580-596.
- Will, D. (1986). Psychoanalysis and the new philosophy of science. *International Review of Psychoanalysis*, 13, 16-173.
- Winnicott, C. (2004) Face to face with children. In J. Kanter (Ed.), *Face to face with children: The life and work of Clare Winnicott* (pp. 166-183). London: Karnac. (Original work published 1963)
- Winnicott, D. W. (1971). The use of the object and relating through identifications. In *Playing and reality* (pp. 86-94). London: Tavistock. (Original work published 1969).
- Winnicott, D. W. (1984) The antisocial tendency. In C. Winnicott, R. Sheperd, & M. Davis (Eds.), *Deprivation and delinquency* (pp. 120-135). London: Tavistock. (Original work published 1956).
- Winter, K., Morrison, F., Cree, V., Ruch, G., Hadfield, M., & Hallett, S. (2018). Emotional labour in social workers' encounters with children and their families. *British Journal of Social Work*, doi: 10.1093/bjsw/bcy016. Retrieved June 27, 2018, from: <https://www.academic.oup.com/bjsw/advance-article-abstract/doi/10.1093/bjsw/bcy016/4978394>

- Wolf, N. H. (2004). Bion's infant: How he learns to think his thoughts. *The International Journal of Infant Observation*, 6, 10-24.
- Wood, K. M. (1971). The contribution of psychoanalysis and ego psychology to social casework. In H. F. Strean (Ed.), *Social casework: Theories in action* (pp. 45-122). Metuchen, NJ: Scarecrow Press.
- Yelloly, M. A. (1980). *Social work theory and psychoanalysis*. Wokingham, Berkshire: Van Nostrand Reinhold.
- Young, A. (1997). *The harmony of illusions: Inventing post-traumatic stress disorder*. Princeton University Press: Princeton, NJ.
- Yip, K.-S. (2006). Self-reflection in reflective practice: A note of caution. *British Journal of Social Work*, 36, 777-788.
- Yusof, Y., & Carpenter, J. (2016). Family therapists' adult attachment styles and the therapeutic alliance. *Journal of Family Therapy*, 38, 59-81.
- Zajac, K., Randall, J., & Swenson, C. C. (2015). Multisystemic therapy for externalizing youth. *Child & Adolescent Psychiatric Clinics*, 24, 601-616.
- Zerubavel, E. (2006). *The elephant in the room: Silence and denial in everyday life*. Oxford: Oxford University Press.
- Zilboorg, G. (1952). Some sidelights on free associations. *International Journal of Psychoanalysis*, 33, 489-495.
- Ziv-Beiman, S. (2013). Therapist self-disclosure as an integrative intervention. *Journal of Psychotherapy Integration*, 23, 59-74.

APPENDIX A: Ethical review form

School of Sociology & Social Policy Research ethics checklist for staff and students

The University of Nottingham's Guidance on Ethical Review states: "Ethical review (and approval) is required for all projects where the research involves participation of human subjects, their data and/or their tissue (even where the applicant indicates that there is only minimal risk)."

This form must be therefore be completed for all research projects, research assignments or dissertations/theses which are conducted within the School and involve human participants or data that are sensitive or protected. **You must not begin data collection or approach potential research participants until you have completed this form, received ethical clearance including the required counter signature, and submitted this form for retention with the appropriate staff.**

If the study is based only on a review of documentary sources already in the public domain and involves NO fieldwork of any sort, then this form does not need to be completed.

Completing the form includes providing a brief summary of the research in Section 2 and ticking some boxes in Section 4. Ticking a shaded box in Section 4 indicates that the study is above minimal risk and requires further action by the researcher. Two things need to be stressed:

- Ticking one or more shaded boxes does not mean that you cannot conduct your research as currently anticipated; however, it does mean that further questions will need to be asked and addressed, further discussions will need to take place, and alternatives may need to be considered or additional actions undertaken.
- Avoiding the shaded boxes does not mean that ethical considerations can subsequently be 'forgotten'; on the contrary, research ethics need to be informed - for everyone and in every project - an ongoing process of reflection and debate.

