Where are the Boundaries in Supporting People with Disabilities?

A thesis submitted to RMIT in Partial fulfilment of the Requirement of the Degree of Doctor in Organisation

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Dedication

This study is dedicated to the memory of:

Geoff, Adele
and
Lisa

Some of the people who supported this work but are unable to see the results.
Declaration

I certify that except where due acknowledgement has been made, the work is that of the author alone; the work has not been submitted previously, in whole or in part, to qualify for any other academic award; the content of the thesis is the result of work which has been carried out since the official commencement date of the approved research program; any editorial work, paid or unpaid, carried out by a third party is acknowledged; and, ethics procedures and guidelines have been followed.

Helen Bryant

7 February 2010
Acknowledgements

I would first like to thank all the participants involved in the study for their time and effort and for inviting me into their homes and workplaces. I feel admiration for their dedication, and for their desire to improve the system. The workers are endeavouring as best they can, to provide an exemplary service. I stand in admiration of the work they are doing under what are often difficult and stressful circumstance.

I would also like to thank all the participants for their frank and illuminating comments. They did on many occasions cause me to rethink what I thought I already knew. On no occasion did they pause or hesitate to answer my questions but were honest and straightforward in their responses and thinking.

Thanks must also go to Professor Susan Long for her patient and insightful comments and suggestions, she on many occasions gently led me back to the right path. I am also grateful for my fellow doctoral students for their frank and fearless criticisms and occasional praise and for the many drafts they read and discussed. My peers within the industry also made themselves available to read through and provide comments on draft documents.

I am also appreciative of the participants who spent the time to read drafts and to make comments, comments that are extremely useful and at times provocative. Together all these people kept me going when my energy diminished and without them this study would not have been completed.

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Abstract

In home support is now being provided to not only people with disabilities but also to those who are ageing or have a psychological impairment. It is preferred by both government and support recipients as a viable alternative to the more costly and disruptive institutional support. This study looks at the various parties that are involved in managing the boundaries when providing support in unconventional workplaces; workplaces that are also homes; homes that are controlled and managed by the person receiving the support, not the person supervising the worker.

The distance the home is from the organisation, the place from which the employee is supervised becomes a physical boundary. Boundaries are also psychological; a home is a space that forms a safe refuge from the world, a home is comforting and secure; a space that contains precious possessions. The workers are working within someone’s intimate space. This creates difficulties for both the workers and their supervisors.

The study takes a psychodynamic approach. What is happening at an unconscious level influences the behaviour of the various parties and can change and distort the desired outcomes for the client. The material for the study was gathered from interviews, Murray’s Thematic Apperception Techniques (TAT) (Teglasi 2001) style exercises and drawings from eight clients, five coordinators and five support workers. Two workplaces were observed and seven case studies collected. A survey of 389 support workers was conducted and analysed.

The results highlight the preoccupation of organisations and through them service coordinators, with controlling risk in the workplace. This puts them at odds with clients who feel they have control over their own homes. Both clients and coordinators vigorously defend what they see as their territory. The coordinators are left feeling envious of the support workers who have a close
relationship with their clients, a relationship about which, they as former support workers have personal knowledge.

The support worker’s role is to support. They are only able to do this by defending and smothering their own emotional responses through a veil of niceness. They are unable to express many of their own feelings, which might not only be regarded as shameful but also condemned by their employer. Most staff, both support workers and coordinators lack the skills to manage and understand their own emotional responses.

Although there is no easy answer to the dilemma raised within this context. I hope by identifying what is happening organisations might be able to at least understand the origins of individual carers’, clients’ and coordinators’ behaviours and take steps to provide a safe container in which these feelings can be explored and discussed.

The in-home care industry has difficulty in recruiting and retaining staff. Organisations therefore need to invest in supporting staff who work in these situations.
Preface

This thesis is about people with disabilities and is designed to tell the participants’ story. The clients who volunteered to be participants, are keen to express their views in the hope that they may provide insight into their lives as service recipients, so that they may no longer be seen as the “other” evoking perhaps sadness, pity or disdain but as individuals keen to get on with their lives and to contribute to the society.

Some of it may, none the less shock readers who are not familiar with disability. Disability is itself confronting. People whose bodies do not function in ways we define as “normal” are both confronting and emotionally provocative. The media projects an image of the perfect air brushed body, one without blemishes and distortions. I have memories of my teenage years trying to attain such a body not realising this is an impossible task; that there is no such thing. I cannot imagine what it must have been like to be regarded as abnormal or to find that your body is disintegrating before your eyes. I am in awe of the participant’s ability to cope with this ongoing pain and anguish.

In writing this thesis, I have endeavoured to portray the participants within their original context. However, due to word constraints, I have been unable to paint as full a picture as the reader might see if he or she actually present. I have however tried to use quotes and descriptions in such a way as to preserve the meaning and intent of the provider.

I have not used all the data I collected as part of the study. In order to give meaning to the writing I have needed to prune the data and only to include what is relevant to the study. This has involved value judgements on my behalf. Any mistakes, omissions and oversights that might have been relevant to the study are entirely my responsibility.

I have also endeavoured not to misrepresent or offend anyone in writing this document but at the same time I have not hesitated from stating my perspective. I have tried to avoid being “politically
correct” but to state my views, without the use of jargon and overused phrases which pervade the industry. To be too politically correct can be a form of denial of is really happening - the use of PC words can hide the truth (Lessing 2004). I have therefore tried to avoid the use of jargon wherever possible, while at the same time respecting the views of the participants who use these terms.

Terms used in the thesis

For the purposes of the study I have used the term “physical disability” as self defined by the people who volunteered to be participants. They are termed “clients” throughout the thesis. The terms “support worker” / “carer”/ “attendant carer” are used to refer to those who are in paid / professional supporting role with people who have a physical disability. This differs from a “primary carer” who is not in a paid role and is usually a relative or close associate.

“Organisation” and “agency” are used interchangeably to refer to entities that employ paid support workers to provide a service to people with physical disabilities. They are all registered disability providers with the Department of Human Services. The term “Government” refers to the Victorian State Government unless otherwise specified.

“In-home services” refer to support being provided principally within a person’s own home although this may include support that occurs within the community. “Industry” is used to refer to organisations or agencies, those who work within them, and their clients. The “system” includes organisations, their employees, clients and Government departments or authorities that fund in home services.
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Introduction

The psychodynamic aspects of the work of supporting people with disabilities have received little attention. This is a sector that employs a large number of attendant carers and allied health professionals. Little or no research has been undertaken to explore the unconscious aspects of these professional groups and systems in relation to caring for people with predominately physical disabilities.

In exploring and surfacing these findings it is hoped that professionals working in the sector will have a better understanding of the psychodynamics which are shaping and controlling the way the task is implemented and the service delivered. This also applies to the designers and managers of programs and services.

With advances in medical science more people are being kept alive following what were previously fatal accidents and congenital disabilities. More services are now being delivered in the home, both in the disability and aged care sectors. Clients within the disability sector are being encouraged to become more independent and to live normal lives within the community. As a consequence much of the care is being delivered in a person’s own home. These people are also being encouraged to make decisions and become “empowered” to control their lives.

Studies into the acute health sector have revealed that the effect of tension, distress and anxiety amongst health care professionals has a direct impact on the clinician patient relationship and in turn the primary task of the health professionals (Menzies-Lyth, 1975). This results in a service that is cumbersome and inflexible. For example, the nurses reported a lack of interest in the task, a diminished sense of responsibility and an “I don’t care” attitude.

Both the planners of services and people working in the sector would benefit from an awareness of psychodynamics operating within the caring industry, particularly in relation to people with a
physical disability. This would give them the opportunity to reflect and evaluate their practices so that appropriate management of workplace anxieties might evolve.

This enquiry is designed to study how the new “empowerment” of clients challenges the safe haven created by boundaries and the social defences set up unconsciously and tacitly by support workers. How are the anxieties moulding, changing and defining the nature of the primary task? Are new boundaries being created to contain the inherent anxieties associated with the task of providing care for people with disabilities and if so what do these look like and what is their impact on service delivery and organisations? Given that the workplace has now extended into clients homes how is the nature of the work being contained if the organisation no longer controls the workplace?

Through exploring the system psychodynamics, the social defences which affect the way in which the primary task of supporting people with physical disabilities is undertaken can be surfaced and explored. An inquiry into individual’s behaviours in their work role will uncover many of the motivating forces that affect the way that tasks are undertaken, the culture of the support workers’ organisations and the way that care is delivered. These unconscious aspects include intense anxieties aroused by the nature of the work. The exploration will include the ways in which people take up and fulfil their roles and the way they see the system “the organisation in the mind” (Armstrong 2005).

Anxieties can be controlled by boundaries (Diamond et al 2004). This is a study of such boundaries; the what, the how and the why of workplace boundaries. It is about how they are created, for what purpose and the impact they have on the end user, in this case a person with a physical disability. This person is living their life in the privacy of their own home; except their home is also someone’s workplace.

To be effective, boundaries must be maintained. They need to be known, to be signposted lest people move unknowingly past them into another’s territory. Boundaries need to be patrolled and
upheld lest others move into another’s domain and claim it as theirs. Boundaries can be contested especially if the current territory owner is not recognised by the other party as the lawful owner.

Boundaries can be both conscious and unconscious. The door to someone’s house is both a physical boundary and a marker of an unconscious terrain. It is a marker between the outside world and a person’s private space, their home and sanctuary.

Workplace boundaries can arise from the nature of the task and how that person takes up their task. People define the outer limits of their own work role within the territory laid down for them by the organisation. Groups define themselves as different from other groups through markers both conscious (language, dress etc) and unconscious (you are part of a group). People define themselves as different through their identity; this is me and that is you. We are different.

Organisations have an outside and an inside. The outside of an organisation contains amongst other things the output of the people who work within it, the end product of the tasks that are performed within. People within the organisation are organised within a system, a system that influences and manages who does what and how the work is organised. Organisations also work within a wider environment containing cultures, legal frameworks, norms and customer expectations. All of these areas have boundaries.

Psychological boundaries also need to be maintained. The task that is performed within the boundaries may bring you to the edge of, or into some else’s unconscious boundary. This then creates anxieties. The intimacies of personal support performed, not in a conventional workplace, but within some else’s home means a support worker is working within some else’s personal space and is privy to that person’s most intimate details. They may be working right on the boundary of their client’s identity, a place in which both the support worker and client could feel vulnerable and exposed. In order to survive, the support worker may cross that space and becomes no longer just an employee, but an intimate part of the client’s environment. How then does a support worker
exist within two bounded areas simultaneously, as both an employee and as the client’s intimate support worker; with both the client and the organisation wanting them to be within their own bounded spaces.

This paper is about how support workers, clients and coordinators do or do not manage this dilemma; how they manage the anxieties this creates and the defences they use to survive.

This paper is also about me, affecting the data and being affected by it. It is about me as the learner, learning how to become a researcher, understanding my biases, my defences and projections that I hold. It is about me as the participant observer.

**My role as participant observer**

In order to explain how I took up my role as participant observer in the study I need first to explain the process of participant research.

The following quote gives a summary of participatory research and the researcher’s role:

> In participant observation the researcher is, to a greater or lesser extent, immersed in the day-to-day activities of the people being studied. The objective is usually to record conduct under the widest range of possible settings.

> Participant observation may operate in a wide variety of settings, and over longer and shorter periods of time; for example, participant observation can transpire in institutions, class rooms and markets, or it may involve travelling with migrants, or interacting with specific categories of people. (University of Toronto 2005, p565)

This study involves my being immersed in the interactions of people with disabilities, their support workers and the people who supervise their support; visiting them and their support workers in their own homes, visiting the homes that are workplaces.

It takes place in an industry that I have worked in for the past 18 years. I have accumulated an intimate knowledge of many people with disabilities (although not those who volunteered for the study). I had an awareness of their culture, their norms and what is necessary to them to lead a life
as nearly normal as possible. I am aware on one level of the practicalities of the industry but this is a psychodynamic study, of not only what is happening day to day, but what is occurring on an unconscious level and how this affects the way in which boundaries are managed.

I am aware that as a participant observer, I can, both consciously and unconsciously, influence the study through the ways in which I seek data, the ways it is presented to me and what I observe or do not observe as part of the process.

This influence is expressed by Sanghera in the following quote:

In adopting this form of study, it does not follow that researchers comprehend the situation as though it is uncontaminated by their social presence. On the contrary, the aim of understanding is actually enhanced by considering how they are affected by the social scene, what goes on within it and how people, including themselves, act and interpret within their social situations. (Sanghera 2007 p2)

I am aware that during this study there is a need to continuously reflect on how I might influence the study. Through focussing on practices in a concrete and specific way I make them accessible for reflection, discussion and reconstruction. To be effective, participant observation is a continual process of reflection and alteration of the focus of observations in accordance with what is being observed. So, as the researcher, I function on two levels— as participant and as observer.

As a participant in the study it is necessary to make explicit and to give careful thought to what I bring to the research and as well as what I take from it. Sanghera (2007) expresses this as:

In doing ethnography, engagement is used to an advantaged. In the process, ethnographers explicitly draw upon their own biographies in the research process; e.g., having been personally and politically engaged as part of an ecological group before deciding to analysing it. This is an example of reflexivity. It implies that the orientations of researchers will be shaped by their socio-historical locations (e.g., rural areas), including the values and interests (e.g., religious and cultural norms) that these locations confer upon them. What this represents is a rejection of the idea that social research is, or can be, carried out in some autonomous realm that is insulated from the wider society, and from the particular biography of the researcher. (p6)
Tendlock (2005) acknowledges that there is now a tendency to include an auto-ethnographic component as a way of acknowledging the writers closeness and subjectivity to the researched. This study contains such a component. It contains my reflections and learning as the research progresses. It contains the tools and methods I use to reflect. It also contains why I choose to conduct this topic, why this is important to me, as well as my underlying values and why participatory observation is the chosen framework for this study.

In order to acknowledge my presence in the research, I chose to write this thesis in the first person, as a reminder that although I am studying the participants, I am also acknowledging that I, as the participant observer, can never be totally objective in my observations. Lawrence (2000) talks of the organisation never being a totally objective fact “out there” but it is constructed within us, within our minds; the reality of the organisation occurs within the observer.

This is a psychodynamic study of not only the participants but also of me and as such it brings together two terms of reference, psychoanalysis and the study of the in-home supporting industry (Klein 2005).

**What are psychodynamics?**

All human beings are emotional beings. They hate, love, envy, fear, experience pain and anxiety. An organisation, although it exists as a legal entity, exists because of the people of whom it is comprised; people who can define themselves as being inside the organisation contrasting with those outside. Within organisations there are interpersonal spaces between people. Various emotions can be seen within these spaces, competitiveness, collaborations, rivalry, conflict, dominance and submission of the employees (Armstrong 2000). Organisations are social systems where people both act out conscious emotions and defend against unconscious anxieties and fears.
Armstrong (2000) contends that there are four dimensions of organisations which between them generate the emotions that occur within them.

They are:

1. The organisation’s context or environment
2. The organisation as an enterprise (the risk dimensions)
3. The organisation’s task dimension
4. The organisation’s structure (the management)

I will in this study not specifically separate out the differing dimensions but instead focus on the reality of what is happening on a day to day basis for the participants, across all these dimensions and the emotions these generate.

How the thesis is organised

In telling the research story, I move from an industry overview, to the theoretical component of the research. This is then followed by an analysis of the three different groups of participants. I then examine the relationships between the three groups. I show how these relationships are a major component of the system, influencing and affecting service delivery. In the conclusion I put forward some suggested interventions and further research topics.

Chapter 1 gives the reader a context for the study; the nature of the industry, the constraints and limitations imposed by the Government authorities. This legal and regulatory environment creates dilemmas for service delivery as the rights given to clients by this framework contradict the organisation’s employment obligations.

Chapter 2 contains a review of boundaries, how they are formed, why they are important and how they are linked to the tasks.
Chapter 3 explains the link between organisational defences and boundaries. It also explains the various defences that are identified as part in this study.

Chapter 4 talks about the methodology I use to derive a hypothesis and the various testing and validation processes I use to acquire knowledge from the data.

Chapter 5 is the auto-ethnographic component of the study. Why I choose to study this particular topic and my journey as an “L” plated researcher. This includes my journey into myself, discovering my defences and projections from the participants.

Chapter 6 is an explanation of the methods I use to collect data; the reason why those particular methods best suite the nature of the study plus a profile of the participants.

Chapter 7 details the methods and theory behind the analysis of the data. How the use of projections helps to identify what is happening on an unconscious level for the participants.

Chapter 8 is the first section of data analysis. The results of a survey of 398 support workers are examined and compared to the interview data.

Chapter 9 tries to understand why support workers would be attracted to this industry. What are some of the unconscious drivers and influencing forces that can induce people into the supporting profession?

Chapter 10 looks into the next group of participants, the clients, and seeks to explain what their homes represent and how this may be affecting the way that boundaries are being maintained.
Chapter 11 contains a discussion of interviews with the coordinators, their views about the clients and the support workers. These, when taken together with the workplace observation indicate the type and depth of anxieties and subsequent defences deployed by this group.

Chapter 12 discusses the relationships between the three groups of participants, the support workers, the clients and the coordinators and how this affects each of the groups.

Chapter 13 is a summary of the Government and other funding body’s attempts to empower clients.

Chapter 14 contains the conclusion, limitations of the study plus suggested Improvements and topics for further research.
Chapter 1 Background to the Disability Sector

This chapter sets the context for the study. It explains the system which controls and influences the ways that support is provided for people with disabilities in their own homes in the state of Victoria in Australia.

I discuss the definition of disability and how this definition affects services. I also explain how the rules and regulations that govern these services and create obligations and responsibilities for service providers. The compliance with these then govern, to a large extent, how the system operates.

This section also shows how client rights, the funding body’s expectations and the organisation’s responsibilities are at times incompatible; and how satisfying the differing needs and requirement of the system becomes a nearly impossible task.

Disability defined


A revised classification— the International Classification of Functioning, Disability and Health (ICF) was adopted by the World Health Assembly in May 2001. This definition of disability is conceptualised as being a multidimensional experience for the person involved. There may be effects on organs or body parts and there may be effects on a person’s participation in various areas of life.
The ABS 1998 Survey defined disability, as any person with a limitation, restriction or impairment which has lasted, or is likely to last, for at least six months and restricts everyday activities, self support, mobility and communication.

The Victorian Government does not comply with this definition but redefined the definition in the Disability Act 2006.

The Disability Act 2006 defines a person with a disability as someone who has:

(a) a sensory, physical or neurological impairment or acquired brain injury or any combination thereof, which —
   (i) is, or is likely to be, permanent; and
   (ii) causes a substantially reduced capacity in at least one of the areas of self-support, self-management, mobility or communication; and
   (iii) requires significant ongoing or long term episodic support; and
   (iv) is not related to ageing; or
(b) an intellectual disability; or
(c) a developmental delay.

Where a developmental delay means a delay in the development of a child under the age of 6 years which —
   (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; and
   (b) is manifested before the child attains the age of 6 years; and
   (c) results in substantial functional limitations in one or more of the following areas of major life activity
   (i) self-support;
   (ii) receptive and expressive language;
   (iii) cognitive development;
   (iv) motor development; and
(d) reflects the child's need for a combination and sequence of special interdisciplinary or generic support, treatment or other services which are of extended duration and are individually planned and coordinated.

Figure 1 Disability Act 2006, Part 1 - Preliminary 3(1)
The Disability Act 2006 defines disability as being related to the causation, not the effect, whereas the ABS statistic defines effect not causation. The definition in this Act effectively limits the numbers of people that the Department of Human Services (DHS) Disability Division regards as being part of their client group. This could be seen as a way of rationing services, through narrowing the eligible population.

On the other hand, the ABS and WHO focus on levels of core activity restriction under the following classifications:

- **Mild** where a person has no difficulty with self support, mobility or communication, but uses aids or equipment;
- **Moderate** where a person does not need assistance, but has difficulty with self support, mobility or communication; and
- **Severe** where a person sometimes needs assistance with self support, mobility or communication;
- **Profound** where a person is unable to perform self support, mobility and/or communication tasks, or always needs assistance.


In this thesis, each participant has, using this definition; a self defined profound disability where the person is unable to perform self support and always needed assistance.

The Auditor General refers to the ABS definition when making this comment:

Disability will continue to be, a serious health and social issue for the community. Around 6.5 per cent of Victorians (323,300 people) have a severe or profound disability requiring intensive support. The demand for intensive support is rising rapidly. Already some people are receiving insufficient support and some no support at all.

(Victorian Auditor General 2008 p1)

This means that Victorians living with a disability still face significant barriers to social and economic participation in the community. These barriers are exacerbated by the difficulties people with a disability experience in accessing adequate and appropriate support; a source of frustration and stress for some of the participants of this study.
Another factor that creates anxieties and stress arises from many of the participants having been part of the evolution of the sector, a period of change that lasted from the early 1980's to present day. The fear of having to move back into an institution is still prevalent among some of the participants.

The evolution of disability services

Until the early 1980s, the majority of people with a disability who required support services (such as housing, special equipment and support), received them in institutionalised settings. The government was responsible for the institutions and their residents. At this time most people with disabilities in government institutions had some form of intellectual disability; whereas those with physical disabilities were mainly housed in nursing homes.