The following checklist is a starting point for an ongoing process of reflection about the ethical issues concerning your study.

For further information on ethical issues, please consult the School's Ethics webpage: <http://www.nottingham.ac.uk/sociology/research/research-ethics.aspx>

SECTION 1: THE RESEARCHER(S)

To be completed in all cases

Title of project: Social Worker Impressions of Parental Suffering and the Helping Relationship in Children's Social Care Services

Name of principal researcher: Philip John Archard

Status: Undergraduate student
 Postgraduate taught student
 / Postgraduate research student
 Staff

Email address: ljxpjar@nottingham.ac.uk

Names of other project members: None

To be completed by students only:

NAME IN CAPITALS PHILIP JOHN ARCHARD

Student ID number: 4172803

Degree programme: PhD Social Work p/t

Module name/number: PhD Fieldwork

Supervisor/module leader or tutor: Prof Harry Ferguson (School of Sociology & Social Policy); Dr. David Murphy (School of Education)

SECTION 2: RESEARCH WITHIN OR INVOLVING THE NHS OR SOCIAL CARE

Does this research involve the recruitment of patients, staff, records or other data through the NHS or involve NHS sites or other property?

- Yes
 No

If you have answered **YES** to the above question, ethical approval **MUST** be sought from the relevant NHS research ethics committee. Evidence of approval from such a committee **MUST** be lodged with the School office prior to the commencement of data collection.

Does this research involve the recruitment of users, staff, records or other data through social service authorities (children and adult services) or involve social service sites or other property?

- Yes
 No

If you have answered **YES** to the above question, then you must check whether or not the relevant social service authority has its own ethical scrutiny procedures. If appropriate, evidence of approval from such an authority **MUST** be lodged with the School office prior to the commencement of data collection.

Even where external ethical approval has been obtained from an NHS committee or social service authority, completion of this form is mandatory.

SECTION 3: THE RESEARCH

Please provide brief details (50-150 words) about your proposed research, as indicated in each section

1. Research question(s) or aim(s)

The principal research question addressed in this doctoral study is how does parental suffering impact within the professional helping relationship between parents and social workers in child protection social work?

This refers to an effort to examine what exposure to, and knowledge of, parental suffering does to social workers in the child protection setting -whether in, for example, mental illness, unemployment, substance and alcohol dependence, low income and material deprivation, social isolation, relationship breakdown or personal histories of trauma. The research will explore how social workers feel parent's personal difficulties impact on the relationships they are able to professionally develop. For example, how it influences the way they relate to a family's situation and how they perceive parenting capacity with regard to parental suffering (in both personal and professional senses), as well judgments made concerning children's welfare. Additionally, it will look at the vicarious personal and emotional repercussions this suffering can have for social workers personally and their experience of the vocation in this professional setting.

2. Method(s) of data collection

In this research, a loosely structured approach of narrative qualitative interviewing will be employed as the method of data collection. By way of a sample of 10-16 social worker participants, 20-32 interviews will, in total, be carried out.

The first interview will involve participants being directed to speak about the following:

- Their experience of working alongside parents as a social worker in the field of child protection.
- Their personal approach to establishing contact with parents after they have been referred for assessment and/or intervention in this setting.
- Their impressions of the problems and stresses parents involved with children's services face (that is, for example, about domestic circumstances or involvement with statutory services).
- Their impressions of the relationship between a parent's situation and problems and incidents of abuse, including examples of this understanding in practice and the influence it has had in regard to decisions they made or action they took in the safeguarding of children.
- Occasions when they have had strong feelings about the predicament of parents they have been professionally involved with, and times when they have found themselves thinking about parents they have been professionally involved with outside of work.
- Their personal journey to becoming a social worker and work in a child protection setting specifically.

The second interview will explore in greater depth some of the themes nascent in the first (on a case by case basis) as well as attend to any matters from the above outlined for which there was too limited time to attend to in the initial interview. At the end of the second interview, time will be allocated for participants to reflect upon their experience of being involved in the research.

3. Proposed site(s) of data collection

The proposed site of data collection will be a single local authority children's social care service staffed by a sufficient number of social workers involved in child protection work so as to access a sample of 10- 15 for the research. If an insufficient number of social workers

can be accessed in interview within one service, then a second will be accessed to increase the overall sample size. In the first instance, the service will likely be an urban based one which employs a relatively large body of social care staff and serves a significant population.

Interviews will, it is planned, be conducted on site at the service premises (if the service is able to permit and facilitate this) or in other places that would permit a confidential encounter and are situated close to the worker's everyday professional milieu, for example a social worker's car. If this is not possible, other suitably private locations that are situated nearby will be sought, for instance a local university or community centre.

All locations will be assessed in terms of capacity to adequately enable the maintenance of confidentiality for information disclosed.

4. How will access to participants be gained?

Access to participants will be made via the facilitating authority. In approaching a single local authority children's social care service to facilitate the research, it will be necessary to, first, negotiate access to participants via their research governance process, and second, to ascertain in cooperation with this organization, the most appropriate and efficient means by which to make contact with potential participants.

Attendance at a staff meeting to talk about the aims of the research and commitment involved for prospective participants is anticipated as an appropriate strategy.

In order for meaningful consent to be obtained, a link will be developed with appropriate management personnel to inform of any significant problems emerging in the course of the research. Prospective participants will be informed that they are under no obligation to take part, and that they are free to withdraw at any point they wish with no questions asked. Moreover, participants and management personnel will be provided with contact details for the researcher and research supervisors should any issues with the research arise for individual participants.

SECTION 4: ETHICAL CONSIDERATIONS

Please answer each question by ticking the appropriate box. All questions in section 4 **must** be answered.

4.1 General issues

	Yes	No
Will this research involve any participants who are known to be vulnerable due to: Being aged under 18? Residing in institutional care (permanently or temporarily)? Having a learning disability? Having a mental health condition? Having physical or sensory impairments? Previous life experiences (e.g. victims of abuse)? Other (please specify)...	/	
Will this research expose participants to any significant risk of physical or emotional harm?		/
Will this research involve any physically invasive procedures or the collection of bodily samples?		/
Will this research expose the researcher to any significant risk of physical or emotional harm?		/
Will this research involve deception of any kind?		/
Will this research involve access to personal information about identifiable individuals without their knowledge or consent?	/	
I will inform immediately the School's Ethics Officer if I change the method(s) of data collection, the proposed sites of data collection, the means by which participants are accessed, or make any other significant changes to my research inquiry	/	

4.2 Before starting data collection

	Yes	No
I have read the <i>Research Code of Conduct</i> guidelines of the University of Nottingham, particularly section 4 on Data, and agree to abide by them: http://www.nottingham.ac.uk/ris/local/research-strategy-and-policy/Code_of_Conduct/Version_3_January_2010).pdf	/	
For those intending to work with children and/or vulnerable adults: I have read the University's <i>Guidance on arrangements for Protection of Children and Vulnerable Adults</i> http://www.nottingham.ac.uk/wideningparticipation/downloads/Guidance%20on%20the%20Protection%20of%20Children%20and%20Vulnerable%20Adults.pdf	/	
My full identity will be revealed to all research participants	/	
All participants will be given accurate information about the nature of the research and the purposes to which the data will be put	/	
All participants will freely consent to take part, and this will be confirmed by use of a consent form. (An example of a consent form is available for you to amend and use.)	/	
One signed copy of the consent form will be held by the researcher and another will be retained by the participant	/	
It will be made clear that declining to participate will have no negative consequences for the	/	

individual		
It will be made clear that participation is unlikely to be of direct personal benefit to the individual	/	
Participants will be asked for permission for quotations (from data) to be used in research outputs where this is intended	/	
Incentives (other than basic expenses) are offered to potential participants as an inducement to participate in the research. (Here any incentives include cash payments and non-cash items such as vouchers and book tokens.)		/
For research conducted within, or concerning, organisations (e.g. universities, schools, hospitals, care homes, etc) I will gain authorisation in advance from an appropriate committee or individual. (This is in addition to any research ethics procedures required by those organisations, particularly health and social care agencies – see Section 2.)	/	