In 1984, the Victorian Government began a program of de-institutionalisation, with the closure of St Nicholas Hospital and the relocation of its residents into shared houses in the community. In the early 80’s the first in-home packages of support were provided by the Commonwealth Government. Since then the responsibility for in-home services has devolved to the state governments.

Now many people with disabilities, whose disabilities are severe, are supported to live in the community through the provision of individual support packages, such as personal support, home help, equipment and in-home respite support ($141.1 million is allocated to these programs in 2006-7). Around 8,260 individual support packages were issued in 2006-07. Packages range from under $10,000 per year, to over $55,000 (1 percent). Eight packages exceeded $100,000 (Victorian Auditor General 2008).

Along with moving support out of institutions, a controlled and controlling environment, the Victorian Government increased the regulation of service delivery through a number of legislated policies and regulations.
Policy, legislative and regulatory environment

Policy

The three key policy documents that set the context for disability services are Growing Victoria Together (2004), A Fairer Victoria (2008) and the State Disability Plan 2002-2012. These documents paint a picture of a society, that reduces disadvantage and respects dignity and diversity; and that has a high-quality, accessible health and community services system.

A Fairer Victoria specifically addresses disadvantage in Victoria by seeking to increase access to services, reducing barriers to opportunity, strengthening assistance for disadvantaged groups and places, ensuring that people get the help they need at critical times in their lives.

The State Disability Plan (2002) reaffirms the right of people with a disability to live and participate in the community, on the same basis as other Victorians, and to participate in activities of their choice. The Plan commits the government to providing more housing options for people with a disability, enabling them to participate in their local communities and to support their living in settings best suited to their individual needs and wishes; something that is, in many cases, unobtainable without adequate levels of support.

Legislative and regulatory


Victoria’s Disability Act (2006) was enacted on 1 July 2007. It uses a human rights framework and addresses the inclusion of people with a disability in the community; supporting their needs and aspirations; service planning, funding and provision; and the accountability of service providers to people accessing disability services.
The Disability Act (2006) also specifies the role of the Secretary; and transferrers to DHS specific responsibilities for a higher, overarching whole-of-government level approach to disability. The 2006 Act gives the Secretary to the Department of Human Services (DHS) an explicit power to decide whether services are provided or not, even when a person is assessed as having a disability.

In January 2008, Victoria introduced a Charter of Human Rights and Responsibilities. This Charter and the Disability Act 2006 reinforce the transition of the disability support model, from a medical model (health support) to a social model (one of facilitating more flexible support for persons with a disability to achieve their individual needs and aspirations) (Auditor General 2008).

These pieces of legislation are further defined and expanded in the Victorian State Plan which outlines what should be an ideal future for people with disability services.

**Idealised notions of support**

The Victorian Government’s vision for the future is that:

> By 2012, Victoria will be a stronger and more inclusive community - a place where diversity is embraced and celebrated, and where everyone has the same opportunities to participate in the life of the community, and the same responsibilities towards society as all other citizens of Victoria.

> This means that if you have a disability, in 2012 you will be as much a part of things as anyone else. As a citizen, you will choose the role you want to play in society alongside other citizens. Your rights and dignity will be respected and upheld by the people around you.  
>  
> (DHS State Plan (2002-2012) p7)

A primary “goal” of the State Disability Plan is to provide support and to encourage people with disabilities to live their own lifestyle. This is referred to in the State Disability Plan (2002), as the pursuit of individual lifestyles: *to enable people with a disability, to pursue their own individual lifestyles by encouraging others to respect, promote and safeguard their rights, by strengthening the disability support system*.29
This notion of the ideal service is further expanded in the Quality Framework for Disability Services (2007) (the Quality Framework). All registered disability service providers are required to comply with this and the Standards for Disability Services in Victoria (the Standards) (2007).

The standards are divided into client life areas and each life area has a measurable outcome. One of these relates the clients being able to choose their supports.

3.2.2 Life Area 6 Choosing Supports

**Outcome** People with disabilities choose their own supports and contribute to determining the manner in which supports are provided

(Understanding the Quality Framework for Disability Services in Victoria (2007) p4)

One of the concepts designed to achieve this ideal is “person-centeredness”. This means that each person is seen in the context of their environment and network – family, community and friendships.

Kivnick (1991) when discussing person-centeredness, states that each person and their environment has both strengths and issues but that the strengths of the environment may potentially be utilised to address the issues that the person may have. That is, the person may have a physical disability but this can be balanced by access to a family (unpaid) dedicated carer. I would not subscribe to this being the ideal. Relying on relatives and unpaid support workers can lead to complications in relationships, disappointments and conflicts.

Gibiliso et al (2008) as recipient of in-home services is also cynical about the lofty ideals express in the State Plan as can be seen in the following quote:

In the report (State Plan 2000-2012) such a pursuit is linked to the worthy aspirations of the Person Centred Approach (PCA). However, the goals of such an approach are shown to be somewhat idealistic when support services work with severe disablement, which covers a large portion of those needing support. In reality, the implementation of support for severe disablement is limited by political processes that require a standardised response.

People with severe disabilities want and are competent to perform the majority of human activities, with the help of a skilled and empathetic support worker. The goals of Victoria’s State Disability Plan are to ensure such needs are adequately met; at least that is what it implies.  

(Gibilisco & Mackenzie (2008) p2)
Unfortunately, the reality as express by the Auditor general is very different:

DHS is unable to provide support for all those requesting it (unmet demand is around 1,370 people or 30 per cent), yet demand is increasing by around 4 to 5 per cent annually and DHS has not accurately quantified future support needs or the associated need for resources. The reactive nature of DHS’s response to accommodation needs, combined with the stringent prioritisation criteria, is likely to continue, and therefore perpetuate a crisis-driven system. (Victorian Auditor General (2008) p2)

This insufficient level of support effects service providers, clients and support workers. The client’s anxieties which follow from receiving insufficient support are felt and defended against by everyone working in the industry.

As this study will show, the lack of sufficient supports has a profound effect on the services provided and the pressures on support workers, especially when they are asked to provide limited services to people who need more supports to live independently.

As this study principally concerns in-home services for people with physical disabilities, I will now move to explain the nature of this particular service.

**In-home support.**

In the case of physical disability, in-home support involves providing personal support, plus some light domestic duties. The personal support is intimate in nature and ranges from showering, to attending to medical needs and continence management. It at times requires physical exertion by the support workers, the use of hoists and other mobility aids to assist people in and out of bed, wheelchairs etc. The light house duties include bed making, cleaning the bathroom, some washing meal preparation and other household tasks. The range of tasks performed often depends on the amount of time the person with a disability has allocated within their program.

The support is provided wherever the person is living, this is usually within their own home. Support workers work in isolation, performing their duties under the supervision of the client. They have very little contact with peers or their supervisor. The client supervises the tasks performed and the
way the support is organised. This allows the client to maintain control within the boundaries of their own home.

There are a number of differing programs and services that clients can receive within their own home. This includes Home and Community Support (provided by local government and funded by DHS), compensable programs (resulting from accidents and funded by various bodies who accept liability) and Disability Service (DHS). All these different funding sources have differing requirements, eligibilities and rules that govern how programs are delivered. There are times where clients may receive services from more than one funding source.

**Differing program rules**

Although these programs are covered by different legislation they all have similar philosophical underpinnings and must comply with the overarching legislative requirements contained in the Charter of Human Rights and Responsibilities. They do however have different rules, reporting requirements and target groups.

DHS fund some larger programs but for the majority of clients the maximum numbers of hours allocated per week is thirty four. This allows a bit over four hours per day to cover all support needs. Depending on the complexity of the client’s needs, these can take on average 15-18 hours per week in the mornings and the remainder are used for an evening shift, when a client needs assistance to return to bed. There is very little time for any assistance on holidays, recreational or social activities. These clients often “save up” and accumulate enough time over a twelve month period for a few outings. Thus hours of service become a precious commodity for high needs clients. Clients try to *stretch* the hours in order to obtain the maximum benefit out of every hour they have allocated.

DHS funded programs also allow clients to move freely between agencies creating a competitive environment.
DHS pay organisations only for the hours that the person has actually used. Agencies must out of this allocation cover all overhead costs. This means that each coordinator of services is managing up to 50 clients and 100 support workers. Some agencies do subsidise the program with fundraising activities which allows for a lower ratio of clients to coordinators.

In this study, two clients that are participants receive services through the Home and Community Support Program (HACC) managed by local government. These services are more limited in nature and consist of cleaning, shopping, light meal preparation. They are primarily targeted at the aged support sector, but can also include people with disabilities.

The other system which operates within Victoria is for those with a compensable injury. There are people who acquired their injury through a vehicle accident, a work related accident or as a result of negligence. These people, due to the nature of the system (mostly no fault systems) receive a generous allowance of support hours to cover for personal support, domestic home help, plus community access. There is one such person involved in this study.

All the organisations in the study employ support workers to provide the service within the client’s home. I will now take the time to detail the general nature of this workforce.

**The nature of the workforce**

Laragy (2008) in reviewing in-home services stated that the viability of the program is dependent on the availability of suitable workers. Therefore pay and conditions need to be sufficient to recruit and retain workers. This has important implications for the research outcome, especially when the labour market is limited as seen by this quote:

> Official statistics show Australia lost almost 20,000 jobs in May (2008), but recruiting firms say the labour market remains as tight as ever. The situation is so bad that some large companies have up to 400 vacancies on their books that they are unable to fill due to a lack of suitable candidates.  
> Australian Associated Press (2008)
This may well change with the current world financial crisis which has not as yet significantly affected the market for labour.

Buchanan (2008) states that the current labour market profile has rising levels of education and expectations, more women are now seeking higher positions and have more opportunities outside the supporting industries. Caring is often low paid and undervalued work. He stated that the disability sector is where nursing was 40 years ago where caring was regarded as a spontaneous act of humanity performed by women. This has lead to less people wanting to work in the industry compared to other more inviting industries. In this study I will argue that organisations struggle in the current labour market to find suitable workers. This then becomes an ongoing source of frustration for both clients and coordinators.

Buchanan (2008) also says that the general labour shortage is exacerbated by industry specific factors including organisations deploying rather than developing their workforce while at the same time placing a greater emphasis on psycho – social skills. In the industry’s beginnings, clients were encouraged and supported to train their own support workers to undertake the duties in a way that suited them. This situation has not changed. People currently employed to deliver these services have limited training. The organisations included in the study provided between two days and a week’s training to people who have no previous experience in the industry.

Organisations struggle to ensure that a person’s home is safe working environment while at the same time respect the client’s right to control their home environment. If clients and /or support workers are either unaware of or do not value safety, these homes that are unsupervised workplaces can become a liability to the organisation. Laragy (2008), when conducting her literature review, found that for clients “there are no adverse outcomes when non-qualified staff are (sic.) employed to assist with health support, and in some instances health improved” (p6). I contend that
any adverse outcomes are felt by the organisations that have the responsibility for supervising this untrained workforce, not by clients.

Most of the clients who participated in the study are able to choose their own support workers from a selection put forward by the agency and if the relationship breaks down, they can refuse to have them back. This effectively gives the client the right to hire and fire without any of the legal responsibilities this entails. Compliance with employment laws and regulations still rests with the employer.

Another factor in the nature of the workforce is the award condition. The Attendant Care Award (2004) stipulates that agencies can pay the same rate (from $14 – $17 per hour) for any 5 out of 7 days (there are no penalties for weekends) for a span of hours covering 6am to 11pm at night. The nature of the work is such, that most clients need support during the morning (getting up) and the evening (going to bed) making it very difficult for support workers to obtain enough hours to support themselves unless they have another source of income.

Agencies are not paid for any periods that the support worker is not actually working. This means that when clients have protracted hospital stays, go on holiday or no longer need services, the support worker no longer has work. This practice has resulted in an almost itinerant work force that moves from employer to employer. The survey data and interviews (explained in a later chapter) will detail the nature of the work force, a workforce that has a high turnover rate (33%) and is essentially part time.

In her study of individualised funding Laragy (2008) found that:

Families want as much control and flexibility as possible but this has to be balanced against the rights and needs of support workers who are not always able to assert their needs. ___ has agreed to workers demands for ward conditions that protect their interests, but the rational for this is not well understood by families.

(p26)
Here agencies have to balance the rights of workers, the responsibilities of being employers and the needs of clients.

As well as each funding source having differing rules, a workforce that is untrained and fragmented, the agencies providing services also have to comply with the external regulatory environment such as OHS and employment responsibilities.

**Balancing risk and rights**

From its beginnings in Victoria, the external regulatory environment has grown more and more complex over time. More emphasis is now placed on risk aversion and compliance with the legal obligations of being the employer. This compliance and duty of care places the onus on boards to ensure the organisation is aware of and takes steps to mitigate foreseen risk.

Green (2005) states that risk management has become a central preoccupation of business and governments since 1980’s. Now everyone seems to be interested in passing risk, transferring it from one person/organisation to the next. There is a focus on what goes wrong with liability and blame being centre stage in a “risk society”. One published mistake can wipe out years of good work and leave an indelible mark on the reputation of an organisation.

More services are being transferred from hospital to home; to community services that do not have the same infrastructure and support systems as hospitals and institutions (Green 2005). Risk now shapes these services and becomes an important rationale for policies and procedures.

Green (2005) purports that where risk is dominant; the future becomes more important than the present. Organisations focus attention on what may happen in the future, not what is happening now. Risk requires the allocation of blame when things go wrong with inquiries constantly being created in order to identify who is to blame.
Green (2005) goes on to say that “It is the worship of safety and the avoidance of risk that make up the new moral order which is prescriptive, intrusive and deeply anti-humanist” (p 7). Controlling risk means controlling the service user by limiting their activities, freedom and risk taking. Uniting Support (ND) when discussing the future of community support states:

Many organisations say they would love to be more flexible and creative but feel that they are constrained by concerns about risk and potential litigation. The ability to provide flexible person-centred support required risk management but not risk avoidance. Courts protect people against negligence and expect services to identify risks and to put in place risk management plans in place; however they do not expect service providers to avoid risk completely.

This position reflects a more rational approach to risk, an approach which is however not shared by all boards and managers, the people accepting the liability. The Corporations Act (2002) s180 (2) clearly puts an onus on directors to make judgements in the best interest of the organisation, in good faith and with proper purpose. They have a responsibility to protect the company from risk and the onus of responsibility clearly rest on their shoulders.

This risk aversion has resulted in more policies and procedures being imposed by boards on organisations that affect both client and support workers. This can at times be at odds with the State Disability Plan (2002) that states:

The Government believes that people’s individual decision making about their needs and choices that they make about their lives should be the most important consideration when planning with and supporting people with a disability.

With the current client to coordinator ratios, coordinators are unable to supervise, mentor and control staff in a way that is meaningful and effective, placing coordinators in the unenviable position of trying to service two masters who are may not be in agreement – the organisation and DHS. For instance DHS supports clients to make decision about their services and believes that this should be the most important consideration but the organisation may have as its most important consideration the support of its employees the support workers.
I now show how the DHS definition and measurement of quality is similarly at odds with the agencies obligations and their risk control practices.

**How quality is defined**

The focus on quality has also been part of the general thrust of the Government’s approach to service delivery. There is a clear goal to improving the quality of services. The quality framework is incorporated into the State Plan (2002) through the development of the Disability Service Standards. The focus of their quality measures is the client and how they, as a user, define a quality service. The client is the primary judge of quality.

O’Connor (2004) found in his study that what the client’s wishes are more subjective and less objectively measured. Clients valued a support worker who has the right attitude and fostered a feeling of attachment and inclusion allowing for a natural relationship, one where each is regarded as equal and where they (the client) feel liked and respected. They rated this equally with the way they carry out the task aspect of their job.

A worker in the industry may often have many customers that they are trying to service. As O’Connor (2004) pointed out, if you are a service coordinator you would typically have a number of customers:

- The service purchaser (the government);
- Internal customers (your employer);
- The service deliverers (usually employed by the agency); and
- The service user (the person with a disability).  

As Laragy (2008) found in her study, clients are not always interested or understand the needs of the agency. If an agency is run by a board that is risk adverse, this can be at odds with what the client
wants from the service, leaving the coordinator trying to satisfy many customers with conflicting needs.

Conclusion

The structure of the system is affected by the external environment (the labour market and its regulations), the organisation’s legislative obligations as well as by DHS and other funding body’s rules and regulations. These environmental forces do not always complement each other. Compliance in one area may mean a violation in another. It is hard to envisage that the regulators and funding bodies have not been aware of this, when by their actions they have moved the problems of how the ideal service should be operationalised to agencies contracted to provide the service. Yet there is little exploration of how the needs of agencies, clients and government can be reconciled. How can the boundaries between the differing parties be negotiated so that the boundary region between the parties is defined and all parties are working towards the same objective?

This study will explore how clients, support workers and coordinators manage these boundaries while servicing their differing customers.
Chapter 2 The Importance of Boundaries

This and the following chapter provide the theoretical framework for the thesis. Here, differing types of boundaries are explored, together with their significance to organisations and to the performance of the primary practice.

Boundaries mark the end of one thing and the beginning of another. Boundaries can be physical; for example, the skin is a physical marker between our inside and our outside. Countries have boundaries or borders that define a sense of place, an area which is governed by a set of rules and laws. Boundaries define what belongs and what does not belong. They define sides and have been defended by wars (Smith and Berg 1987). In this sense they are one of our most primitive and basic conceptualisations.

Geographically, boundaries can be wide or narrow; they can be marked by rivers, or seen as a no man’s land, where the areas so defined are places where no power presides, where no one effectively rules. In such a case the boundary is not a line but a region, a region that is constantly being redefined (Miller 1985). Boundaries can be rigid, malleable or negotiable. They can be defined by markers and signs. Alternatively, they may be hidden in places where their existence is only known after the boundary is crossed; when you unwittingly find yourself on the other side.

An organisation is a group of people, their artefacts, structures and cultures, defined by an external boundary (Schein 1997). This group of people then create a number of differing internal boundaries around task, role, and authority. These boundaries may be controlled by a group or entity, or by an individual on behalf of a group.
Types of organisational boundaries and boundary markers

Hernes (2004) describes organisational boundaries as being “mental, social or physical”. The physical boundaries are tangible and usually prescribe outer limits and consist of such things as structure, time, use of resources, and access to information. They are patrolled by rules, sanctions and violations and forms of punishment may be imposed when the boundary is violated. For instance work time boundaries imposed by the organisation carry salary effects.

Social boundaries refer to such things as loyalty, trust, identity, norms, etiquette, nationality or culture. That is, anything that defines the group as being different for another group. Mental boundaries, Hernes (2004) defines as, the way in which we create meaning from our world. These “islands of meaning” are often constructed arbitrarily and have fuzzy gradients, rather than sharply delineated boundaries.

Hirschhorn and Gilmore (1992) state that organisational boundaries of “authority, task, politics and identity” are critical to contemporary organisations; their importance is held in the minds of the individuals and not necessarily formally formatted or controlled. They argue that in contrast to command and control cultures such as found in many early twentieth century organisations the authority boundary still needs to be present, but needs to be managed differently in what they refer to as the new team based environment. Whereas with control and command organisations a manager’s authority was easily identified, that is, managers issued orders and subordinates followed. Now the manager with the formal authority may not be the team leader, because the leader may have to have specialised knowledge. A manager may lead a team that includes not only subordinates but also her manager. Now managers still need to take charge but at the same time be open to challenges from subordinates.

This situation applies similarly to task boundaries. In the disability sector support workers are often left to define the boundaries of the task, unaided or supported. If their relationship with their client
goes well they feel proud and confident and that the organisation values and supports them. If not, they are left feeling uncertain and unsure of what they are doing.

Political boundaries are felt when workers need to negotiate with managers over decisions made by the organisation. Political boundaries mark the differential power of organisational players. When workers feel that they are members of a cohesive sub-group that will represent their interests to the organisation, they are more likely to feel secure in their work. If, in the disability sector the support workers never meet each other or don't have a sense of being in a group, their perception of their own power is limited. This is likely to diminish their bargaining power. Whether or not this is intended by the organisation or its management, even unconsciously is hard to determine. But it is a likely effect.

The identity boundary that Hirschhorn and Gilmore (1992) discuss bears the same characteristics as Hernes (2004) mental boundaries, in that it refers to values and group sameness; anything that distinguished the group from any other group.

Miller and Rice (1967) see organisations having sentient boundaries that are distinct from task boundaries. To them the sentient system relates to loyalty and members' belief in the cause of the organisation. Organisations with a strong social cause will often have less trouble attracting staff and getting them to go beyond the call of duty, a duty performed on behalf of the greater societal good. Other sentient groups exert considerable influence over the workers. Such groupings as families and professional associations exert influence over workers and what they are willing to do for the organisation (Long 2008B).

In summary, boundaries can be defined both internally (in the mind) and/or externally by the culture or structure within and around an organisation.
These boundary types are summarised in the following table and each will be further discussed later in the chapter.