4.3 During the process of data collection

	Yes	No
I will provide participants with my University contact details, and those of my supervisor, so that they may make get in touch about any aspect of the research if they wish to do so	/	
Participants will be guaranteed anonymity only insofar as they do not disclose any illegal activities	/	
Anonymity will not be guaranteed where there is disclosure or evidence of significant harm, abuse, neglect or danger to participants or to others	/	
All participants will be free to withdraw from the study at any time, including withdrawing data following its collection	/	
Data collection will take place only in public and/or professional spaces (e.g. in a work setting). If fieldwork takes place in the respondent's home please outline in Section 6 what steps will be taken to ensure your safety. You may wish to consult the SRA researcher safety guidelines: http://www.the-sra.org.uk/guidelines.htm#safe	/	
Research participants will be informed when observations and/or recording is taking place	/	
Participants will be treated with dignity and respect at all times	/	

4.4 After collection of data

	Yes	No
Where anonymity has been agreed with the participant, data will be anonymised as soon as possible after collection	/	
All data collected will be stored in accordance with the requirements of the Data Protection Act 1998	/	
Data will only be used for the purposes outlined within the participant information sheet and consent form	/	
Details which could identify individual participants will not be disclosed to anyone other than the researcher, their supervisor and (if necessary) internal and/or external examiners without their explicit consent	/	
I will inform my supervisor and/or the School's research ethics officer and (if necessary) statutory services of any incidents of actual or suspected harm of children or vulnerable adults which are disclosed to me during the course of	/	

data collection

4.5 After completion of research

	Yes	No
Participants will be given the opportunity to know about the overall research findings	/	
Data must be submitted to the School office and will be retained (in a secure location) for 7 years from the date of any publication based upon them, after which time it will be destroyed.	/	
All hard copies of data collection tools and data which enable the identification of individual participants will be destroyed	/	

SECTION 5: ETHICAL APPROVAL

Declaration of ethical research

1. **If you did not tick any of the shaded boxes in section 4 of this form, please sign and date below and get the checklist countersigned (see below).**

Keep one copy of this form for your personal records.

Students who undertake research involving primary data collection on non-dissertation modules must submit the authorised checklist along with their assessed work to Alison Haigh in B20.

Undergraduate dissertation students who intend to conduct fieldwork should include **two hard copies** of the checklist with their dissertation plans submitted to dissertation tutors in the autumn. Then assuming the checklist is signed and authorised by their dissertation supervisor, **students should confirm this authorisation in a section discussing ethics in the text of the dissertation.** Failure to do so may incur penalties when the dissertation is marked. Some undergraduate module convenors will also distribute a short 'ethical declaration' that you will have to sign.

Principal investigators and other researchers, including postgraduate research students and postgraduate taught students, should also keep a copy on file and hand another copy to Alison Haigh in B20.

By signing this form you are agreeing to work within the protocol which you have outlined and to abide by the University of Nottingham's Code of Research Ethics. If you make changes to your protocol which in turn would change your answers to any of the above questions then you **must** complete a new form and submit a copy to Alison Haigh or for undergraduates to your tutor/supervisor.

Signed:  Date 17th July 2013

2. **If you ticked any of the shaded boxes in section 4 of this form, then you must complete SECTION 6 (overleaf). You must then discuss all ethical issues arising, record the outcome, including the supervisor's or REO's response, and have this form countersigned (see below)**

3. **All forms should be countersigned by the REO.**

Authorisation

This section **must** be completed in **all** cases - by type of investigator the form must be countersigned by the following personnel:

- Undergraduate student → module convenor or tutor/project supervisor
 - Postgraduate taught student → dissertation supervisor
 - Postgraduate research student → supervisor/upgrade panel
 - Staff → School Research Ethics Officer (REO)
- All forms should be countersigned by the REO