<table>
<thead>
<tr>
<th>Bounded Area</th>
<th>Defined By:</th>
<th>Markers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authority</td>
<td>Those having authority for decisions e.g., leaders and followers, masters and slaves</td>
<td>Titles, sanctions, penalties, organisational charts, rules, violations, laws and legal concepts.</td>
</tr>
<tr>
<td>Task</td>
<td>Who does what, when and how</td>
<td>Job descriptions, objectives, strategic plans, goals. Knowing when a job is completed.</td>
</tr>
<tr>
<td>Political</td>
<td>Group power and identity, e.g. professional groupings, gender groupings etc</td>
<td>Group cohesion, silos.</td>
</tr>
<tr>
<td>Identity</td>
<td>Occupation, group, role in society, family, community etc</td>
<td>Health of relationships, feeling of belonging, uniforms, rituals.</td>
</tr>
<tr>
<td>Physical</td>
<td>Time, space, place</td>
<td>Buildings, artefacts, departmental possessions, office layout i.e. separate offices or open plan.</td>
</tr>
<tr>
<td>Social</td>
<td>Relationships, norms, cultural</td>
<td>Behaviours, language, artefacts, stories, myths.</td>
</tr>
<tr>
<td>Mental</td>
<td>Theory and meaning</td>
<td>Ideologies, beliefs and values.</td>
</tr>
<tr>
<td>Sentient</td>
<td>Loyalty, family and work groups</td>
<td>Feelings experienced.</td>
</tr>
</tbody>
</table>

![Figure 2- Types of Boundaries.](image)

None of these boundaries sit in isolation from each other; each overlaps and reinforces the other. Prins & Grap (2005) describes them as ranging from “concrete to abstract, from real to symbolic and
from physical to conceptual” (p4). A boundary is a construct (Diamond, Alcorn & Stein 2004); it can refer to what is observable like organisation charts, titles, physical spaces, time. Whereas subjective or psychological boundaries can only be felt or perceived at an individual, group or organisational level (Prins & Grap 2005). When applied to task description, the task will comprise a physical aspect, outlined in the job description, but it is also undertaken differently according to the authority, political, identity, social, psychological and sentient boundaries applied.

**Linking cognitive and unconscious aspects of bounded domains**

In this study, I propose to explore the interaction of differing boundaries and the effect this has on the way the primary purpose is defined, and carried out. This includes the effect this has on the organisation and the client. But first, a further explanation of some of the psychological concepts that underlie boundaries and how they are linked.

**Identity**

Klein (Hinshelwood 1991) contends that one’s sense of identify starts as a baby, when he/she first recognises the difference between him or herself and the mother: when the child starts learning to distinguish between the breast and self, what is ‘me’ and what is ‘not me’. As the infant develops a sense of self, it begins to form a relationship with others. Smith and Berg (1987) contend that without a boundary around the self, there can be no relationship with another. Without clear external boundaries there becomes a blurring of what is ‘me’ and what is ‘not me’. One can, in phantasy, become part of another person and cease to define oneself as different. In this circumstance the person takes on the persona of the other and gives up all or part of their own agency or ability to act as an independent person. This extension of the experience of “the self into the other and of the other into the self: the degree to which the self is experienced as part of the other” (Carr 2003 p1) has particular implication in the supporting industry, where close relationships are an integral part of supporting.

Laing (1960) describes healthy individuality in the following way
(The individual)...may experience his own as real, alive, whole: as differentiated from the rest of the world in ordinary circumstance so clearly that his identity and autonomy are never in question: as a continuum in time: as having an inner consistency, substantially, genuineness and worth: as spatially connected with the body and, usually, as having begun in or around birth and liable to extinction with death. He thus has a firm core of ontological security.

(p 41-42)

We, as individuals, all act within a particular culture or context; within a set of social norms and mores that are defined by the particular group to which one belongs. Both Jenkins (2001) and Carr (2003) argue that that this social context contributes to the development and function of the person and how they define their individuality. Moreover, Kriener, Hollensbe & Sheep (2006) argue that we have multiple identities, that are brought into context by various roles and conceptualisations about who we are; some aspects of the self are brought into being by specific roles and in specific circumstances. They go on to state that some aspects of the self are core, or central and as such are more likely to be accessed in certain situations. For example, being of a certain religious persuasion is more likely to become relevant when morality and ethics are at issue. In a similar way, an individual’s values around caring are more likely to come to mind when caring tasks are activated.

Kreiner et.al (2006) makes the following assumption:

... identity at an organisational level is comprised of multiple aspects: these aspects vary in accessibility and salience across situations: and certain aspects are more central and stable: while other aspects are subject to ongoing interpretation and change.  

(p1318)

The primary task or practice of the organisation and the role a person has within it, are closely linked to, and in some cases define one's identity.

The primary task or practice

Behaviour is in part governed by both conscious and unconscious fantasies, assumptions and images about the system or organisation one works within. This is what Turquet called the “organisation in
"the mind" (Armstrong 2005). This idea is later expanded by Hutton, Bazalgette & Reed and is quoted by Armstrong (2005) as:

The “organisation the mind” is what the individual perceives in his or her head of how activities and relations are organised, structured and connected internally. It is a model internal to oneself, part of one’s inner world, relying on the inner experiences of my interactions, relations and the activities I engage in, which give rise to images, emotions, values and responses in me, which may consequently be influencing my own management and leadership, positively or adversely. “Organisation- in- the mind” helps me look beyond the normative assessments of organisational issues and activities, to become alert to my inner experiences and give richer meaning to what is happening to me and around me. (p4)

An organisation is made up of the people and as such, it is the people that shape the organisation. It is the way in which they take up their roles, control their anxieties and fears and act out their defences that help to define the organisation. All these aspects contribute towards, shape and form the culture of the organisation and the way in which the primary task or practice is undertaken.

Miller & Rice (1975a) describe the organisation’s primary task “as the task that it is to perform if it is to survive” (p62) implying that this is a singular task along the lines of the development of a mission statement. They do go to say that the primary task moves and changes within the organisation. If for instance there is difficulty in recruiting support workers the primary task of providing services to people with disabilities may shift to the recruitment of sufficient support workers to maintain the service.

This concept has since been further developed by Hirshhorn (1997) who places greater emphasis on the development and definition of a primary task which contains a description of the organisation’s environment or the pressures the organisation faces in order to satisfy its customers. This description can blend a psychological and structural view (pressures as well as anxieties) and can make concrete the organization's actual goals together with the stated and actual tasks.

Hirshhorn (1997) contends that the primary task has to reflect the environment in which the organisation is working and not simply be defined internally. For instance should a disability
organisation’s primary task be focused around workforce development and making the industry attractive to potential support workers when faced with a competitive market for labour? The primary risk is that with an entirely internal focus, this aspect of the task may be ignored making the task of service delivery more and more difficult to achieve.

Problems can also arise when different parts of a system define its primary task differentially (Miller & Rice 1975a). The community may define a disability organisation as providing support for people with disabilities, thus relieving the community of the burden of support; whereas the government may want the community to be supporting people with disabilities and for these people to be integrated into society (Hoggett 2005).

Lawrence’s (1985) view of the differing aspect of the primary task considers the primary task from three perspectives. First as normative: the task that people ought to pursue; then as existential: what organisation members believe they are doing; and lastly as phenomenal: what organisation members hypothesize they are engaged in and of which they may not be consciously aware.

In the disability sector, the primary task revolves around the services delivered to the clients. Normatively this should include providing services that allow clients to have the maximum amount of freedom and independence. Existentially this is what organisations believe they are doing but phenomenally they may be primarily providing services that minimise the risk to the organisation.

The nature of the primary task can be the source of great satisfaction for the individual, but it can on the other hand arouse strong feelings as Menzies (1975) demonstrates in her study of nurses.

Nurses are confronted with the threat and reality of suffering and death as few lay people are. The work situation involves carrying out tasks which, by ordinary standards, as distasteful, disguising and frightening. The work situation arouses very strong feelings of love: guilt and anxiety: hatred and resentment of the patients who have aroused these strong feelings: envy of the support given to the patient. (p98)
Miller (1975) contends that the ideal is where the primary task and the sentient system are matched to the individual, where the individual is able to gain deep psychological satisfaction for the nature of the work undertaken. Both Armstrong (2005) and Miller & Rice (1975) describe the primary task concept as having heuristic value, but Armstrong disagrees with Miller when he states:

Nor do I think that one gets further by grafting on primary task some notion of organisational culture or sentient systems as partly independent but linked variables, emerging to contain anxieties or satisfy unmet human and social needs. (Armstrong 2005 p129)

Armstrong (2005) feels that the notion of the primary task ignores the journey that the organisation is undertaking and believes the concept is locked into a particular time and place. The notion of a singular primary task, as defined by Miller & Rice (1975) is a difficult concept to comprehend. He contends that it ignores the vitality of peoples’ engagement with the organisation; it is through this engagement that the defences in organisations arise. Armstrong (2005) contends that the primary task should be tied to the achievement of future goals or end results. The idea of the singular primary task ignores the “endeavour” that makes up an organisation’s identity. The total emotional experience is contained in the practice of the organisation and not in the primary task.

This study is about such practices; about what happens on a day to day basis for the clients, support workers and the coordinators. It is about the emotions that arise and are imbued within these practices and how they are defended against at an organisational and individual level.

The concept of a singular primary task is limited because most organisations engage in several complexly related tasks in order to survive and also to develop. If organisations are objectified and seen as a mechanism with a singular task, much is lost. If they are regarded as complex organisms (Morgan 1986) the psychological and sociological dynamics of their members can be taken into account.
Such dynamics can be understood to occur between people in their work roles. Tasks and practices are linked to roles. Long (2006a) describes the differing tasks that go together to make up a role and argues that within the complexity of organisations there are often interconnecting roles that contain differing and sometimes conflicting tasks.

Hoggett (2005) contends that defining a singular primary purpose for public sector organisations is a fruitless endeavour. These organisations have multiple and at times conflicting tasks, tasks that contain the values and work that they perform unconsciously on behalf of society. These can at times be in conflict with what the client wants. For instance DHS and various organisations within the disability field are trying to integrate people with disabilities into normal society. But is this what society wants? Do most people want to be confronted with an image of a person with an imperfect body, when this could easily be them?

**Role in the mind**

Reed (1976) postulates that a role is an idea “held in the mind” through which a person marshals his skills, knowledge and other resources, human and material, to deal with tasks or challenges. He goes on to say, that roles are usually defined in terms of behavioural enactment of the patterned expectations attributed to that position, a set of norms through which the role behaviour can relate. These include:

- positioning in the social structure;
- individuals own standards;
- others expectations of what he will do; and
- Others’ expectations of what he should do.

Reed’s (1976) view is that the role ideal constantly changes and its shape is affected by variations in:

- the individual’s own view of his role;
- self assessment of the effects of his performance i.e. if he thinks he is doing well it more likely that he will expand his role; and

- the working environment i.e. new colleagues may threaten him and lead to a redefining of the role.

Lawrence (1985) in a discussion of role that parallels his discussion of task (previously discussed), states that the factors that make up the role ideal include:

- role that should happen- the normative role;

- the observable phenomenon - phenomenological approach; and

- the experience of what actually happens - the existential role.

The normative role is the role ideal as defined by the organisation. This ideal is often held without respect to external realities. The organisation's culture, social or individual defences may distort prevent the ideal notion from being obtained. The phenomenological role is a generalization, since what happens is never wholly repeatable.

The existential role is understood only as the mind grasps the experience as it is happening and conceptualises it. The role is not subjective experience, we do not see roles; we see people doing things. For the person in the role all three aspects, normative, phenomenological and existential are present at the same time and affect the behaviour of the person enacting the role.

Another way to view this is to regard role behaviour as a dynamic link between the person and social structure (Berry and Tate 1988). Taking up a role is both a conscious event and an unconscious process. Managing one’s self in a role is the way the person remains conscious of their choices and actions, enables despair to be avoided, to pursue integrity and requires a process of engaging of making sense of an experiencing self. Lawrence (2006) discusses the need for individuals to monitor their feelings and emotions in order to assess how these are impacting on role.
From this it can be seen that the role is more than a series of tasks; it involves a commitment and emotional investment. Commitment occurs as the occupant allows the reality of the environment to compel him to adjust his role idea. Attachment is present where the occupant believes that his role ideal is produced from his inner world. Sometimes the commitment becomes more than what is needed i.e. the support worker who takes over and controls all aspects of the client’s life.

The role as well as being comprised of tasks and commitments also has boundaries which separate it from other roles performed within the organisation. In this respect both Krantz & Maltz (1997) and Newton (2006) see the role as being both given and take. There needs to be alignment and awareness of the boundary of work roles, the task of the role and the authority vested in the role. When a new person enters a role there may be realignment of role boundaries, when the new role holder decides how they will take up their role. If the new role holder maximises their capacity within the role this may require others whose roles sit on the adjacent boundary to reshape their role or to push back against the new comer. For instance, if a new human resources manager is appointed and is given the task of culture change within the organisation. She may decide that this will require changes to recruitment practices. These practices may have previously been decided by general managers. An adjustment of role boundaries will have to be negotiated between the role that has been given by the organisation and how it is taken up by the new manager. Sievers & Beumer (2006) take this concept further in saying that:

The management of role is also the management of boundaries, requiring the ability to define, and handle them flexibility. In this connection boundary management in relation to roles means allowing the occurrence of the “outside world” to impact the “inner world” relating them to one’s own experience, abilities feelings etc., and to translate them into “action” or “non action.”

Authority, power and leadership are all vested in the role. It is how the occupant of the role exercises these that affect the taking up of the role and the maintenance of role boundaries.
Authority power and leadership

In organisations where the structure is rigid the roles of managers and employees are relatively stable. Organisations are now expected to respond flexibility in a changing world making a rigid structure impractical. This world that requires speedy and fluid responses can, in turn, create opportunities for confusion and conflict (Krantz 2001, Hoggett 2005). Consequently the new boundaries have become more psychological than organisational; they exist more in the minds or employees and managers. Because they are not defined within the organisation’s structure they must be defined repeatedly within the interactions of employees (Hirschorn & Gilmore 1992).

An example is given by Carr (2001) when he discusses Schien’s (1997) concept of the psychological contract, where employee and employer become engaged in mutually influence and bargaining. Because the psychodynamics of this contract are rarely made clear this leaves the potential for abuse ever present. This depends on the power of the personalities and the way that individuals take up and use the power vested in them.

The new team based environment does not mean that conflict will not exist, quite the contrary, but the old roles of hierarchical reporting lines will do nothing to enhance relationships within new team based organisations. Subordinates, who do not believe that their managers trust them, can become excessive dependant or rebellious (Hirschorn & Gilmore 1992). This becomes even more important in the home based support industry where managers cannot “supervise” the task, but have to rely on the support worker to work unsupervised and alone. This presents the question how can coordinators exercise their power?

Obholzer (2006) maintains that authority, power and leadership have differing characteristics. Authority comes from above, below and from within. Power comes from a state of mind and comes from the taking up of one’s authority. Although power may be invested in the role, unless that power is exercised, it will not exist. It is necessary for the individual to have a strong sense of self
and a normal narcissistic sense of gratification in order that they can become the driver in the quest to achieve the ideal (Carr 2001).

Leadership requires looking into the future. Task performance requires active participation on the part of the followers. If a leader tries to lead with a democratic style simply in the hope of avoiding envy from subordinates, this may undermine their authority.

It can also be argued that authority comes from outside the organisation, from the system. In this research it may come from those funding bodies that control how the service is to be delivered. Although clients are vested with the authority to control their own lives, an authority which is legally prescribed, when they take up this power it may well undermine the power vested in the coordinators who are responsible for supervising the support workers. The support workers in effect have two masters who may give conflicting orders. It is management of the boundaries between the power and authority in relation to the support workers, vested in both parties which take up much of this study.

The inconsistent policing of these boundaries can subvert their effectiveness and create confusion in the mind of the support worker. They are then subtly encouraged to test and push out the boundaries to see what they can get away with. This is linked to the way the manager takes up their authority and the way they see their “role in the mind”.

Both authority and leadership include boundary management. Rules and regulations can be overwhelming and complex to support workers, particularly if they are not readily accessible to all staff. This can apply particularly when staff members are working “off site” and do not have ready access to the organisation’s regulations. It is the organisation’s responsibility and therefore the “front line” staff’s responsibility to make sure all staff members are aware of the rules and the regulations plus the sanctions and penalties that follow the violation of these rules. Confusion arises
when support workers also have to abide by the client’s rules and regulations which at times may be in direct conflict with those laid down by their employer.

Physical boundaries are represented in organisations and in society by regulations and rules. It is the responsibility of the organisation to make these known to all employees, just as it is the government responsibility to make known to society the laws of the land.

**Physical boundaries**

Physical boundaries are the most well known of all boundaries, they are usually the most easy to locate and conceptualise. In organisations, what comes in and what goes out, inputs of labour or raw materials are converted into services or manufactured goods (Miller and Rice 1975, Prins and Caps 2005). In order to do this they need to cross the boundary into and out of the organisation.

The key connections between the individual, the group and the organisation are their boundaries.

In connection with this thesis, such a definition of boundaries is not straight forward. For instance, when support workers work off-site in client’s homes, are they considered to be working inside the organisation? Organisationally they are ‘inside’, in the sense that they are doing work on behalf of the organisation. Yet they often have little to do with the organisation and have minimal contact with other organisational members.

In addition, they are not physically inside the property of the organisation, but are inside the client’s home. The physical boundaries that mark, for example, a manufacturing organisation are no longer present; boundaries must exist in the support worker’s minds (Hirschhorn and Gilmore 1992).

Physical boundaries can therefore be both consciously and unconsciously defined, controlled and regulated.

Physical boundaries for groups of employees can also be subtle, as in defining who has access to what information or who has access to certain parts of the electronic system (Hernes 2004), or who
is selected to be on working parties, to be part of a meeting etc. In this way physical boundaries reinforce and become the visible signs of the authority vested in and the status of a person, within the organisation.

Support workers often have no access to internal information and are rarely asked to be on working parties, so does that mean that the support workers have little or no status in the eyes of the organisation? Support workers may be seen as appendages to the organisation; neither inside nor outside the organisation’s boundary, sitting in a no man’s land between belonging and not belonging.

**Social, mental and sentient boundaries.**

Social boundaries can reflect qualities such as trust, loyalty, and norms of behaviour. These are closely connected to our conscious identity and define us as belonging to certain groups. We create the need to be socially distinct from other groups and this social bonding becomes part of the norms of our behaviour, or etiquette. Mental boundaries relate to ideas, understandings and beliefs that guide our actions (Hernes 2004).

Whitely (1997) says beliefs are based on information often acquired over a long period of time whilst attitudes are the predisposition to think and behave in a certain way and are often based on a person’s perception of reality. The closer they are to values the more difficult they are to change at times they may not be consciously present.

This diagram presents the idea that values that are more deeply embedded will form a stronger, less penetrable barrier that one’s perceptions and actions.
Figure 3  Mental Boundaries Defined -adapted from Whitely (1997)

One of the ways of knowing that a value exists, particularly if the value is not consciously present, is by the emotional response felt when that value is violated by an action or another value (Bryant 1999).

When defining the sentient system Miller & Rice (1967) talk of this system as one that demands loyalty from its members and is closely aligned with the task system. They go on to say, that if the task straddles the border of the enterprise, the discrepancy between the two systems is more or less inevitable.

Miller & Rice (1967) give the following example:

... a professional relationship that is made between the client (or patient) who wants help and the professional person who gives it, or tries to do so. The activity system through which the help is given has a boundary that encompasses professional and client. On the one side, the client has to rely on the skill, experience and integrity of the professional to do what is necessary: on the other, professional has to forswear exploitation of the dependant relation involved. Implicit in the client-professional relationship is the possibility of failure, with corresponding anxieties, conscious or unconscious, that the client’s problems may be intractable or the professional skills inadequate. The more there is at stake, the more intense the confused and ambivalent feelings associated with the dependency are likely to be.

(p 261)
Defence systems will be further discussed in the next chapter. Here it is sufficient to note that the client – support worker/professional relationship, sits on the boundary of the organisation.

Another example given by Miller & Rice (1975b), concerns family businesses and other similar organisations in which the sentient and task system coincide. If such a co-incidence fails to occur, judgements are distorted about task decisions leading to a sentient-group relationship breakdown.

In the case of people with disabilities who have a support worker working in their home, there is scope for both the task, sentient and values systems to be distorted. The client and family members are controlling the day to day task system but the support worker may not necessary share the same values, as the family. This can then lead to the creation of political boundaries where either the client or the support worker seeks support from the organisation; from a friendly face that share their view of the world.

**Political boundaries**

Hirschhorn et al (1992) defines the politics of an organisation as a necessary evil and the thought of everyone existing in one big happy family is unrealistic. Political boundaries mark the members of distinct interest groups with differing needs and goals. In the ideal organisation these groups can meet and negotiate win-win strategies. When these relationships go badly, or do not occur at all (as with support workers working outside organisations), the particular group can be left feeling unrecognised, under represented and exploited.

People are often members of multiple groups and have to negotiate multiple boundaries. Garuti (2007) describes these as:

> Each of us is thus part of her own personal “language”, an intuitional language, an ethnic language, and a religious language – each of these arise from the multiple memberships that she bears and transforms her identity.  