Having reviewed the ethical issues arising from the proposed research:

- I am happy for the research to go ahead as planned.
- I have requested that changes be made to the research protocol. The principal researcher must complete and submit a revised form which integrates these changes
- This project must be referred on for more detailed ethical scrutiny. Please forward a hard copy to the School's REO
- This project is to be referred to Research Development Group for consideration (this option is for School REO only)

Harry Ferguson

Signed

Date 16th July 2013

Role Supervisor

Note: **any** research protocols lodged with the School office may be subject to review by the School's Research Ethics Officer

SECTION 6: FURTHER INFORMATION & JUSTIFICATION OF METHODOLOGY

One box should be completed for **each** shaded box ticked in section 4 of this form.

Both boxes above are ticked in the sense of an unlikely possibility rather than a significant one. In the case of the first ethical issue attended to below, it will not be known from the commencement of the fieldwork whether participants have a mental health condition and this is not a pre-requisite for participation. However, it may become known that a participant has a mental health condition via a disclosure amidst the course of the interview process.

Ethical Issue: There is some possibility that some of the social worker participants may have a mental health condition or have previous experiences of adversity (such as being a victim of abuse). This is on the basis that it has been recognized social workers involved in child protection are often under considerable strain in their work and hence more likely to suffer

stress related disorders such as depression. Furthermore, it has been recognised that previous experiences of adversity can form something of a personal impetus to pursuing work in public service and the helping professions.

Rationale for chosen methodology and/or how ethical issue is to be addressed:

Social workers, by the time they are qualified will, it can be assumed, have had some experience of reflecting upon and discussing their personal experiences of work, whether, for example, in their professional training or work supervision. Thus, while the research explores a sensitive topic in child protection work, and involves talking about what social workers personally and professionally bring to and take from engagement with parents, and the emotional impact, this will likely not be, in effect, too different from conversations they may have had with colleagues or others in their day-to-day working lives in order to function as social workers.

Nonetheless, to best ensure no emotional harm is to come to participants in the research it will be necessary to inform participants of the fact the research partly surrounds parents' experiences of suffering from the outset as attempting to explore these issues by way of securing consent on another topic is essentially dishonest and unethical, and can be construed as exploitative of participants trust.

Participants will, furthermore, be informed and reminded they are free to choose to participate in an entirely voluntary process with an absolute right to withdraw, so should in no way be made to feel coerced by the researcher or facilitating local authority to participate.

If in the unlikely scenario that participants feel the research process and material discussed has given rise to a level of emotional distress they feel is unresolved in terms of the recounting of distressing events/experiences, the possibility of broaching this issue with the worker's line-manager will be discussed, with a view to them looking at looking at support options if the participant feels this appropriate. Alternately, contact details will be provided of an agency that could provide voluntary therapeutic support.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

I feel sure that Philip, as a qualified social worker, will exercise good judgment and practice ethically in terminating any discussions that are distressing to social workers in his sample and that should this occur he will act professionally and with a duty of care.

Such occurrences are extremely rare in research of this kind. HF

Ethical issue:

Because the research interviews will involve social worker participants recalling aspects of work they have undertaken with social work service users, there is some possibility that information would be provided about these service users when their express consent is not being sought.

Rationale for chosen methodology and/or how ethical issue is to be addressed:

To be clear, the research does not involve the researcher accessing, for example, case files and direct information about service users.

However, participants may talk at length about a particular case they worked with.

Whilst they may refer to these in an impersonal manner, that is, for example, "this one parent I worked with", they may also disclose identifying details, such as first names, or areas resided in or personal characteristics. In this situation, all case details will be altered to maintain the anonymity of the mentioned service users and social worker during the interview transcription process.

Supervisor/REO's response (including whether ethical issue has been satisfactorily addressed):

I feel sure that Philip, as a qualified social worker, will exercise good judgment and practice ethically in maintaining confidentiality regarding any information about families that arises. It is inevitable in this kind of research that it will. The social workers might want to talk about a particular case at length. Philip has committed himself to anonymizing and changing all identifying information. That is good enough for me. HF.