(p4)
This aspect of multiple identities is also commented on by Whitely (1997) and Kreiner, Hollensbe & Sheep (2006) who refer specifically to the case of not-for-profit organisations and family businesses where there is a collective of multiple identity groups; where some individuals may fit into one group and not into others. These organisations are often strongly “value-driven,” with multiple sets of overlaying values and divide into groups that share those values: such as religious motivations or social justice agendas, as well as providing support or running the enterprise. These differences often lead to conflict.

There are incidents on to which society projects a certain set of values and requires that these are enacted at all times. Kreiner, Hollensbe & Sheep (2006) cite the case of a priest who eventually resigned from his position because he could never resume any other identity. When he is coaching the local football team he is compelled to assume the behaviour of the priest hood and restrain his language and behaviour. In a similar way one can imagine this happening with other professions such as police, nurses and support workers. These identity boundaries may not be “known” to the person before they enter into that field or profession.

**Boundaries known or unknown**

In discussing identity I have noted that every individual has various identities that are enacted when they are part of various groups or taking up differing roles. These identities have both conscious and unconscious aspects. In the same way that we have a role in mind, we also have a self-in-mind. This self in mind contains all the unconscious defence mechanisms and fantasies evoked as a result of uncontrolled anxieties and fears. In a similar way boundary areas can have an “in-mind” component, the part that contains the anxieties and phantasies.

Boundaries in relation to the supporting industry can have multiple aspects and dimensions. These relationships and boundaries can then create multi dimensional aspects that exist within the
industry. In summary the boundaries existing within this industry can be described in the following table:

<table>
<thead>
<tr>
<th>Boundary Interface</th>
<th>Known to Whom</th>
<th>Conscious</th>
<th>Unconscious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support worker as a individual</td>
<td>Support worker</td>
<td>Identity</td>
<td>Self in mind</td>
</tr>
<tr>
<td>Client as Individual</td>
<td>Client</td>
<td>Identity</td>
<td>Self in Mind, Autistic-contingency or psychic skin</td>
</tr>
<tr>
<td>Support worker as an individual /Client as an individual</td>
<td>Support worker, client</td>
<td>Societal, Sentient</td>
<td>Relationship in mind</td>
</tr>
<tr>
<td>Client as client/ support worker as worker</td>
<td>Client, Support worker, system, Organisation</td>
<td>Task, Authority, Physical, Sentient</td>
<td>Role in mind, Relationship in mind</td>
</tr>
<tr>
<td>Client as Client/ Organisation</td>
<td>Client, Organisation</td>
<td>Authority, Sentient</td>
<td>Role in mind, Relationship in mind</td>
</tr>
<tr>
<td>Support worker/ Organisation</td>
<td>Support worker, Organisation</td>
<td>Authority, Task, Political</td>
<td>Role in mind, relationship in mind, organisation in mind</td>
</tr>
<tr>
<td>Support worker / Systemic</td>
<td>Support worker</td>
<td>Mental</td>
<td>Role in mind / system in mind</td>
</tr>
<tr>
<td>Client/Systemic</td>
<td>Client, System</td>
<td>Authority, Mental</td>
<td>System in mind / self in mind</td>
</tr>
<tr>
<td>Organisation / Systemic</td>
<td>Organisation, System</td>
<td>Authority, Task, Political</td>
<td>System in mind</td>
</tr>
</tbody>
</table>

Figure 4 Boundaries in the In-Home Industry

In the flexible team based organisations boundaries are dependent not only on how the person with authority takes up and exercises their power but on how other role holders exercise their power and authority.

Some boundaries will only become known as they are violated. Such things as access to the CEO are often relayed by word of mouth to new staff members; embedded in the norms and culture of the organisation not in the policies and procedures.

In this way boundaries rarely sit in isolation but constantly interact and influence each other.
Other characteristics of boundaries

Some features of boundaries are not always specified by organisations or individuals but are stumbled over when approached or breached.

They include such things as:

- How flexible, rigid, malleable or renegotiable the boundary is;
- A high or low “barrier to entry” i.e. is possible to enter in or move past the barrier easily?
- Who controls the boundaries, formally or informally?
- Who knows where the boundaries lie?
- Who controls the boundaries; or are they negotiated?
- Are they implicit or explicit?
- Sanctions; are they defined or unclear and consistently applied?
- Does the boundary contain a no man’s land between domains?

Conclusion

Organisational boundaries are numerous and are often negotiated without conscious thought. They therefore may not become recognised until they are violated. Workers are then left to stumble onto or into boundary domains, unaware of the implications. They are then left feeling confused and bewildered by the situation in which they find themselves. Part of this complexity arises from informal or unconscious boundaries that are negotiated between individual and groups, within society, or within organisations.

Boundaries when they are well defined and managed are important as they provide not only a safe holding environment, they also define us as individuals; a concept that is further explored in the next section.
Chapter 3 Individual and Social Defences and their Relationship to Boundaries

Here I explore the working hypotheses provided in the systems psychodynamic literature that:

1. Defence mechanisms can create boundaries and that these boundaries can then function to provide safe containers or places where feelings can be identified and explored.

2. One of the ways that defence mechanisms arise is through the development of internalised objects and how they are experienced (Diamond, Allcorn & Stein 2004).

3. Social defences arise when a group of people experience the same or similar anxieties. These anxieties can arise from the nature of the task people are being asked to perform (Menzies, 1970).

4. Some of the defences which may be operating in the disabilities services industry are pity, niceness and envy (to be explored more fully in later chapters).

5. The notion that the autistic-contingency mode of operating (Ogden 1989) is present in organisations. In this position sensations are overwhelming and felt as if they are generated from a power outside the self. The defences that are then created to restore one’s sense of integrity are of a physical nature.

These working hypotheses will then be used as the foundations for examining the data in later chapters.

Object Relations

Freud first started to identify object relations when defining melancholia. He argued that the melancholic does not give up the lost loved object, but re-establishes it internally. He went on to
argue that a very strong hate or fury towards the loved object becomes a very strong hate and fury towards the ego. Freud famously said: “The shadow of the object falls upon the ego” (Freud 1917 p 258)

Klein further refined this theory through the observation of children at play. She noticed that from the child’s perspective, toys appear to be alive and are imbued with real emotions of hate, love or pity. “The objects, even toys, lived and felt and died” (Hinshelwood 1991 p371). Through the use of play therapy, where the child related to small dolls and other toys, Klein (1959) observed the playing out of the internal phantasy in the life of the child. She developed Freud’s ideas about the ‘objects’ and how they relate to the child’s needs and wishes. She observed that the parents or ‘objects’ of the child’s desires became internalised objects in the child’s psyche.

Klein (Hinshelwood 1991) describes these emotions as they develop through the feeding process. The baby’s crying when hungry represents a mixture of fear and rage. Klein hypothesised that the baby experiences hunger pains that are getting worse and attacking her stomach. It is as if there is something in there that is evil and is attempting to damage her. When the child is fed, she experiences a pleasant sensation and that a pleasant object now resides in her stomach.

Isaacs (Hinshelwood 1991) later expanded this work to include the recognition that primary objects are mainly unconscious. Within this particular perspective, the unconscious is made up of relationships with objects and the sensation that the object causes. It can be hated or loved, have evil intent or be benign.

Hinshelwood (1991) states, that what is activated in the unconscious phantasy is the relationship between the self and the object. The object is experienced as motivated by impulses such as hate, love, gratitude envy and that these very primitive instinctual sensations develop soon after birth. They are referred to as having internal relations. They can be divided into good and bad part objects that can become totally hated or totally loved. As distinct from part good or bad objects, whole
objects can occur once the child is able to tolerate ambivalence. The mother is no longer seen as either totally bad or good, but containing some of each; held within the same object.

It is how one experiences these “objects,” that governs instinctual reactions and later leads to the creation of defence mechanisms, designed to mitigate unpleasant and frightening experiences. When anxieties are experienced by a group of people, a social defence mechanism may be developed where the same defence is shared.

Social defences

Social defences are behaviours that are unconsciously provoked when a group of people are faced by similar anxieties. Anxieties are felt by the individual as too overwhelming to be experienced in their raw form, so the unconscious evokes defensive behaviours to allow the conscious mind to cope and continue to function. Social defences as defined by Jacques (1955) and Menzies (1975) are derived from splitting, denial, projection, and introjection within the social system, in this case the workplace.

Certain states of mind can be found in social systems as well as in individuals. Two predominant states of mind are the paranoid-schizoid position where objects are spit into good and bad and the depressive position where guilt and reparation are predominant. These terms are used to denote a particular pattern of impulses, anxieties and defences (Jaques 1953, Krantz 2001, Klein 1959).

It is often the nature of the task that it creates anxieties within individual members of the organisation. For instance Menzies (1975) describes one source of anxieties in nurses as:

Unconsciously, the nurse associates with patients’ and relatives distress and with that experienced by people in the nurse’s own phantasy world, which increases their personal anxiety and difficulty in handling it. (p441)
She goes on to explain the need for members to create a culture, structure and way of operating that defends the members against these and other anxieties. She describes this, the development of a social defence mechanism as:

A social defence system develops over time through collusive interactions and agreement, often unconscious, between members of the organisation as to what form it will take. The socially constructed defence mechanism then tend to become an aspect of external reality with which old and new members of the institution intuition must come to terms (p443).

Many of the same aspects that created the anxieties in nurses are also present in the supporting industry. People are being asked to support sick people with deformed or malfunctioning bodies, to wash them and to tend to all their very personal and intimate functions: to interact with grieving and stressed family members, often without any support from peers or supervisors. This may raise primitive anxieties in the carer. A social defence may then be used to ameliorate such anxieties.

Two defence mechanisms specifically discussed in this thesis are pity and niceness.

Pity

Pity can be defined as being:

....attributed to the perception of uncontrollable and stable causes—people feel pity for a person who has an affliction due to a genetic defect or accident.

Encyclopedia Britannica (accessed 2008)

Pity can be condescending in nature. This condescension might be regarded as a defence mechanism, defending the individual against the anguish and suffering they see both in the clients and reflected in the support workers who deal with those clients. This is further explained by Tudor (2001) in the following quote,

.... the philosopher Friedrich Nietzsche believed that pity causes an otherwise normal person to feel his or her own suffering in an inappropriately intense, alienated way. "Pity makes suffering contagious," he says in The Antichrist, meaning that it is important for the pitier not to allow him/herself to feel superior to the pitied, lest such a power imbalance result in the pitied retaliating against the help being offered.
Nietzsche pointed out that since all people to some degree value self-esteem and self-worth, pity can negatively affect any situation. Additionally, pity may actually be psychologically harmful to the pitied: Self-pity and depression can sometimes be the result of the power imbalance fostered by pity, sometimes with extremely negative psychological and psychosocial consequences for the pitied party. (Tudor, 2001 p1)

Niceness

Niceness is a way of shoring up our acceptance by other people. When we feel insecure, we silence the words or behaviours that may offend others. In this situation we are able to believe in one thing and do another. This culture of niceness can become an automatic behaviour.

Niceness is a shield for people who feel overwhelmed or frightened. Some take it on as a protection from the world especially the threats of non-acceptance or inadequacy. Others use it to protect themselves from internal threats of a psychological nature such as guilt. (Sommers, 2005 p118)

Niceness can deny or dismiss deeper feelings. It is used in two ways, first to protect the self from external threats that may end in a rift, or a severing of relationships. Second it can be used to cover guilt when feelings such as aggression or hate create an internal conflict; when they are not the emotions that are considered right for the circumstances.

At the core of this lies the idea that some thoughts and feelings are wrong or something shameful. More than anything we need to feel we belong, that we are part of the group. To do this we deny our voice and become “nice people” as Churchill so eloquently expressed it: “An appeaser is one who feeds a crocodile, hoping it will eat him last”. (Brainy Quotes accessed 2008)

Being nice in this way is what the existentialists called being “unauthentic.” They contend that being unauthentic leads to not being or “nothingness” this, in turn provokes a feeling of dread, despair, anguish and angst. People must choose the principals by which they live, otherwise they become things and cease to be humans (Lacy 1976).
This niceness in the supporting profession originated with Florence Nightingale. Kirby (2002) in the following quote discusses the tyranny of niceness associated with nurses:

The trouble with Florence Nightingale is that she rejected the idea that nursing could be a profession. To the Lady with the Lamp, nursing is a vocation, a higher calling, not a job.

Her idea that nurses should travel with the British regiments to the war in the Crimea in the 1850s was revolutionary in its day. It scandalised contemporary opinion on the footing that the nurses would soon be reduced to sexual camp followers. But the formidable Miss Nightingale imposed on her nurses a regime similar to that of nuns in holy orders. They have to be devout, chaste, good women.

Thus is born the "tyranny of niceness" that made nursing, like motherhood, a universal source of admiration. But like motherhood, it did not always involve a lot of economic support.

It is argued here that both pity and niceness may be used as defence mechanisms which shield the person from deeper unconscious feeling that if not defended would provoke great anxiety. One of those deeper unconscious feelings is envy.

**Envy**

We can be consciously aware of envy but it can also be an unconscious and more insidious defence.

On a conscious level, D'Arms (2002) defines envy as being a “symptom or instance of the human tendency to evaluate one’s well-being comparatively, by assessing how well one is doing in comparison with others.” (p1)

Influential definitions of envy include:

Envy is pain at the good fortune of others. (Aristotle, 1941, Bk II, Chapter 10)

Envy is a propensity to view the well-being of others with distress, even though it does not detract from one’s own. [It is] a reluctance to see our own well-being overshadowed by another’s because the standard we use to see how well off we are is not the intrinsic worth of our own well-being but how it compares with that of others. [Envy] aims, at least in terms of one’s wishes, at destroying others’ good fortune. (Kant (1794), p459)

Envy is that passion which views with malignant dislike the superiority of those who are really entitled to all the superiority they possess. (Kant (1794), p. 244)
D'Arms (2002) in taking a philosophical definition of envy states that:

It is sometimes held that the good may even be utility, happiness, or some psychological state that Subject could attribute to Rival even if there are no material differences in their possessions or capacities. Most philosophers who have sought to define envy agree in identifying it as a form of distress felt by the subject at the thought that he (/she) does not possess the good and the rival does.

(p2)

These definitions refer to consciously experienced envy; where the person or object of the envy is easily identified and brought into conscious awareness. This conscious envy I would contend occurs at one end of the spectrum whereas at the other end is the notion of unconscious envy. In unconscious envy, the unconscious seeks to protect the conscious awareness of the unbearable envy by a series of defences, protecting the conscious from those feelings.

At the core of envy is that:

It is agreed that envy involves an envier (“Subject”), a party who is envied (“Rival”)—this may be a person or group of persons—and some possession, capacity or trait that the subject supposes the rival to have (the “good”)(sic).

(D'Arms (2002), p2)

The mind is protected from the effects of envy through defence mechanisms. Klein (Hinshelwood 1991) first recognised this concept of envy in babies.

Oral envy is one of the motive forces which makes children of both sexes want to push their way onto their mother body and which arouses a desire for knowledge alien to it. (p167)

She went on to say that the phantasy of entering into the good object and spoiling it is prevalent in some people. The infant has a life-long struggle to discriminate between what is good and bad in oneself and in the external world around it (Hinshelwood 1991).

Segal (Hinshelwood 1991) refined Klein’s position to say that it is also directed towards an object that excites and has a need for love. It is the hate of the object’s ability to excite this love, and the hate of the need to satisfy this need, that creates the envy.
Bion (Sandler 2005) used the term envy in the same way as Klein, with violent love being combined with an intolerance of frustration. He stressed the nature of the annihilation of the object is aimed at oneself as well as external objects.

Klein (Hinshelwood 1991) describes envy as having the following features:

- Innate phantasy;
- Attachment is towards the “good” object because of its goodness; and
- The awareness of being separated from the “good” object arouses intolerable envy.

This leads to:

- An immediate need to keep good objects and bad objects separate, a form of splitting which falls into the schizoid disturbances; and
- The intolerance of dependant separateness which leads to a tendency towards confusion (merger) with the good object, a process (projective identification) which brings out features of the paranoid-schizoid position and a difficulty in achieving a sense of reality.

There is a place where defences can be safely identified and discussed; defences such as niceness, envy and pity. It is within a safe container.

**Emotional containers**

. The notion of container and the contained is linked to the relationship between emotional and intellectual growth. This notion is recognised by Freud, Klein and Winnicott (Sandler 2005) and later developed more fully by Bion, as the form of relationship from the start of life, which allows both emotional growth and growth in the thinking process, a safe place where people can explore fresh ideas and ways of thinking.

To Bion it is by this process that accrual of meaning is obtained.
That is, the breast may be the container of the baby but the baby is also the container of the breast. In terms of functions, there is no mother-in-abstratio, or a mother-in-itself. The entity “mother” exists because there is a baby that propitiates an environment for “motherness” (Sandler 2005 p 169)

In a similar manner clients and their support workers can only really exist through each other; a client (support receiver) is dependent on the support worker (support giver) and they cannot exist without each other. It is in understanding and reflecting on this relationship, that a different understanding can arise, the foundation for both emotional and intellectual growth.

Krantz (2001) recognises that bureaucracy with its rigid order of rules and regulations provides a sense of control for individuals. Workers are protected from the vagaries and the associated anxieties of trying to please customers. This structure with all its control and command functions provides a safe container for those who work in the bureaucratic organisation. New team based cultures thus need to find new ways of containing anxieties.

Diamond, Allcorn & Stein (2004) expand this concept further to include groups or “silos” which provide holding environments or surfaces which contain both the individuals and groups anxieties. They can then serve as defence mechanisms that are vested with the members’ attributes and phantasies, often untested by reality; they are products of unconscious denial.

Another more basic form of containment is our psychic skin.

**Psychic skins as containers**

Our first and primary boundary is our skin. It protects us from the outside world. It keeps fluids and organs in, allows cells to be nourished, to grow and be repaired. It protects our internal bodies from an often dirty and contaminated outside world.

In a similar way, we have a psychic skin, which is formed in our early infancy through our first realisation that we have a skin. Bick (1987) describes a stage when the child searches for a
containing object, a light, a voice, or a smell, which can hold their attention and this at least momentarily, hold parts of the personality together. Until this containing space can be introjected, the concept of space within the self cannot arise. The most primitive parts of the self cannot be held together until they are contained within a psychic-skin.

Mahler (1972) similarly stated that “the biological birth of the human infant and the psychological birth of the individual are not coincidental in time. The former is a dramatic and readily observable well circumscribed event: the latter, a slowly unfolding intra psychic process” (Mahler, 1972 p 334). She suggests that this separation-individuation process is dominant over the first two years of a child’s life, if not over the entire life cycle. The infant begins life with no psychic-skin boundaries, no inside and no outside; the child is in a state of normal autism and does not have an orientation towards the outside environment.

When the child begins to perceive boundaries, they form a merged dyad between the mother and infant and exclude the rest of the world. The security of this dyad allows the baby to begin to see his/her body, as being separate from the mother’s body. The baby’s perception of the outside world also becomes more complex in this non self world; there are special intimate objects and neutral objects that are all different from the original mother object.

Colman (1975) suggests that the child acts very differently when he/she is with his mother alone, his father alone or part of the family. His/her behaviour is different depending on the composition of the group he/she is with and thus forms the start of a symbolic dyad of familiar faces. The next stage involves the child having a startled response to unfamiliar faces; here the self (of mother) has become replaced by the outside non-self, which contains unfamiliar faces and strangers.

Ogden (1989) extended the work of Bick (1987) and Mahler (1972) to suggest that there is a way of operating, which he called the autistic-contingency mode and in this mode the most elemental forms of human passion are generated. Ogden (1989) maintained that this position was more primitive
than the paranoid – schizoid position that had previously been identified by Klein. He maintains that it contains specific types of defences, forms of object relatedness and of anxiety. In this mode objects are felt, it is the feel of softness, hardness or sharpness that creates the sensation. These objects then create a shell, a crust or armour that protects the vulnerable exposed surfaces. The anxiety generated by can be likened to the terror associated with being in a thick fog, to falling to leaking and dissolving. This can result in a sense of entrapment in a world of things where one does not experience oneself as the author of one’s own feelings. Ogden (1989) contends that in this mode what is important is a sense of “pattern, boundedness, shape, rhythm, texture, hardness, softness, warmth, coldness, and so on” (p39). If the person is operating in the autistic contingency mode, the primary anxiety is felt as a disruption in sensations. The defences evoked by this experience are about re-establishing a feeling of integrity and continuity of one’s surfaces. The person can do this through various modes of physical activity such as long periods of bike riding or swimming, also hair twirling or foot tapping that become rituals that allay overwhelming anxieties.

This can be seen, for example, in the case of a manager faced with a coronial inquiry following the death of a client. This person had a feeling of fear, panic and a disruption of the senses; their world seemed to turn to water; they felt like melting and dissolving into a pool of fluid. The psychic skin was felt to have been transgressed and was no longer providing a safe space in which to operate.

This resulted in a burst of physical activity: the initiating of an internal enquiry; the search for supporting documents; the interviewing of staff; and the search for answers. This person was able to gain assurance from their superiors that they had support and that they did have the appropriate supporting documentation. With this, the manager was able to gain some sense of rhythm, pattern and safety; the system provided them with a psychic skin.
Conclusion

This chapter offers an explanation of the link between boundaries and defences. Task or role can evoke certain unbearable feelings that are then defended against. The defences that are explored in the thesis are expanded to give the reader an explanation of their features and some of the conditions which might evoke them.

Boundaries can provide safe containers where individuals can express their anxieties and fears and can reflect and grow.
Chapter 4 Towards the Development of Knowledge: A Methodology

This chapter explains the processes that I use to make sense of the data generated through the research reported in this thesis. I also explain the framework for the thesis and how I, as a participant observer, not only ask questions, but also control the lens through which I look at the data. This process impacts on the answers and the conclusions arrived at, as part of the research.

As a framework for the research I use the five questions that Cherry (1995) uses in her research. They can be summarised as follows:

1. What do I want to know?
2. What counts as data?
3. What do I do with the answers?
4. How do I collect the data?
5. How do I make sense of it when I have collected it? (p 30)

In order to answer Cherry’s (1995) first two questions, I start with a discussion of the nature of what I want to know: how do I know what to look for: and the reasons why I have selected Pierce’s analytical framework (Blaikie 1993). I then explain how this framework links to the process of data collection and validation.

What do I want to know?

My question concerns the nature the dynamics between in-home support workers and their client, the person with a disability; how conscious and unconscious forces impact on the day-to-day job of being a support worker and being a recipient of support; how that reality differs for the coordinator, the person who organises, arranges and managers the support. The affect these dynamics have on the psychic boundaries of both the supported and the supporter and on the output of the
supporting process. Does the relationship between the three parties distort or alter the outcomes from what is ideal (in the mind of the parties), into the reality of what is delivered on the ground in the day to day situation?

I also seek to discover my role in this, why this is important to me and what are my conscious and unconscious motives in tackling this question. What will be the impact on me of examining these questions and how can my practice be improved by this knowledge? What are the effects of my defences as a participant observer? How do these defences impede or add bias to my analysis of the data and how might they be taken into account when formulating the conclusions.

**What Counts as Data?**

In approaching the question of what counts as data, I use Denzin and Lincoln’s (2005) metaphor of the qualitative researcher as “bricoleur”; a quilt maker, one who weaves and sews information together to form a different pattern. Researchers collect information both material and informative and create a world of patterns, forms and shapes.

They describe this in the following quote:

They [the researchers] turn the world into a series of representations, including field notes, interviews, conversations, photographs, recording and memos to the self. At this level the qualitative researcher involves an interpretive, naturalist approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of meanings people bring to them.

Qualitative research involves the studied use and collection of a variety of empirical material-case study, personal experience: introspection: life story; interview; artefacts; cultural texts and productions; observations; historical, interactive and visual texts – that describe routine and problematic moments and meanings in individuals’ lives. Accordingly, qualitative researchers deploy a wide range of interconnected interpretive practices, hoping always to get a better understanding of the subject matter at hand. It is understood, however, that each practice makes the world visible in a different way.

(Denzin and Lincoln (2005) p3-4)
Following the Denzin and Lincoln (2005) perspective, I feel it is important to take note of and record as much as possible; all observations, thoughts (mine as the participant observer), actions, and interviews, everything that is taken in by the senses. In short, everything about the situation that is known and/or observable. This gives me a rich collection of snap shots to be pieced together to form the whole picture.

**How do I make sense of the data?**

Having interviewed, recorded, and observed the subject matter, I need to critically examine it, to make sense of it, to stand back and look for the patterns and understand it through a logical framework. For this I use a combination of methods. These include: retroduction (hypothesis formation), deduction (a deduction of the hypothesis from broader theory) and induction (testing of the reasoning) in the method originally described by Pierce (Blaikie 1993). First, the differing forms of logic need some further explanation:

**Retroduction/ Abduction**

Abduction involves taking a mass of facts and allowing them to suggest a theory. This form of logic is derived from Aristotle’s theory of universals in which thoughts or ideas are constructed by the mind (Lacy 1976). It involves constructing a hypothesis which will appear to explain what has been observed (Blaikie 1993). Blaikie goes further to state that this is a useful method to construct a theory which is derived from “social actors”, language, meanings and theories grounded in everyday activity, which is what this study entails. In systems psychodynamics, this is termed a ‘working hypothesis’ (McGuire 1997).

**Deduction Reasoning**

Deductive reasoning involves starting with a working hypothesis or a statement of conditions and then applying this rule to a specific case. This form of logic is one of the major bases of mathematics.
and science. Deductive argument seeks the truth which is contained in the premise (Blaikie 1993). That is; *An argument is deductive if it draws a conclusion from certain premises on the grounds that to deny the conclusion would be to contradict the premises* (Lacy 1976 p 47) The most important task in this form of logic is to get from one truth to the next (Hoffman 1997).

**Induction**

This is where the conclusions about particulars can be reached through generalisations. Induction or inductive reasoning, sometimes called inductive logic, is the process of reasoning in which the premises of an argument are believed to support the conclusion but do not entail the premises; i.e. they do not ensure its truth. Induction is a form of reasoning that makes generalisations based on individual instances. It is used to ascribe properties or relations to types based on an observation instance (i.e., on a number of observations or experiences); or to formulate laws based on limited observations of recurring phenomenal patterns (Fitelson, N.D.).

This quote explains the differences between deductive and inductive logic.

Deductive logic offers strict, qualitative standards of evaluation—the conclusion either follows from the premises or it does not; whereas, inductive logic provides a finer-grained (and thereby more liberal) (sic) quantitative range of evaluation standards for arguments (Fitelson, N.D. p1).

Pierce (in Blaikie 1993) explains this final step in the process as like “*rowing up a current of deductive sequences... and concluding a rule from the observations of a result in a certain case*” (p164).

**Combining the Forms of logic**

Piece as quoted in (Hoffman 1997) suggests a linear process combining these three forms of logic.

He starts with a hypothesis which is formed from a mass of data. This hypothesis is then tested through inductive and deductive processes. Thus the process would be seen as follows:
Each step in the process needs further explanation and discussion about how I use them in my thesis. First, how the hypothesis is formed:

**The formation of a working hypothesis**

The central element of Pierce’s theory is that all thoughts have signs of generality embedded within them. All thoughts must be embedded within a context, by modes of perception, background or by history. Hoffman (1997) contends that there is a mutually dependant relationship between the context and the hypothesis. The contexts of beliefs, habits of individuals, state of general knowledge about the subject all influence and are dependent on our perception and reasoning. Hoffman (1997) goes on to say that to cope with surprising facts we ought to be prepared to adjust the context, to rearrange it to adjust it to the new data that has emerged.

Pierce (in Hoffman 1997) states that generating a hypothesis is reliant on instinct. This appears to be a kind of intuition. First, we cannot leave the context out of our instinct and second, instincts will undergo modification with new experiences. Third, instinct is a way of acting; it is borne out in our
actions and lastly there is normally a certain aim in our instinct, the reason behind our reasoning powers.

McGuire (1997) gives this warning about the working hypothesis:

The working hypothesis, we are told, is a hypothesis to be tested, not in order to prove the hypothesis, but as a stimulus for study and fact-finding. Nonetheless, the single working hypothesis can imperceptibly degenerate into a ruling theory, and our desire to prove the working hypothesis, despite evidence to the contrary, can become as strong as the desire to prove the ruling theory (p1).

My “instinct” did change as I developed knowledge about both the participants and about myself: as I developed an understanding of my defences and projections, and how they may be unconsciously influencing the data.

Having developed a number of hypotheses I then test them, to challenge them so that they do not become a ruling theory.

**Testing a working Hypothesis**

After I collected my initial data, I developed many hypotheses to explain the material I had before me. Hoffman (1997) discusses an infinite number of hypotheses that can be formed from the initial data. Some of these hypotheses, although they passed the test of deduction, lead me away from my initial inquiry once the inductive process was applied.

I then modified my original hypothesis, as though looking through a different lens. At times I needed to apply different forms of deductive logic, other times the inductive testing process disproved my original hypothesis. Thus for me, this became a process of iteration in my thinking, changing with each step in the process, until the finally a truth became apparent and at least to me, undeniable.

In this work, various hypotheses are tested and discounted through either deductive and /or inductive processes a linear progression through the various forms of logic, as described by Pierce.

In this research, not all the steps are needed to discount or progress my thinking.
There are cases where one hypothesis led towards another hypothesis, as if on a journey, where I uncovered the facts one small step at a time. To use Hoffman’s (1997) words, maybe my instinct changed with the experience. When testing a later hypothesis, it felt a bit like rereading a book some years later. There were lots of new things that I would become aware of that I had not noticed the first time around. This process is similar to the “ladder of inference” framework developed by Senge et al (1994) a process which I use when reflecting on the data (this is detailed later in the chapter). Next, I will explain to the reader how the application of deductive and inductive testing is used to derive a result.

**Deductive and Inductive Testing**

In postulating a hypothesis, my first thought is, does this apply to all cases in the study and if not, then why not, or does it only apply to particular cases i.e. deductive reasoning?’ My next thought is ‘how do I test it if it applies to a particular class or context?’ because I cannot replicate the data or test it scientifically.
In my method, inductive and deductive reasoning were undertaken through careful reflection, by forwarding my hypothesis to the participants and seeking their views on its validity, also by seeking feedback from my supervisor, from the doctoral student group and from an ‘organisational dynamics’ group within the disability sector. The feedback from these groups allowed me to test my hypothesis within different contexts, to absorb differing perspectives and views. Thus, through a series of iterations, I slowly wound my way through to a final hypothesis.

Of importance in this process was an examination of my own state of mind when examining the data. As Hoffman (1997) mentions we need to prepare to adjust the context to fit with surprising facts. This required a mind state that could accommodate and see what changes were needed; a state of mind without prejudice and preconceptions.

**Is there data without prejudice?**

Bion quoted in Sandler (2005), endorses the principles of induction, deduction and the hypothesis as the scientific method to be used by the psychoanalyst (Sandler 2005). Bion proposes that in the practice of psycho-analysis, if it is to be a scientific activity, one should suspend dogma, prejudices and an unwillingness to see reality, thus lowering personal factors in order to see reality.

Bion (in Sandler 2005) states that the analytical experience should be given free floating attention, freedom and intuition and be free of memory and desire. He sees memory as a “*pre emptive strike against the unknown.*” Data gathering demands intuition and apprehension rather than understanding. Denial of the unknown, anxiety and haste, all damage the understanding of reality. He goes on to say “*A bad memory is not enough: what is ordinarily called forgetting is as bad as remembering. It is necessary to inhibit dwelling on memory and desires*” (Sandler (2005) p208).

This for me is a constant struggle. After eighteen years of working in the industry I am constantly drawn back to the previous experiences and assumptions I have accumulated through years of being
surrounded by anecdotal information percolating into my thoughts. I am left feeling blank and unsure.

I took comfort in this quote by David Armstrong (2005a) when faced with writing a lecture on Bion:

Faced with a blank sheet of paper my mind took on that blankness. And I felt rather scared. Perhaps the emperor has no clothes. I am tempted (and did not do enough to resist this) to go back over and over again to the texts, the Bion bible, and pinch whatever clothes I found there. Two weeks before hand a colleague asked me what the main theme of the lecture is to be. I mumbled something incoherent and felt rather persecuted by being asked. It took an inordinate amount of time to see that “no Clothes” is where I must start from. If I could only allow myself to experience the blankness not as a persecution but as a space in which thought already is but not yet realised, then perhaps I would begin to discover what I could say. Perhaps.

The state of mind in the present of the unthought thought, the no-thing waiting to be discovered and formulated through the elaboration and playing with preverbal and verbal images, with dreams, myths, preconceptions, Bion has referred to, using the phrase of John Keats in a letter to his two brothers, as “negative capability” (p11)

Sitting with this negative capability I felt frightened and anxious. What if no thoughts came to me and I was still, after four years, left with my amassed blob of observations that meant nothing? It felt very much like trying to drive a car for the first time. One is focussed on getting the process right and getting through the experience: at the start this anxiety completely over shadowed thoughts about what I might be able to observe along the way and any thoughts that may have come to me on the journey.

These anxieties then lead to me questioning how I should analyse my observations, what are my subjective reactions and what are my objective thoughts and analysis? I need to take into account both my own defences and anxieties and the psychodynamic exchanges between myself and the interviewee.
Objectivity and subjectivity

As a participant observer I need to examine the influence I have on the interviewees. Hollway (2005) states that whenever you encounter the social, you encounter it multiplied and mediated by the psychodynamic and vice versa.

She goes on to say:

We are psycho-social because we are products of a unique biography of anxiety and desire provoking life events and the manner in which their meanings have been unconsciously transformed in internal reality. We are psycho-social because such defensive activities affect and are affected by discourses and also because the unconscious defences that we describe are intersubjective processes (that is they affect and are affected by others)(sic). We are psycho-social because the real events in the external, social world are desirously and defensively, as well as discursively appropriate.(sic)  

How do I therefore put into effect the psycho-social understanding of my own subjectivity as a researcher and explore my own defensiveness and anxieties; those things that may be influencing and distorting the interpretation of the results? To note such things as the differing power relationship between support worker and supported and the effects of my having previously performed a supporting role within an institutional setting? For instance, might I start assuming that I know what it is like in a one-on-one relationship in someone’s home? Might I also make assumptions based on my prior knowledge of working in the industry? What can be inferred by what is not said in the interview? What is it that is difficult to express or what is it that is difficult for me to hear? In other words how might I understand my own emotional reactions to what is contained in the data and ensure I come to a rational conclusion?

In order to discuss the effects of interviewer subjectivity on the data and its interpretation, I need to discuss some concepts within psychoanalytically oriented informed research. These include the dynamics of splitting and the concepts of transference and counter-transference. Although the notion of splitting is briefly mentioned in the last chapter it needs further attention in this context.

Hollway (2005) in discussing rationality states:
...rationality depends on a capacity to acknowledge the mixed good and bad characteristics of the external world without compromising reality by internal defensive needs which distort it through splitting.

(p23)

This notion of splitting as a defence is developed by Freud (1938) and later Klein (1959) and comes from her observations of the infant’s phantasies about his or her mother. An infant has the capacity to both love and hate: she can love her mother because she feeds and nurtures her and hate her mother when she perceives her mother is withholding food/love from her. Associated phantasies occur at a deeply unconscious level. Bott-Spillius (1994) expands a description of the way a complex inner world is developed:

Klein uses the term “projective identification” to describe a complex set of processes by which part of the self is split off and projected into an object to which the individual reacts as if the object were the self a part of the self that has been projected into it. The individual who projects in this way will then in phantasy introject the object as coloured by what he has projected into it. It is through such constant interplay that the inner world of self and internal objects is built up. Splitting, projection, and introjections are characteristic mental mechanisms of the paranoid-schizoid position, accompanied by idealisation, denigration, and denial.

(p7)

These processes can then be continued throughout life as a defence against fears of persecution and annihilation by putting into others our own unbearable thoughts and attributes.

It is an avoidance of this move into the defensive position which Hollway (2004) discusses. She speaks of the capable interviewer accepting the good with the bad and avoiding the splitting and projecting defences of the paranoid-schizoid position in both self and interviewee.

Transference is the transfer of past feelings, conflicts, and attitudes into present relationships, situations, and circumstances. Transference may occur where, for example in the research case, the interviewee projects their phantasies and defences onto the interviewer. In the dynamic process of transference a person acts out their defences which are an expression of their unconscious phantasy (Jones 2004). There is an unconscious attempt to draw others into support of the defensive system. It is therefore important for me to note when the interviewee subtly draws me into their defensive system or is trying to pull me into their reality.
When Freud initially encountered transference in his therapy with patients, he felt it as an obstacle to treatment success. But what he learned is that the analysis of the transference is actually the work that needed to be done. This work is later developed as a technique for information gathering by Klein (Hinshelwood 1991) and Bion (Sandler 2005): Klein through the recognition that the origins of transference occurred very early in a child’s development and Bion respecting Freud’s definition and further developed the analysis of the feelings evoked during transference. Some projections are normally felt by a particular aspect of the interviewer i.e. the part that wishes to be the support worker, mother, all knowing or to deny unpleasant knowledge: a link to one’s human fragility to one’s own defences and phantasies (Hinshelwood 1991). It is therefore important for me to take note of and examine changes in behaviour, of feeling and thoughts during the interview process which may indicate the presence of projections.

Countertransference involves the same principles, except the direction of the transference is reversed. Countertransference in a normal occurrence in the research project, involves the reactions, behaviours, thoughts, and feelings toward the interviewee. Countertransference refers to a consequence of transference insofar as I might have a transference response to an interviewee as a response to what is aroused in me by the interviewee’s transference. I refer to my countertransference if I am responding to the interviewee with my own transference issues (Jones 2004).

One of the questions in understanding transference and countertransference is: does it lead to a greater understanding or will it result in a defensive evasion of my feelings as previously mentioned in the Hollway quote? Money-Kyrle’s (Hinshelwood 1991) work suggests that it is only through the process of careful reflection that I would be able to identify the processes that are occurring.

Bion recommends that in order to be aware of the projections that occur during an interview we train ourselves to have discipline over memory, desire and understanding. This is to train one’s mind to be open to what is happening within the interview session. Bion likens this to a sports person
training in his or her particular field. You start off having to focus on every move and later develop a more unconscious process around your performance (Sandler 2005).

How then do I know that I am really in the state of having no memory, desire or understanding; how do I know if I am not listening to that which my unconscious anxieties make difficult for me to hear; how do I identify and examine what is unconscious to me? These are difficult questions to answer but the process of writing, reflecting and discussing will lead me some way towards this understanding. I will discuss the process I used to reflect later in the chapter.

Another method that aids a more objective view is suggested by Hollway (2005). This is triangulation. She suggests it is important to note what is not said, what is being held in what she calls the “cultural silence”; what is being denied in the vacuum. Also what is said before and after the interview, what does the body language tell me, and what does the setting (chosen by the interviewee) tell me? In short, what does the data coming from a number of different sources, as well as the words tell me about the person?

The process of triangulation, where my thoughts on the analysis of the data are discussed with the participants, the doctoral discussion group and a group of senior managers and CEO's from the industry, allow me to gain distance from the subject matter, to identify what is left out and what is included. It is through encouraging this discourse, careful listening, recording and replaying the data and then thinking about the implications of what is being said, that I can get closer to my own defences and anxieties.

**Why defences are important in examining data**

More space will be given to defences and their impact on the data in later chapters. Here I cite Hollway (2005) who discusses the importance of defences fuelled by our anxieties and desires and how they can affect the interpretation of the data:
First, as psycho-social researchers, we should understand discourses ... not as social products that interact with individual psyches, but as products that are always psycho-social (sic) Forged out of the realities and cultural meanings that are already mediated by anxiety and desire.

Second, as researchers we have ways of evaluating knowledge claims, not because we have unmediated access to reality, but because we can avail ourselves of sufficient multiple perspectives on reality, that is, it has become possible to recognise the distortions and partialities that characterise our own, our research colleagues? and our participants? psycho-social efforts after authentic meaning (sic).

The methods we use as researchers affect the knowledge we produce, most importantly the idea of human subjectivity that our research contributes to. (p6)

Blaikie (1993) Lacy (1976) and Sandler (2005) all propose the use of instinct in the formulation of a hypothesis. My defences are part of this unconscious world. I need to identify what my anxieties and desires are, then to try and move past them but on no account to avoid or ignore them. Part of my research is therefore an attempt to uncover and to gain a greater understanding of what has previously gone unnoticed and unattended.

The process of self-critical reflection has been mentioned as an essential part of the progress towards knowledge and therefore needs some further explanation.

**Reflective practice**

Frame (1986) describes the process of reflection as going into her “Mirror City” a place she visits to reflect and from which she returns as an envoy carrying the new treasures she has found deep inside herself. She explains this in the following quote:

Undoubtedly I have mixed myself with other characters who themselves are a product of known and unknown, real and imagined: I have created ‘selves’: but I have never written of ‘me’ if I make that hazardous journey to the Mirror City where everything I have known or seen or dreamed of is bathed in the light of another world, what use is there in returning only with a mirror of me? Or, indeed, of others who existed very well by the ordinary light of day? The self must be the container of the treasures of the Mirror City, the Envoy as it is, and when the time comes to arrange and list those treasures for shaping into words, the self must be the worker, the bearer of the burden, the chooser, placer and polisher. And when the work is finished and the nothingness must endure, the self may take a holiday, if only to reweave the used container that awaits the next visit to the Mirror City. (p 140)
Argyris (in Senge et al 1994) developed the ladder of Inference as a framework to explain the process of taking in information and then reflecting, then repeating the process and re-reflecting based on what is learnt from the journey to the Mirror City.

Senge, et al (1994) suggests this process should contain a number of questions which I have adapted for use during the development of this thesis.

1. **Become aware of your own thinking and reasoning.** Recording and journaling everything you own, thoughts and feelings and how and why you feel that way.

2. **Make your thinking and reasoning known to others** – using the thoughts and reflections of others, participants, learning groups and supervisors.

3. **Inquire into others thinking and reasoning** – record this and use as it as part of the data to form a hypothesis.
4. Explain the data and context – using open ended questions to start a dialogue, reasoning back and forward with different ideas.

5. Record your thinking and reasoning – have your ideas changed and what brought about that change. That is what can I learn in this process?