APPENDIX B: Participant information sheet

**Centre for Social Work
School of Sociology & Social Policy
University of Nottingham**

Information for Participants

Project title: Professional Impressions of Parental Suffering and the Helping Relationship in Children's Social Care Services

This study is being carried out by Philip Archard, a PhD candidate at the Centre for Social Work under the supervision of Professor Harry Ferguson (School of Sociology & Social Policy) and Dr David Murphy (School of Education).

What is this study about?

This study looks at how parental suffering impacts within the professional helping relationship between parents and professionals in children's social care services.

I am interested in examining what exposure to, and knowledge of, parental suffering does to professionals in this setting -whether in, for example, mental illness, unemployment, substance and alcohol dependence, low income and material deprivation, social isolation, relationship breakdown or personal histories of trauma.

In particular, I am keen to explore how different professionals working in this context feel parent's personal difficulties impact on the relationships they are able to professionally develop. For example, how it influences the way they relate to a family's situation and how they perceive parenting capacity with regard to parental suffering (in both personal and professional senses), as well judgments made concerning children's welfare. Additionally, I want to explore the vicarious personal and emotional repercussions this suffering can have for children's social care professionals personally and their experience of working in this professional setting.

What does taking part involve?

Professionals taking part will do two face-to-face interviews lasting approximately an hour each. In these interviews, it is anticipated that the following topics will be discussed by the participant:

- Their experience of working alongside parents as a professional in a children's social service.
- Their personal approach to establishing contact and rapport with parents after they have been referred for assessment and/or intervention.
- Their impressions of the problems and stresses parents involved with children's services face (that is, for example, about domestic circumstances or involvement with statutory services).
- Their impressions of the relationship between a parent's situation and problems and incidents of abuse, including examples of this understanding in practice and the influence it has had in regard to decisions they made or action they took to safeguard children.
- Occasions when they have had strong feelings about the predicament of parents they have been professionally involved with, and times when they have found themselves

thinking about parents they have been professionally involved with outside of work.

- Their personal journey to becoming a professional in the field of child welfare/child protection.

Participation is entirely voluntary and the participant is free to withdraw at any stage with no questions asked.

There are no incentives provided for taking part (financial or otherwise), though professionals may find that taking part offers some opportunity to reflect on their professional practice in a supportive space.

The foreseeable risks of taking part that have been identified are that participants may talk about issues that are sensitive to them and thus may involve some level of emotional discomfort.

What will happen to the material collected in the interview?

All the interviews will be recorded digitally and I will be compiling field notes about them also. The information collected will be stored in a secure fashion i.e. under lock and key in a safe setting or password protected if kept in digital form. This data will be anonymized when converted to a hard copy and all the material collected will be destroyed seven years after the conclusion of the project. In the case of the disclosure of significant harm to children or young people (i.e. that is not being dealt with the participant's professional capacity) then appropriate action, such as informing appropriate authorities, will be taken.

The research forms the basis of my PhD studies. Anonymous quotes will be used in the thesis this research will be presented and other scholarly/professional publications arising from the project. The data may also be used (potentially by others) in secondary analysis that is, in other projects who have independently gained institutional ethical approval at the School.

If you have any queries about the research, you can contact me (Philip Archard) at the Centre for Social Work via email: loxpjar@nottingham.ac.uk or by telephone on (0115) 846 7280. My lead supervisor, Professor Harry Ferguson's can also be contacted if need be via email: harry.ferguson@nottingham.ac.uk or telephone (0115) 951 5411.

Complaint procedure

If you wish to complain about the way in which the research is being conducted or have any concerns about the research then in the first instance please contact myself or Prof.

Ferguson. If this does not resolve the matter to your satisfaction then please contact the School of Sociology & Social Policy Research Ethics Officer, Dr Simon Roberts (tel. 0115 846 7767), email simon.roberts@nottingham.ac.uk

University of Nottingham School of Sociology and Social Policy
Law and Social Sciences Building
University Park
Nottingham
NG7 2RD