In using the ladder of inference framework to underpin my reflections I incorporated both Pierce’s methodology of assessing data and formulating knowledge plus Bion’s concept of ‘without memory or desire’ into this process:

- Observable Data and Experience: This includes my own feelings as well as those observable in the external world. Trying to ascertain what is being projected and what it is that I defend against.
- Selected Data: What have I selected and why have I selected this data and not other pieces of data? What is not being said?
- Add Meaning: Making sense of the data using intuitive thoughts to formulate a hypothesis.
- Make Assumptions: Would this then explain the data? Reflecting on the implications using abdicative and deductive reasoning.
- Draw Conclusions: Does the hypothesis still stand? Is it valid and if not why not.
- Adapt Beliefs: If the hypothesis not valid, it needs to be modified or adapted.
- Take Action Based on Beliefs: Return to original data with new understandings and ask, does the hypothesis fit all the data or only some (inductive reasoning)?

This is a process which I need to undertake many times. Each time a new observation comes to light I need to place it within the context of the collected data; then reflect on the meaning both for me as the participant observer and for its importance to the research question. This process is named by Argyris &Schon (in Dalmau & Dick 2000) as “double loop learning” when one is thinking about
one’s thinking or reflecting on how one reflects. By this process I could breakdown Pierce’s original theory (Blaikie 1993) on hypothesis formation and test the data in bite sized pieces.

There are two tools that I found helpful in developing my reflective skills. First what I have termed ‘reflecting out loud’ and second writing as a reflective process.

**Reflecting out loud.**

This is a process whereby through conversations, I examine and obtain objective feedback about the rationality of my thoughts; the process of triangulation. It gives me the opportunity to examine these thoughts and to search for their origins.

**Writing as a reflective process**

An important part of the reflective process is the actual writing. There is a constant need for me to go back to the data questioning each time: does it fit all of the data or just some of the data? I need to laboriously delve back into the data examining and re-examining each section in light of each new hypothesis. Writing necessitates a sorting through of the data, putting on paper all the details and formulating them into arguments and conclusions.

Pierce contends that all thoughts are embedded within a context, a set of beliefs that are dependent on our perceptions and reasoning. Although Bion (in Sandler 2005) recommended the suspension of desire and memory during data collection, a state that allows for the surprising facts to emerge, there is still a prism or lens though which one analyses the data. Values and beliefs usually are deep seated and although they can be put out of mind or suspended they cannot be totally ignored (Bryant 1999) and surprising facts sometimes come when one’s values are challenged.

Blaikie (1993) states that:

> Our knowledge is limited by the fact that that reality cannot be observed directly but only through the concepts and theories we choose to use: change the concepts and theories and what appears to be reality will also change. (p6)
It is therefore necessary for me to make explicit my concepts and theories so that the reader may see the prism that I am using to seek and expand my knowledge.

**My perspectives**

I share with Guba & Lincoln (2005) a position which comes from a loosely defined constructivist perspective. That is where a good proportion of activities of groups are a result of their attempting to make meaningful sense of the world around them. This sense making activity then shapes behaviour and actions or inactions and can be viewed through a psychodynamic perspective. The interpretation of these behaviours is not absolute but is based on what is real and what is useful.

Should the data be viewed through another lens, e.g., feminist theory (I do adhere to some feminist theory), it may result in a different hypothesis and a different interpretation of the data.

Guba & Lincoln (2005) discuss how the different categories, based on form, style, or subject matter, can be divided. These previously separated genres are now merging and universal rules no longer apply. These are now interwoven within various disciplines and are present in texts and subtexts. Throughout this research I interweave differing disciplines from philosophy and sociology to psychology with terms from economics, literature, poetry and art to give meaning and illumination to the text.

Although I have used and borrowed from other disciplines, my stance is one of social action in the form of both internal transformation (attempting to see the reality of what might be ideological control and propaganda) and external change, in calling for and advocating for changes that overturn unjust and distorting practices; the deconstructing of the oppression of people with a disability and a call for their acceptance in society. This is a tall order and one that the writing of this thesis will not by its self achieve.
I also seek to discover and share that understanding with people who work in the industry. I hope that through this knowledge they are able to better cope with the anxieties they are faced with on a day to day basis; to better understand how these anxieties are defended against and the impact these defences have on the clients and service system. As Koshland (2008) said “greater understanding is a moral good”, inferring that it is through understanding and knowledge that the marginalised groups cease to be labelled as the ‘other’ and society is better able to embrace and celebrate diversity.

**Conclusion**

The formation of knowledge requires a rigorous process where differing forms of logic are used sequentially to examine and test all hypotheses. The application of Retroductive, Deductive and Inductive reasoning as described by Pierce (Blaikie 1993) is the method I use to test and make sense of what I am seeing in the data.

An important influence on the data is also the state of mind in which I approach its collection and analysis. Although Bion (in Sandler 2005) postulates that one should be without memory and desire, I find this difficult and frightening. I still have to take into account what I am seeking to find, what general knowledge I already possess and why I am seeking additional knowledge and understanding of the industry. It did however mean suspending any value judgements and carefully examining the unconscious process that would be influencing the research.

In the research, I also need to examine and make known the genre I use as a background framework. What am I hoping to achieve by the research and how would this be used to benefit the research participants?

From here I will explain the process I use to uncover my defences and how, during this stage, I use metaphors as sense making tools to illuminate and illustrate my thinking.
Chapter 5 Becoming a Researcher

At the outset of this thesis, before moving to the chapters on data collection, I will outline my background and learning journey. My journey from manager to researcher encompasses experiencing, learning and feeling the difference between these roles. I will start with my background.

My beginnings in the industry.

I was introduced into the industry in 1990, when I accepted a position as General Manager of what was then a small “for profit” agency providing support services to people with mainly physical disabilities. The agency was wholly owned by a large “not for profit” agency with all the funds generated by the organisation going to support people with a specific disability. Prior to this, I had held a number of diverse roles. Among them were small business owner, general nurse, director of nursing and consultant to The Treasury in New Zealand.

When I started in industry, in – home support was a new concept in Victoria; there were only two agencies providing such a service. There was, at this time, much scepticism from health professionals, particularly nurses, who felt that employing people who were untrained to perform often complex procedures under the guidance of the person with a disability, was dangerous and could lead to dire consequences for the person receiving the service. This attitude by health professional has now lessened, although it is still held by some today.

At this time, the person with the disability would train their own support workers in accordance with their needs. They would have ownership of the program and the support worker’s training. The support workers were engaged by the agency as subcontractors, lessening the agency’s employment obligations. It was a very simple arrangement, one that worked well for the people with disabilities. Health professions and unions then decided that this constituted an exploitation of workers and
consequently, contracts with local government and other funding bodies were withheld, forcing the agency into employing the support workers.

Since then the industry has become far more regulated and complex. There is now more emphasis placed on worker safety, employment contacts and the mitigation of risk. This has also meant the management role increased in complexity. There is now a need to tread carefully between providing a service that meets the client’s expectation while satisfying the organisation’s needs (This topic will be further explored later in the thesis).

At this time, I was also the primary support worker for my daughter whose disability had become apparent and was becoming more and more complex and bewildering. I felt I was caught up in a whirlwind. The chaotic state both at work and at home progressed steadily over time. It is only on reflection that I am able to see what was happening. I was very much coping with solving immediate problems and was unable or unwilling to step aside and reflect. I rationalised that it was better not to know than to ponder on a situation over which I felt I had no control. This was my defence mechanism against something that was too painful to think about.

I was taking up a number of roles, each overlapping and hard to separate. I was a manager of people who provided support for people who had a disability and I was the primary support and mother of a child with a disability. In this situation it was hard to separate out the roles and to be aware of the feeling being generated by these roles. When I worked with people with disabilities, was I trying to make a difference in their lives as compensation for what felt like my failure to make a difference as a mother and her primary support? It is still difficult to separate what defences and roles were mine and what belonged to the organisation.

Many authors (Long 2006, Jaques 1955, Menzies 1988, Hinshelwood 2008) have discussed and contributed to the evolution of social defence theory as an explanation about the means by which groups defend themselves against the anxieties evoked by the primary task of the organisation.
In contrast Kets de Vries (2004a & b) places greater emphasis on what the individual brings with him or her to the organisation as a result of past or present life experiences. Kets de Vries (2004a & b) stresses that your work role is primarily influenced by your childhood experiences, therefore in my role as a manager I may on occasion have been acting out my experiences of being mothered.

On the other hand, Hinshelwood (2008) decides that particularly support organisations are more likely to bring out social defences than, for instance the military where there is greater emphasis on the individual. In under taking this research and as part of my own experience, I would suggest that both these views apply. In my work role I was not alone in having a close association with a person with a disability; something that put me outside what I considered was normal for an employee. There were many others who would have considered themselves as sitting outside the normal mainstream society: outsiders in the same way that people with disabilities can be thought of as outsiders (Marks 1997, Newell 2005, Nussbaum 2006, Wertlieb, 1985, Wiley 2003). Maybe support organisations attract such people; people with similar defences. (I will investigate this in later chapters.)

From a personal perspective, deciding where your defences originate is less important than deciding the nature of these defences and then how they are affecting the way you take up your role or roles. I muse that in delving into my own defences sometimes it is hard to take off the lid. You know they are present but sometimes it is difficult to look and consciously taste them for yourself.

**Understanding my defences**

I am now working as a consultant to the industry. Working as an outsider has allowed me to gain the perspective of a person who sits outside looking in, not as an insider looking around.

It was more of a journey into the unknown that I had expected. Having working in the industry for 18 years I thought I knew it. On one level I did, but moving into the role of the researcher compelled me to step back and to look with fresh eyes.
Morgan (1986) & Cornelissen et al, (2005) use metaphors in order to understand organisational experiences. This provides a way in which we can come to think about organisations and take up our roles within them. Morgan (1986) explains that we use metaphors in order to explain one element of experience in terms of another. They pervade our way of thinking and way of seeing within a metaphoric framework that allows an understanding of what is paradoxical and complex. Here I use the metaphor of Alice in Wonderland to describe the learning and reflective processes I encounter while I journeyed from a manager into a researcher.

I begin as Alice the innocent naive researcher.

Alice is the main character of the story "Alice's Adventures in Wonderland" and the sequel "Through the Looking Glass and what Alice found there". She is a seven-year-old English girl with lots of imagination and is fond of showing off her knowledge. Alice is polite, well raised and interested in others, although she sometimes makes the wrong remarks and upsets the creatures in Wonderland. She is easily put off by abruptness and rudeness of others. (http://www.alice-in-wonderland.net/)
I started to just look behind the curtain, a coloured peek, coloured by all that had gone before and the variety of roles I had held in my life; not knowing what was behind; not knowing what I would find; not knowing the journey I was undertaking. Trying to be as Bion (Sandler 2005) would say to be “without memory and desire” and being constantly surprised by what I was discovering. In my research there were people I had dealt with for the last 18 years and had not really known? Here I am reminded of an interview with a person with a disability who lived in an institution all his life and was now being asked to decide who he would now like live with, in his new house. He replied saying that he had lived with these people for the last 15 years and up until now he had never really know them. He, like me, had only seen the routine of dealing with everyday matters and tasks.

Another aspect of my research journey which resonates with Alice’s adventures is the feeling of being overwhelmed by the enormity of the task. There were times when I did not know if I was too tall or too short. When I was making progress I felt taller and I was able to fully take and embrace the role. There were other times when I felt I did not know where I was or what I was supposed to be doing. I was shrinking, not wanting to be seen by others as ignorant.
Half-way through the analysis of my research I was feeling overwhelmed by the volume of information. The research role was crushing me and I was feeling constrained by the dilemma; how do I make any sense of the data? This state of confusion lasted almost to the end of the project. The exercise of writing-up the research interviews shaped my thoughts and ideas but to me there was still something missing, something that I had not yet comprehended. There was the absence of feeling; I was not feeling anything.

When the White Queen recited this poem to Alice it left her feeling puzzled and confused. Here I was also feeling confused and bewildered:

"First, the fish must be caught."
That is easy: a baby, I think, could have caught it.
"Next, the fish must be bought."
That is easy: a penny, I think, would have bought it.

"Now cook me the fish!"
That is easy, and will not take more than a minute.
"Let it lie in a dish!"
That is easy, because it already is in it.
"Bring it here! Let me sup!"
It is easy to set such a dish on the table.
"Take the dish-cover up!"
Ah, THAT is so hard that I fear I'm unable!

For it holds it like glue—

Holds the lid to the dish, while it lies in the middle:
Which is easiest to do,
Un-dish-cover the fish or dishcover the riddle?

Was my absence of feelings a denial? I was smothering my feelings. Surely I could not have seen and heard the material from the participants without feeling anything. At the same time I was still struggling to uncover my defences. Why were they not apparent to me? Just as in the riddle, collecting the information fish was easy, as was putting it in the dish and letting it cook, but removing the lid to see what I had produced was proving difficult.

The riddle was solved during a role conversation conducted during a doctoral seminar led by my supervisor (Aug 2008). The conversation consisted of an interviewer, an interviewee (me) and a facilitator to keep us on track. The remainder of the group sat as observers and later were to reflect on what they had observed from the interview. It was through the process of explaining my dilemma, the dilemma of not feeling, that I began to understand what was happening. I realised that in researching the industry from the stance of an outsider, I was both experiencing and using the same defensive mechanisms as the coordinators, that of denying and suppressing my feelings. My feelings were being captured and held by projective identification (Sandler 2005).

But I don't want to go among mad people," Alice remarked. "Oh, you can't help that," said the Cat: "we're all mad here. I'm mad. You're mad." "How do you know I'm mad?" said Alice. "You must be," said the Cat, "or you wouldn't have come here.
This understanding came both as a great relief and with a sense of disquiet. I had somehow seen myself as separate from the coordinators, and that I was in charge of my feelings, feeling that I, as a General Manager, somehow sat apart from the group. This realisation was accompanied by vivid dreams about people with disabilities who I was unable to assist. It was felt by me at a profound and deep level.

I realised that I was like the coordinators distancing myself, from both personal and work related anxieties. This was a protection against the overwhelming emotions arising from the clients plus my own feelings about motherhood. Seeing myself as unlike them and separate from them, was all part of my phantasy. I was actually swimming in the same sea; the sea of my own tears which was evoking in me the same defence mechanisms as others that worked in the industry.

Figure 10 Wood-engraving by Dalziel http://www.alice-in-wonderland.net/

Here, again like Alice, I was at the most frightening stage of my journey, after a statement from the real world destroys her and my phantasy world of Wonderland. What do I do with this knowledge now that I have discovered my true self? Was I just a pack of cards that had come tumbling down? What was left of the real me, the me I had known and respected all this time? I felt just like Carroll’s description of Alice when she awoke;

"You’re nothing but a pack of cards!"

At this the whole pack rose up into the air, and came flying down upon her (Alice): she gave a little scream, half of fright and half of anger, and tried to beat them off, and found herself lying on the bank, with her head in the lap of her sister, who was gently brushing away some dead leaves that had fluttered down from the trees upon her face.
'Wake up, Alice dear!' said her sister; 'Why, what a long sleep you've had!'

'Oh, I've had such a curious dream!' said Alice, and she told her sister, as well as she could remember them, all these strange Adventures of hers that you have just been reading about; and when she had finished, her sister kissed her, and said, 'It WAS a curious dream, dear, certainly: but now run in to your tea; it's getting late.' So Alice got up and ran off, thinking while she ran, as well she might, what a wonderful dream it had been.

(http://www.alice-in-wonderland.net/)

As with Alice, a realisation about my own reality left me feeling as though I had awoken from a dream and I could now see the world in a new light, the light of reality and the light by which others might see me. It was a puzzle for which I had found an answer. It was not only that my pack of cards had come down leaving me feeling vulnerable and exposed but that a new side of me had emerged.

I could now see that knowledge is not finite but is endlessly acquired. It does not only come from my supervisor who I saw as the Duchess, the Duchess of Knowledge. I was not developing a new

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1 A duke is a member of the nobility, historically of highest rank below the Sovereign, and historically controlled a duchy or a Dukedom. A woman who holds in her own right the title to such duchy or dukedom, or is the wife of a duke, is normally styled duchess. http://en.wikipedia.org/wiki/Duke
piece of research that was going to turn out to be a pig; something that would later grow up into an ugly child. As one of the clients put it, I had found my backbone.

When Alice later meets up with the Duchess she proclaims that the moral is “take support of the senses and the sounds will take support of themselves”. I take this to mean that by being attentive to what I was not feeling or sensing, my responses would follow as a natural progression².

Belenky et al (1996) describe this process in their study of how women learn. These authors found that women often come to a realisation that the knowledge that they hold is equally as valuable as the knowledge held by those with greater understanding depth and experience.

Thus, during the process of developing my thesis there have been two different inquiries both interrelated, with one informing and enriching the other. The first is about how I learn about myself, and the second about what I have learnt about and from others.

Another aspect of my learning is coming to understand the complexity and subtle difference in the role of manager to that of researcher.

**Experiencing different roles**

As part of the role conversation in the doctoral seminar (Aug 2008), I have become more aware of the different roles I have been holding. As I commenced the research writing I was doing so without much reference to the reader of a thesis, without the joining together of ideas and concepts to make a story. When this was pointed out, I realised that I was writing as a manager, writing a report, a role in which I felt comfortable and that I knew well. Once I realised this, I began to look at the research in a different light, to feel and experience the differences, rather than to just know them in an intellectual sense. I became far more aware of the difference in acting as a manager, with all the

² Apologies to Professor Susan Long this is not a likeness
organisational power and authority that comes with that role, to someone who is searching and
learning and hypothesising, with a different kind of personal authority.

The role of the researcher is more that of the bricoleur which Denzin & Lincoln (2005) describe as
the quilt maker. The meaning of this term is:

It is borrowed from the French word *bricolage*, from the verb *bricoleur* – equivalent to the
English "do-it-yourself", the core meaning in French being, however, "fiddle, tinker" and, by
extension, "make creative and resourceful use of whatever materials are to hand (regardless of
their original purpose)". *Bricolage* as a design approach – in the sense of building by trial and
error – is often contrasted to *engineering*: theory-based construction. A person who engages
in bricolage is a *bricoleur*: someone who invents his or her own strategies for using existing
materials in a creative, resourceful, and original way.

(http://en.wikipedia.org/wiki/Bricolage)

Following Levi-Strauss’s (1966) development of the comparison of the bricoleur and engineer,
“Bricoleur” has come to mean one who works with his hands, usually in devious or "crafty" ways
compared to the true craftsman, whom Levi-Strauss equates with the engineer, both very different
roles. The word “devious” I use to indicate a departure from the most direct way, deviating from the
main track. As in the Retroduction/ Abduction techniques, I first take a mass of facts and allow them
to suggest a theory, allowing myself to deviate off the main path and to craft those facts into a
working hypothesis. Only then is this hypothesis subject to deductive or scientific reasoning.

The manager is there to provide direction to identify and solve problems, not in an engineering
sense but in a very different capacity to that of a researcher, who is there to ask the questions and
to seek the answers. The role of a manager can at times include elements of the researcher role in
the investigation of problems and the seeking of solutions. When I undertook research I did not put
any thought into how I took up this role, my *role in mind* had not adjusted to the difference between
a manager and a researcher.

Schnelker D (2005) in her study of undergraduate students found that they readily understood the
philosophical concepts associated with differing paradigms but had difficulty in putting them
together in what she calls the Critical Judgement Model (Kitchener & King 1990) a strategy needed for the researcher to become the “researcher-as-interpreter or bricoleur “ (Denzin and Lincoln 2005). I have in this document undertaken some critical judgement but for the main part I have explained the theories that I have used in coming to conclusions; not a true bricoleur according to this definition.

Gobbi, M. (2005) has a different view of the bricoleur. She states:

The debates concerning the nature of nursing practice are often rooted in tensions between artistic, scientific and magical/mythical practice. It is within this context that the case is argued for considering that nursing practice involves bricoleur activity. This stance, which is derived from the work of Levi-Strauss, conceives elements of nursing practice as an embodied, bricoleur practice where practitioners draw on the ‘shards and fragments’ of the situation-at-hand to resolve the needs of the individual patient for whom they support. This conceptualisation of nursing practice will be analysed with a particular emphasis on its implication for nursing epistemology, pedagogy and praxis. The evidence to support this argument is drawn from empirical work that investigated nurses’ use of intuition, the work of Levi-Strauss, and issues in nursing epistemology and ontology. The paper itself is written from the perspective of a bricoleur who uses ‘bits and pieces’ from the domains of nursing, philosophy, psychology, education, sociology and anthropology. (p 171)

It is in the role of researcher that I am able to synthesise the subject matter from the differing domains and to use what Gobbi (2005) calls intuition. This I see as being able to work with projections and put into place practices that take into account what I may be holding on behalf of others: something that I am still practicing and will continue to refine.
Here I am as the Bricoleur’s daughter playing in the shed of the researcher, using their tools and practicing to become the true Bricoleur in the steps of those researchers who have gone before me; an Alice in Wonderland exploring a new world

I am "like dwarfs on the shoulders of giants, we can see more than they, and things at a greater distance, not by virtue of any sharpness of sight on our part, or any physical distinction, but because we are carried high and raised up by their giant size". (John of Salisbury, 1159)

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3 This is again not a likeness.
Chapter 6 Method of Data Collection

In this section I explain the rationale behind the data collection methods used in this study. I explain how when deciding which methods to use, I discover the craft of posing the “right” question; one that provokes in the participant the unexpected. I also detail the different types of data collected and profile the study participants.

In deciding the data collection methods, I start with recognising some of the potential difficulties that I might encounter while collecting data.

Understanding the biases and influences in data collecting

Having read Hollway and Jefferson (2004), I was mindful of the pitfalls they describe in designing, executing and refining their interview techniques. They start with the premise that research - subjects were meaning making and defended people who:

- May not hear the questions through the same meaning frame as that of the interviewer or other interviewee;
- Are invested in a particular position in discourse to protect vulnerable aspects of self;
- May not know why they experience or feel things in the way that they do;
- Are motivated largely unconsciously, to disguise the meaning of at least some of their feelings and actions. (p26)

I was aware of some of the cultural aspects and norms of participants in the disability sector and of how these may affect the data. I was aware that discussing an individual disability and its effect can be a sensitive subject and can provoke an emotional reaction that could cause the participant to become guarded and wary. I was also wary of turning the interview into a discussion of medical issues; a topic which can occupy the minds of many people with disabilities, who spend a lot of time discussing their medical needs, with many health professions; a potentially “safe” topic that can be used to hide feelings and distract from the research topic.
I was also aware that the people I would be interviewing could come from very different backgrounds, from people with post graduate education to those who have completed a two-day support worker’s course with their employer organisation. These differences in education and confidence could affect the levels of articulation and the ways in which feelings are expressed, making it harder to later compare the data. I also was seeking to elicit an understanding of what was happening in people’s own homes, a place that would normally be considered personal and private; a topic that people may not want to discuss with a stranger.

I knew that many people with a disability and their support workers feel that there is an unequal power relationship, not only between men and women but also between people with and without disabilities. This perception of unequal power relationships could be transferred to me, as a person with higher education and a General Manager and lobbyist within the industry. This could encourage the interviewee to try for the “right” answers; ones that were politically correct and socially acceptable. There is also the potential for participants to use the interviews to lobby me, so that I might be able to improve their circumstances through my paid position.

Certain concepts are widely used in the industry. Words and phrases such as empowerment, community integration and community participation have become clichéd mantras amongst those that work in the industry. These words are taught to all support workers during induction; they are terms that are spoken about by health professionals and have now become somewhat meaningless words. I was aware of the political correctness that can be encoded within these words. Lessing (2004) describes this as a tyranny used by the Victorians to describe what was socially proper. PC means “It isn’t done” and can be used to stifle criticism, suffocating thought and creating dogmas. I therefore needed to be careful not to use these words myself and to seek an explanation from the participant of their meaning, if they were to use such words.
Deciding data gathering techniques

In investigating interview techniques I became aware of narrative therapy. The premise of narrative therapy is that people are experts in their own lives and the emphasis is therefore on their telling their stories thus allowing the participant to set the background history, context, ethics or politics, taking care not to enforce a dominant culture upon them. Narrative therapy stresses that health professionals should not resort to pathologising the problem and reduce it to a set of signs and symptoms. The problem should be located outside of the person and seen as separate from the person. The person should be seen for who they are, not as the problem. In this way the person becomes important, not the problem and the problem, by referring to it in the third person, becomes something that can be walked away from.


I also attended a Narrative Therapy workshop run by David Epston (2006) in which he explored “what is a good question and what lines of enquiry lead to the novel and previously unconsidered?” He stressed that framing a question is an art and that each question should evoke the ability to “reflect in action”. Questions are often posed in the imaginary and are counter factual.

I learnt from this, that the question is almost as important as the answer and that this technique takes a great deal of practice to perfect. The development of an understanding of this technique influenced the way in which I thought about data collection and the way in which I subsequently designed the interviews.
I then investigated other forms of data gathering. I eventually decided on open ended free flowing, carefully framed interview questions (Hollway and Jefferson 2004). The questions were to be deliberately asked in the third person so participants would feel less defended about being asked about the general and not the particular, a technique borrowed from narrative therapy. These questions were to be combined with drawings and pictures used for a version of Murray’s TAT (Teglasi 2001). I was then to discuss and question the responses given by the participants.

These techniques I felt would be non-threatening to those with limited ability and knowledge of the sector, those with reduced self confidence and those who may see me as possessing more power than themselves.

The participants were to choose the location to conduct the interview, a place that they that they felt comfortable. Prior to the interview I would have a general conversation to help them feel at ease, before explaining in detail the structure of the interview and that there was no right and wrong answers but that I was interested in their thoughts and ideas.

In the TAT style exercise, each person would be asked to tell a story about what was displayed on the card, the story of what might have happened before and what might happen afterwards and how the person/s might be feeling. They did not have to respond to all the cards, but only those that had meaning for them. This technique was described by a number of writers including Aronow, Wiess and Reznikoff (2001), Bellak (1951) and Cramer (2004), as the method to be followed when using the original TAT pictures.

A series of pictures covering three different themes was selected. The first set of pictures centred on the general area of disability, people with support workers and those without, some with companions or friends. I was hoping that people would engage in stories about what it felt like to have a support worker, to be a support worker, and the difference between a support worker and a
friend. They are also designed to depict differing power relations between support workers and clients.

The second theme was intimacy and the range of emotions that this can evoke. The last theme concerned general emotions, hate, anger, fear etc. From these two sets I was hoping that participants would identify their emotional reactions to the pictures and discuss if they had experienced these in the workplace (A copy of the TAT style pictures can be found in Appendix A).

Participants were then to be asked two open ended questions, first “why do you think that people are attracted to the industry” and second “is there anything else you had wanted to say about the subject of support workers working in client’s homes”. Also, as the respondents spoke about the various emotions evoked in the pictures I would ask them if this had ever happened with their client or support worker.

The interviewees were then asked to do two drawings, one depicting a client’s home and the other of a client and support worker doing something together.

**Testing and learning about interviewing**

Before I started using the TAT style pictures, I piloted them with three managers who worked in the industry. I also tested the process with four support workers who worked in residential facilities. The transcripts of these interviews were presented to a group of fellow doctoral students (RMIT 2007) for comment.

It was here that I learnt of my first mistake. The group felt that I was leading the respondents; I was seeking not their responses but a validation of my own reality, that is, what the pictures were bringing up for me, rather than their unsolicited responses. My anxiety about getting it “right” was influencing the way I was conducted the interviews. I then reviewed the way in which I would pose the questions, before I commenced the interviews with the participants.
During the next three interviews with clients; I was paying special attention to staying in role as a participant observer, not putting forward any suggestive questions, just setting the boundaries. I was attempting to be dispassionate; distancing myself from what was happening. When transcribing and rereading the interviews I realised that I was missing the opportunities to seek further clarification at the time of interview. I had moved too far away from the process, my anxieties as a fresh new participant observer had moved me too far in the other direction.

During the process of conducting the next ten interviews, I became more aware and observant of how I conducted the interviews. I also became aware, that some of what I was feeling, feelings that may be projections from the participant.

As I was transcribing these interviews, I began to wonder about the richness of the data I was collecting. Was it relevant, did it give me the answers I was seeking, or were the pictures clouding and distracting from the study question, becoming a hindrance rather than a useful data gathering tool?

I therefore decided that for the last five interviews with coordinators, I would not use the TAT style pictures but used open ended questions framed in the third person. After each initial answer to the question I was able to probe further and allow the topic to move freely from one area to the next. I could set the boundaries and pull the questioning back to the relevant topic as needed, thus producing what I thought was a safety container for the interviewee. I was far less anxious during these interviews than the first group. I felt I could “see” and feel the quality of the data being produced, and could assess its relevance as I went along.

Part of my anxiety had arisen from me taking up a role that was unfamiliar to me and also a concern over using an unfamiliar tool. I was stepping out of my comfort zone, into a brave new world; I was confident at the start but this diminished as the interviews progressed.
It was only after I had read and transcribed the all transcripts and reread the TAT literature, in particular Aronow, Wiess, &Reznikoff (2001), Bellak (1951), Cramer (2004), Teglasi (2001), that I realized that I had a rich source of data contained in these transcripts.

While conducting the interviews, I also collected and sought additional information; information about feelings and how people were responding to being interviewed. I sought case studies, kept journals, sought peer feedback and conducted workplace observations. This additional data was not only to provide another source of information but was to enable a comparison and validation of the data. I will now discuss each source of data in turn.

**Case studies**

I asked two managers, one from my organisation and one from another, to write case studies; studies that explained the relationship between support workers and clients.

After they had completed the writing up of the case studies, I interviewed each person to ask why they selected the case studies, and what the case studies are saying to them. I also did the same exercise myself at the beginning of the study before I had commenced the literature search, or the interviews. This provided me with a reference point to my thinking, my thoughts before I became influenced by the participants or the readings; a record of my beginnings.

This was to enable me to gather the information that Stake (2005) discusses as being useful when analysing case studies. Expressed in his words that is:

> Case researchers seek out both what is common and what is particular about the case, but the end product of the research regularly portrays more of the uncommon drawing from all at once from:

a. The nature of the case, particularly its activity and functioning;
   b. Its historical background;
   c. Its physical setting;
   d. Other contexts, such as economic, political, legal and aesthetic;
   e. Other cases through which this case is recognised; and
   f. Those informants through which the cases can be known.  

(p447)
This is not unlike the data I was to collect following each interview, a record of what is happening before during and after the interview, the environment and context and my feelings.

With this additional information these case studies are not only a record of something that had occurred, the documentation of an event, but say as much about the person recalling the event as the event itself.

**Journalising**

Lincoln and Gruber (2005) talk of the three selves that we bring to the research; researched based selves; brought selves (the selves that are historically, socially and personally create our standpoint and I would also add our personally created defence systems); and the situationally created selves.

They go on to say that each of these selves are present in the research setting and that each demands interrogation in relation to the ways in which paradoxes and contradictions, shape not only the selves we bring to the field but how they are also shaped during the writing up process. I rely on my journal notes as a record of my thoughts, feelings, questions and observations. This gives me a document over which I could reflect and identify not only the research questions, but also the discovery of the self: the self as the participant observer.

**Peer feedback**

Transcripts of interviews were presented to the professional doctorate student group (RMIT 2007-8) and the disability professional group. The subsequent discussions were then taped and transposed. This process was to first enable me to be more “present” at the meeting; less distracted by having to take notes. Second to later listen, reflect in detail about the comments and to carefully analyse not only what was being said in response to the data, but also my responses to those comments.
Survey

As part of my work role, the opportunity arose whereby all the organisation’s support workers are required to attend a training session. This provided a perfect opportunity to collect data about a large segment of work force. Each person was to complete an anonymous questionnaire. A total of 398 responses were then entered into an SPSS data base for analysis (A copy of the questionnaire can be found as Appendix B).

Due to unexpected leave, the survey was administered before I had the opportunity to conduct a pilot. I was therefore unaware of the complexity until I commenced analysing the data. Each answer is multiple-choice i.e. the question why did you apply for the job has seven different answers. I left it open for them to pick any or all of the answers. This means that because the answers are not ordered as to preference, I lack definitive data about the level of importance and significance each question has to the person.

The survey data is therefore included as an appendix to the document and is used primarily to validate the information contained through interviews, drawings and the TAT type stories.

Workplace Observation

This method was first developed by Ester Bick (1964) as a method of observing the psychoanalytical experience between the mother and the child. This has since been developed and adapted to the workplace (Hinshelwood & Skogstad 2000).

Hinshelwood and Skogstad (2000), propose that if the combination of events that are happening, one’s inner feelings plus the emotional atmosphere is correct, then the data from the observations will contain a reflection of the culture of the organisation. The observer’s inner feelings would contain counter transferences and therefore in part indicate the qualities that make up the culture of the organisation.
Hinshelwood and Skogstad (2000) state that the observation has five stages:

1. Observing with “evenly hovering attention “and without premature judgement;
2. Supportful employment of the observer’s subjective experience;
3. Reflection and think about the experiences as a whole;
4. Recognition of the unconscious dimension;
5. Formulation of interpretations. (p17)

Willshire (1999) includes in her writings the importance of the observer coming “from a position of not knowing”, observing without premature judgement (P196), similarly Hinshelwood and Skogstad’s (2000) stress the need to be subjective when conducting workplace observations. The observations are therefore conducted in two separate organisations by external consultants, both experienced psychodynamic practitioners, who although they were familiar with the industry, did not know the organisation. I also conducted one workplace observation (not in my own agency).

This information was then interpreted and analysed in a context that includes other sources of information, one piece of a jigsaw that goes towards creating a whole picture.

Before I discuss how I analyse this data, I will now profile the range of people and organisations involved in the study.

**Profile of participants and organisations**

A total of eight people with disabilities are interviewed. They receive services from eight different organisations that are either local government authorities, or disability specific for profit and not for profit organisations. One person employs one of her support workers without going through an organisation.

The five support workers interviewed were all employed by disability specific organisations, one person works for three different agencies, the other two work for two organisations. The coordinators work in three separate agencies. One of these is situated in outer Melbourne and
covered rural areas, the others are situated within the metropolitan area but provide services across the whole of Victoria.

These agencies represented a broad spread of organisations and situations in what is a relatively small industry in Victoria. There are six medium sized organisations in the disability sector and approximately ten smaller privately operated agencies.

The survey captured 95% of support workers employed by one agency. Their ages range from 19 – 50+ years and length of service from one year to over ten years.
### Details of Participants

#### Clients

<table>
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<tr>
<th>Pseudonym</th>
<th>Organisation Employing Support</th>
<th>Age</th>
<th>Type of Disability</th>
<th>Sex</th>
<th>Lives</th>
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<td>John</td>
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<td>Rex</td>
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<td>no</td>
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<tr>
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<tr>
<td>Cathie</td>
<td>Local Government</td>
<td>50-55</td>
<td>Neurological disorder</td>
<td>Female</td>
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<td>No</td>
</tr>
<tr>
<td>Anne</td>
<td>Disability specific - metropolitan based</td>
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<td>Neurological disorder</td>
<td>Female</td>
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<td>no</td>
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<td>Melanie</td>
<td>Disability specific - metropolitan based</td>
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<td>Neurological disorder</td>
<td>Female</td>
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<td>student</td>
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<td>Shelly</td>
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<td>60-65</td>
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#### Support workers

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<th>No of Clients</th>
<th>Sex</th>
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<th>Employed</th>
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<td>Emily</td>
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#### Coordinators

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<th>Disabilities Serviced</th>
<th>Sex</th>
<th>Lives With</th>
<th>Employed</th>
</tr>
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<td>Lorry</td>
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<tr>
<td>Judith</td>
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#### Case Studies

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<th>Sex</th>
<th>Lives With</th>
<th>Employed</th>
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<td>Polio</td>
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<td>self</td>
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<td>Jack</td>
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<td>Spinal Cord Injury</td>
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<td>Fred &amp; Mary</td>
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<td>Cerebral Palsy</td>
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<tr>
<td>Joan</td>
<td>Disability specific - metropolitan based</td>
<td>75-80</td>
<td>Polio</td>
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<td>75-80</td>
<td>Spinal Cord Injury</td>
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Workplace Observations

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<td>AB</td>
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<td>CD</td>
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Survey Participants Profile

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<thead>
<tr>
<th>Age</th>
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<td>18.7</td>
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<tr>
<td>31-40 years</td>
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</tr>
<tr>
<td>41-50 years</td>
<td>31.3</td>
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</tr>
<tr>
<td>50 + years</td>
<td>27.9</td>
<td>109</td>
</tr>
<tr>
<td>Missing</td>
<td>2.1</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
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</table>

Time Employed

<table>
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<tr>
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<th>%</th>
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<td>0-1 year</td>
<td>31.3</td>
<td>122</td>
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<tr>
<td>1-2 years</td>
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<td>2-3 years</td>
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<td>3-4 years</td>
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<tr>
<td>Over 10 Years</td>
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<td>11</td>
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<tr>
<td>Total</td>
<td>100</td>
<td>389</td>
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Figure 14 Profile of Participants

Conclusion

This chapter describes how I learned to collect data: a process which involved careful selection of the right methodology, one that was fit for purpose, for the purpose of psychodynamic research. In beginning I thought that asking questions was simple, and in one respect it is, but I learnt that the carefully crafted question requires thought and consideration.

In order to move past the participants normal defence mechanisms, to accommodate the varying levels of self confidence, to minimise the effects of perceived differing power relationships and
differing levels of articulation, I carefully examined various methodologies. I then deliberately chose to ask questions in the third person and to ask participants to tell stories evoked through a series of TAT style pictures and to draw pictures. These, when combined with journaling, workplace observation, meeting notes, a survey and case notes gives me a rich source of data. It also gives me differing points of reference to validate the data, to compare what I was seeing in one area, with what was present in another.

Before moving on to the findings, I now will describe the methods and theory behind the analysis of the data and the reasoning the behind the interpretive methods I use in the study.
Chapter 7 Method of Analysis

This section explains the principles behind the analysis of the data. Why and how I use what is being projected into the data to look for signs that boundaries are being maintained, defended or violated. I then explain how this links to the system.

As previously discussed, each of the individual subjects involved in the study is asked to create a scenario which fit a set of pictures. They are also asked to draw a picture of a client and support worker doing something together and a picture of the client’s house.

The creation of stories from pictures was based on the Thematic Apperception Test (TAT) first developed by Murray & Morgan in 1935 and is one of a number of similar tests (Teglasi 2001). This technique has been used extensively and validated by a number of researchers (Aronow, et al 2001, Bellak 1951, Clark 2006, Cramer, 2004).

In analysing the data I am concerned with what the participant is projecting into the stories and pictures. TAT pictures according to Teglasi (2001) can be classified as projective instruments, tools which enable the participant’s projections to be safely expressed within a story. It is through these projections that the stories recounted and pictures drawn will reflect the person’s previous experiences recorded unconsciously.

The projective framework

Cramer (2004) describes the use of TAT pictures as a short cut to revealing hidden unconscious phantasies, with individual’s unconscious phantasies being projected into the stories. Just like dreams they are products of the unconscious (Lawrence 2000). Murray in Teglasi (2001) defined perception as recognition of an object based on sensory impressions. The benefit of perceptions is
that they impart the “addition of meaning to what is perceived” and that the motives, intentions and expectations are revealed in the stories told about the pictures.

Teglasi (2001) describes projections as "stimuli from the environment (that) are perceived and organised by the person’s specific needs, feelings perceptual sets and cognitive structure and that in a large part this process occurs automatically outside awareness" (p4) and is contained in the world of the unconscious. Schaverien (1999) also states that transference or projection is the transfer of emotions present in all relationships primarily unconscious and such patterns that are laid down in early in life. For example, if a need for love has not been satisfied that person will approach every new person with preconceived unconscious impulses derived from this earlier experience. Through this mechanism the past still lives on in the present.

Teglasi (2001) takes a broader view when he contends that there are two types of knowledge structures, one that is unique to the person and the other is independent of the knower i.e. culture or social expectations. These knowledge types are obtained through maturation, temperament, cognitive development and socialisation. The TAT measures how these are adapted for use in novel, stressful or ambiguous situations. These can be then organised into metascripts that reflect an individual’s way of dealing with scenarios and how they reshape the outcomes of daily stress, unforeseen failure or unexpected upheavals. It is when a person is asked to explain an ambiguous circumstance that schemas associated with potential emotions come to light.

He explains schemas as:

Schemas are defined as mental structures constituting internal representations of past experiences that guide the interpretation of new experiences. These mental structures allow the person to compare current information with what is already known, thereby influencing the interpretation of subsequent encounters with the world. (Teglasi (2001) p5)

I would share Teglasi’s (2001) view that each story is created within a cultural and social context, a context that helps to ground the data to a time, a place, an organisation or a system. To ignore
these elements, ignores an important part of the data. Some of the participant’s stories are set within a particular religious context or are influenced by an experience of migration which later becomes an important indicator of values and expectations. I will now explain how I analysed this data.

**Interpreting the stories**

Reznikoff & Janson (1999) make the distinction between measures and theory free empirical comparison of data. They contend that data gathered can never be clinically proven making it difficult to validate the tool. As this study is an examination of the nature of what exists, there is no necessity to clinically prove the data, but to record and analyse its existence. The reliability, as distinct from the validity, of the tool can be attributed more to a consistent measurement than to its ability to be replicated (Teglasi 2001).

Similarly Aronow et al (2001), Bellak (1951), Reznikoff & Janson, (1999) insist that TAT should be interpreted and not scored. The stories should be used for the gaining of information which can then be analysed in the light of other data, looking for a collaboration of the findings, rather than a single response.

Another point stressed by Reznikoff & Janson (1999) is that when considering the results, reliability issues, i.e. those derived indirectly from the actions of the tester, cultural differences etc should be considered. Also that it is very important to consider the verbal self reports that accompany the tests.

Cultural differences between the tester and the interviewee became apparent to me during one of the interviews. Cathie was being asked to tell a story about a picture of two people being carried from a boat to land. The people depicted were both large and were being carried by people of quite small stature who looked as though they were native to the island. To me the pictures brought up
the connotations of the power and control inherent in the history of colonisation, where classes of people were treated as slaves and made to do the white man’s bidding. Cathie on the other hand saw it through the eyes of a person with a disability

...that person is being carried by somebody obvious really happy about and it looks as though the person carrying her without making her feel any different. May be she doesn’t have a disability or maybe she does not want to get her toe nails wet or something? That is a comfortable sort of picture for me because I hate to be treated differently to other people. And look the fellow at the back is also getting helped out so that could be anyone getting on and off. Cathie (client)

She could relate to this vision in a way that was very different to my way of relating to it. Having to be carried was a part of her everyday existence. This was the first interview and emphasized to me that people with a disability had a very different outlook on life, based on a different reality; a reality that is unique to them.

Another indication of my differing perception came again when the participants were telling stories that were different to the ones I and others without disabilities imagined. I had selected and piloted the pictures around a number of themes that were apparent to me. The first set was disability in general and the relationship between support workers and clients, followed by a theme of differing power relations and the last theme concerned emotions and feelings. In looking at the resulting stories these themes were not being taken up by the participants. The theme relating to emotions was taken up by the support workers but not by the clients and the power relationships were not mentioned in any of the stories. At this point I disregarded my notion of themes and looked at the data from each picture separately.

Drawings also contain the projections of both cultural and social expectations as well as unconscious phantasies that were created prior to the picture.
Interpreting the drawings

As with the TAT style pictures, drawings can be used to stimulate creativity and provide relatively personal statements that represent unconscious meaning; a spontaneous meaning that may otherwise have been censored through verbal defences.

Oster& Crone (2004) contend that drawings have always been an extension of personal and interpersonal communications. They reflect an inner world that can be an indicator psychological health. Oster& Crone (2004) state that to Freud, symbols represented forgotten memories, a disguise for anxiety laden content that for some can be more easily expressed in drawings rather than in words. Drawings serve as graphic images to bridge the unconscious, an illustrated glimpse of the inner world i.e. traits, attitudes, behavioural characteristics, personality strengths, and weaknesses.

Nossel (2004) in discussing drawing points out that Jung recognised symbols as the language of the unconscious, expressing the emotional state of mind. We know unconsciously more than we can tell. A drawing provides a useful cognitive map, where more unconscious and less rational aspects can emerge. This occurs during the process of drawing and the later discussion of the drawing contents. Like the TAT style pictures drawing may provide a projection of our unconscious feelings and thoughts and thus can influence the ways that we provide context, and rationalise what is occurring in the world around us.

The purpose behind asking a support worker to draw a client’s home or a client to draw their own home was that this was the support worker’s workplace. I was interested in how the participants saw what was not only a workplace but also someone’s home, a place of security and comfort as well as a place where support workers take up the role of supporting. Would the drawings
represent a home, warm and inviting or was it a house and a workplace? Unfortunately only three of the clients had sufficient manual dexterity to enable them to draw.

In the second drawing, that of a support worker and a client together, I was interested in how the person manifested their perception of themselves. I also wanted to discover their phantasies about relationship and the roles they were taking up.

According to Oster & Crone (2004) kinetic family drawings can depict the family’s boundaries and how these boundaries are used by the drawer as protective coping mechanisms in the group context. Drawing of this nature can depict passive or active figures, the levels of communication, how close they are to each other, amount of supporting expressed, size of figures relative to each other, who is in the centre (controlling), alliances within the structure, actions styles and symbols. All these create a visual representation of the dynamics of the relationships. By asking the participants to draw clients with support workers I was hoping, in a similar way to the kinetic family drawings, to study the depiction of the relationship between support workers and clients.

As with evaluating the TAT style pictures, Lillienfeld, Wood & Garb (2005) stress the difficulties in evaluating the outcomes from drawings. There is a tendency to over diagnose. Also much of the diagnosis can be attributed to the person’s inability to draw and to project through a visual medium. Aggregating the information can eliminate some of this background noise, as can taking note of the person’s explanations of what they have drawn.

One of the other methods I use to collect information and to eliminate the background noise was workplace observation. This was only possible in the coordinator’s workplace, observing personal support would intrude into the client’s very personal space and had the potential to alter detrimentally the relationship between myself and the client.
Workplace observations

As I have already discussed, this method derives from the early works of Klein (Hinshelwood 1991) and Meltzer & Bick (2005) in observing mother child interactions. The method was developed as a training exercise for developing psychoanalysis in which one learns “how to retain, feel and think about the experiences of other” (Hinshelwood and Skogstad 2000).

Workplace observations can give the observer the opportunity to “see” through the behaviours and interactions, the drivers that are affecting how one takes up one’s role. It gives the observer the opportunity to feel the projections of the observed.

Although I was unable for reasons of privacy to observe support workers and clients in work situations, I was able to observe client’s homes during the interviews. During the interviews many of the clients pointed out things that were significant about their home, items that were culturally significant and served to create a home from the bricks and mortar structure that is a house.

The observations of organisational workplaces, as distinct from client’s homes, are used in this thesis to understand the pressures and experiences of people working in the organisational environment as felt by the observer during the process of transference.

This became another source of data which I could use to verify the various facets and pieces that were derived from the stories, drawings and interviews. Together they enable me to begin to form a working hypothesis about what I was seeing in the data.

How I used the data to form a hypothesis

incidences should not be interpreted out of context, careful attention was paid to the need to have initial thoughts verified through patterns, repetitions and indicators that could be seen in a number of places.

For each set of participant’s data I used a number of headings which could then be used to compare what I was seeing in one place with another. For each set, I first summarise the background and general information about the person, what I observed about their behaviour during the data collection plus the interrelationship between myself as interviewer and the subject.

I then use the following headings to form a view about what I saw: intellectual/ cognitive functioning together with their self image, self-regard and strengths. I also looked for relationships depicted between the various objects displayed in the picture (object relations), the role in mind and their image of the other in mind (either client of support worker or both with the coordinators).

This data also provided links to how the subject or others managed boundaries: sentient, task, authority, physical, identity or mental boundaries. In this analysis I am cognisant of the definitions of boundaries, trying to be clear about what I was looking for and how it could be identified. With each person’s data summarised, I now needed to link this to the system in which the people worked.

**From the individual to the system**

After I summarised all the data on an individual basis I then looked for patterns and repetitions that are common to numbers of respondents. I then looked for how the data could be used to understand the influence the system had on the person and the influence the person had on the system.

Long (2006a) describes the link between the person and the system as:
Role is the intersection of the person and the system. Although a role is a structural part of the system, it is filled and shaped by the incumbent, the person. This person has a history of taking up different roles in different systems: family, community and work. (p127)

Long (2006a) then explains that the organisation or system contains mutual interactions, influences and interactions between the people who make up the system. Long (2006a) describes systems as a set of mutual agreements based on what is “in mind” for the person and the role they are playing. Many of these agreements are not conscious but are influenced and decided based on each person’s phantasies and defences. Lawrence (2006) describes the management of the interaction between self and role as the management of self in role.

**Reflections on data analysis**

During the process of data analysis, I was aware of the importance of establishing the method and being rigorous in adhering to that method. Data analysis involved much careful reflection and a part of the research that I attended to with rigour.

I was acutely aware of how different the role of participant observer is to that of the data analyst. The participant observer involves immersing oneself in the data, to allow myself to feel and experience the lives of others, to be curious and attentive of what I was seeing hearing and feeling.

Part of data analysis involves metaphorically spreading all the data out on the table, moving from being part of the data, to looking into and seeing patterns in the data. Although my feelings were still part of the data I had to step back and think carefully and make sense of what I had experienced.

It was at this point that my own judgement and biases could have easily swayed the results. In order to form a hypothesis there is a necessity to make a judgment and to form an opinion about what one is seeing. There was a need for me to reflect and carefully examine the data to ensure that I was not seeing what I wanted to see but was viewing what was really present.
I am aware that to develop a valid hypothesis and then to apply deductive reasoning to this hypothesis was not a quick or easy process. I have already explained how I used reflective groups to process my hypothesis through the inductive phase of the research.

Having explained to the reader the theory, methods of data collection and analysis I will now proceed to explain the findings.
Chapter 8 A Profile of Support Workers

In the following four chapters I describe the results of the data analysis using the techniques previously described. I derive a working hypothesis from the data: ‘Accepting support is never nice, people who give in order to be nice can be needy, and thus support turns into domination. Support becomes a way of meeting one’s own needs by drawing on the abundance of others, which happens to be an abundance of need.’

I will attempt to illustrate and support this hypothesis through:

1. examining the motives of the support workers as they express them in a survey and then as they are revealed in the interviews and drawings;

2. examining how clients view support workers;

3. using the metaphor of the mother child relation, examining how both carers and clients feel in the relationship.

I start by explaining the results of the support worker’s survey and interviews in order to understand their motivations in taking on this work and why they stay as support workers, given that the industry has a 33% average turnover of support workers.

Support worker’s workforce survey

Three hundred and ninety support workers were surveyed from an agency dealing with people with a disability. This sample represents over 95% of the agency’s workforce. Due to the flawed survey design the results (contained in appendix 2) are used as an indication of the support worker’s motivations for choosing and remaining in the industry, indicators which are then examined further through the analysis of the interviews.

The survey data suggest that support workers are motivated to join this industry by a desire to support and to work with people with disability. This factor, applied across all age ranges and for those who have just commenced or those who have worked as support workers for many years. The survey indicated that people stay in the job for similar reasons. They enjoy working with a person with a disability and working with their client. They also enjoy the flexible hours and feeling that they make a difference in someone’s life.
The survey points to a workforce that is attracted to and enjoys working in a caring/supporting role; respondents indicated that they feel valued as a support worker, and that they believe they can make a difference in the lives of people with disabilities. Money and the need for a job are not important factors. The respondents are generally indicating altruistic motives associated with a concept of “supporting/caring.”

Some interpretations of the data

Although the survey data indicated various reasons why people are attracted to the industry this may not tell the whole picture. The reasons for working with people with a disability may not all be captured in the questionnaire. Interviews with support workers and clients indicate further less ‘visible’ motives.

One client when being interviewed as to why people work in the industry replied:

There are four main reasons-------
1) cause they want to help
2) they want help for themselves
3) they want to learn more
4) they feel they can support for a person they perceive that we are worse off than they are. (sic)

I think support workers usually start maybe not students, but most support workers I have, (sic) is that they have low self esteem they have not been able to get work anywhere else. They properly have a genuine concern for people and they need to use the support industry as a stepping stone to realising some of their own life goals. Very very few are in it because they are going to exploit the caree. Some of them, their needs are too great and they will never make it in the industry. They have a genuine need to help but also a need to boost their own self confidence and I think that’s where it’s very difficult to match support worker and client together because not all clients are able to give people an educational experience.

Shelly (Client)

Then, there are those who as well as not having a great sense of their own self worth, also feel that is this the only thing that they could succeed in doing. Melanie, a client, gives her impression of this motivation.

There are people who have spent a lot of time out of the paid workforce bringing up children and they feel it’s the only thing they are skilled for, which is sad if they don’t really value
themselves and they are usually really good PCA’s (personal support attendants).

Melanie (client)

Many support workers also said they felt comfortable with disabilities through having cared for family members. Chris's interview indicates this;

When my daughter moved into a CRU (community residential unit) I had to get a job and I had been looking after her for 22 years. We already have (paid) support workers coming in because she had broken her hip and her pelvis a year before that, so we had (paid) support workers in to help me get her off to her day placement. And when she moved into the CRU all her payments stopped and I am suddenly without finances. So I have to get a job and I have not done office work since I had her which is 23 years before that. So I thought I am very comfortable with disability I will ring (the coordinator) and I think I was signed up about 4 days later or something. So have just have my 5 year anniversary with (the agency),

Chris (Support worker)

Others felt they have always had an attraction to people with disabilities, as expressed by Susie.

I really don’t know cause it’s something that I have always, I have always. I don’t know I have always fallen into that area for some reason. I did not go out of my way to, you know ... I just... for some reason I always seemed to fall into it. I have never had any problems with... like, I never have, even as a child, with someone is disabled or not. I don’t think I ever really noticed it or not where they really, you know, if just if someone said something you know I really. I still don’t know ......I don’t know even at school, if there is someone who have like some sort of disability I always ended up being paired with them.

Susie (Support worker)

Here, we might hypothesis that there are those who need to be cared for; they need someone who is worse off in order to cope with their own feeling of inadequacy. Here Susan, a client, talks about this possibility:

All sort of health and unhealthy reasons, the unhealthy reason’s I would say have to do with things like trying to repair their own damaged narcissistic feelings. Maybe some people can be quite happy working with someone with a disability so they do not have to think about their own disabilities or inadequacies so they can feel superior to someone anyone. I think of them as do goodies, maybe that one about disability and how people can off-load their unresolved inadequacies on to somebody else. I think there are also health reasons where people can repair something in the world or have a sense of reparation as they work rather than creating a co-dependency where the person with a disability has to deal with projections of various kinds. So people who have good boundaries, and I think that some people do it for money because it’s a job and sometimes they find that they like it and sometimes they don’t and the people I think that it is like any relationship there is a kind of matching that goes on and that some matches are more successful than others.

Susan (client)
Melanie, a client also came to the same conclusion:

It may be that there are those who really want someone to be dependent on them. For instance, the following indicates a support worker who seemed to want to become the good parent that she is perhaps unable to do in her own family situation. But I am not absolute sure, but I have the feeling that that is what it is and one of them definitely is being a support worker for her own agenda. For me her support is inappropriate, she very much wanted to do everything for me and would not listen to what I wanted to do. Namely, all that my daughter, who is there wanted for me. She wanted to feed me and no one feeds me except when I am really bad and then I need it and that is a different thing. I have a hand that I can use. She evidently has a child who has something the matter with it, but an older child. And I think she needed to talk to someone about it. So that is very much her agenda not mine and definitely is not listening to what is being told to her. Melanie (client)

The interview data indicates a more complex picture than the questionnaire. Whereas the questionnaire simply examines overt reasons for the work, such as money, job security, convenience, heightening self worth and enjoyment, the interviews indicate that other factors may be at work. For instance, it can be hypothesised that support workers also take on this role in order to satisfy some unfulfilled and unrecognised needs for power and reparation.

The interviews pointed to the support worker’s concept of “supporting.” This is present in their personal lives and may arise out of a parenting role, either their experiences of their mother, or their experiences of being a parent. The parenting role contains amongst other things aspects of power; power over a child who is reliant on you for their most elementary needs. In the child’s eyes the parent is strong and reliable while the child is helpless and vulnerable. The parent is protective and all knowing, a figure of authority and power in the child’s world. This could support the case that support workers are choosing to work with a vulnerable people in order to feel powerful over someone who is vulnerable and less able.

The survey indicated that the majority of support workers do not feel supported by the organisation; although they feel they are able to approach the coordinator. I wonder where, if anywhere, they are being supported. When asked how they would like to be supported, they seem to be unable to express any tangible way how this might happen. They are however feeling supported by the client.
Could it be that they do not need the support of someone who has formal power and authority over them but need the support of the client in that same way that a mother seeks affirmation in her mother role from the child?

Although 72% of support workers have completed the initial two-day training course and they all found this to be useful, a very small percentage of support workers have gone on to do any further training. This two-day training course focused on the task aspects of the job such as back support, using a sling and hoist, bowel and bladder support, plus the implications of various disabilities for people’s functional abilities. This leads me to hypothesise that most support workers do not see the supporting role as a stepping stone to a higher paid position. They are reluctant to undertake further training that could lead to advancement within the industry. This may indicate that they simply have little ambition in their work roles. Alternatively, it might support the idea that the support workers are not seeking advancement but the fulfilment of deeper and more profound needs.

The need to feel wanted by the client is similar to the way that the parent needs to feel wanted by the child. It might be hypothesized that the support worker is emotionally sustained in the role through the power derived by having another dependant on them.

**In summary**

The majority of support workers felt loyalty to their client, enjoyed working with people with disabilities, felt valued both as a support worker and by the client, but not by the organisation.

These results point to a workforce that is attracted to and enjoys working in a supporting role. They feel valued as a support worker; feel they can make a difference in the lives of people with disabilities. Money and the need for a job are not factors that influence support workers to stay in
their job. The interviews revealed a more complex story, where support workers are attracted to the job in some cases to satisfy their own needs which at times work to the detriment of the client.

The hypothesis that support workers have a need for power will be further explored in the next chapter.
Chapter 9 Some of the Motivations for Caring

The last chapter suggested that the main motivating factor for people becoming support workers was the need to care for people. I now examine how people learn how to care, the various influences that may create their perceptions of caring and what society may be projecting into the role. As already indicated data is pointing to the caring role fulfilling some of the support workers deep and complex needs: those of power and reparation. I would also suggest that these are derived from both the complex mother daughter dyad, and the growth of the child into a separately functioning adult.

Throughout my analysis I sometimes refer to the support workers as ‘mothering’ their clients while at other times I refer to the support workers own needs for mothering which involves them in seeing the client as a demanding mother. Both these positions are possible and may arise on different occasions. What I do find is that the mother/child relationship is important as a transferential relationship in the support worker/client relationship. One could say the relationship is parental/child in nature, but the focus on mothering seems more apt as the duties of the support worker directly involve caring for the body of the client in the ways that mothers care for the bodies of their infants.

The beginning of caring

The importance of mother’s role has long been recognised as an integral part of a child’s development (Klein (in Hinshelwood (1991), Winnacott (1971), Benjamin, (1988 & 1998), Mahler (1972), Meltzer (1987), Bick, Harris (1984)). The mother is the first person in the child’s life who provides care and becomes a role model for the child when, they in turn, become mothers or, when they later take up caring in a paid capacity. Benjamin (1988) summarises this as:
the mother is the baby’s first object of attachment, and later, the object of desire. She is provider, interlocutor, caregiver, contingent reinforcer, significant other, empathic understander, and mirror. She is also a secure presence to walk away from, a setter of limits, and an optimal frustrator, a shockingly real outside otherness. She is external reality.  

(p23)

The child has to come to terms with the fact that that she does not control her mother, but that the mother’s caring is part of her mother’s free will. The child must come to terms with the fact that she must become independent and also be recognised as being independent by the mother (Benjamin 1988). The child at this point may continue to see herself as part of the mother, (I can control her) or can continue to see the mother as all powerful and herself (the child) as helpless.

Benjamin(1988) expresses this as;

...the apparent acceptance of dependency masks the effort to retail control by remaining connected to the mother (“I am good and powerful because I am exactly like my good and powerful mother wishes me to be”). This child does not believe he will ever gain recognition for his own independent self so he (or she) denies that self.  

(p52-53)

I have already cited these quotes in the last chapter but here they serve to demonstrate some support workers’ lack of agency and their inability to recognise their own worth. Anne expressed this as:

there are people who have spent a lot of time out of the paid workforce bring up children (sic) and they feel it’s the only thing they are skilled for which is sad if they don’t really value themselves and they are usually really good PCA’s (personal support attendants.

Anne (client)

Another client when asked why a support worker was attracted to the industry responded in even stronger terms:

all sort of health and unhealthy reasons the unhealthy reason’s I would say have to do with things like trying to repair their own damaged narcissistic feelings may be some people can be quite happy working with someone with a disability so they do not have to think about their own disabilities or inadequacies so they can feel superior to someone anyone I think of them in a do goodie. Yes maybe that one about disability and how people can off load their unresolved inadequacies on to somebody else.  

Susan (client)
Many complex feelings can arise when the child thinks about the relationship with his or her mother (Laing 1969). The child can feel good when they feel loved and bad when they do not. Some of these feelings if unresolved may lead to an unconscious desire to continue to please the mother into adulthood. The feeling of being bad when the constant need to have the mother’s love affirmed is absent could lead a person to take up the caring role. Believing that if they now “do it right” that this will atone for a failure to be the good child.

Susie recognised that this occurred very early in her life:

well hard to say but it kind of came from what my parents tell me when I was little I already try to take support of my sister when I was three without her asking me to do and then when you do something you help people, you feel like yes I do something else other than for you self you ...you are thinking of the way you are treating people so the way you want people treating, you. Susie (Support worker)

Having taken up supporting for her sister, she also wanted to be cared for, the supporting and support worker roles being alternatively needed and required for her to feel complete.

Another factor that will influence the predominately feminine role of caring is that women and men are socialised differently which will lead to differing outcomes for men and women.

**Socialisation**

Of the support worker participants, 97% of those surveyed and all those interviewed were women. Chodorow (1974) asserts that women’s development comes from the fact that mostly women are responsible for early child support. Female identity forms in the context of an ongoing relationship. Mothers tends to experience their daughters as more alike and a continuation of themselves whereas boys see themselves as an opposite. She goes on to say that girls emerge with a stronger basis for experiencing another’s need or feeling as their own.

Gilligan (1982) goes on to explore this concept further and found that the women saw themselves as “helpless, powerless and constantly compromised” (p 157) between the need for self expression and
the need to both protect others and preserve relationships. Whereas for males leaving childhood means giving up relationships in order to obtain their freedom. She went on to describe women’s identity as;

In response to the request to describe their identity all of the women describe a relationship, depicting their identity in the connection of future mother, present wife, adopted child or past lover. Similar, the standard of moral judgement that informs their assessment of self is a standard of relationship, an ethic of nurturance, responsibility and support.  

(Gilligan (1982) p158)

To Belenky et al (1986) women have a reluctance to make judgements until they know intimately the reasons behind the thinking. They go on the state that this is not because of a lack of agency but comes from a more “communal” way of seeing the world. This reminds us that agency does not necessarily equate to control. Emma (support worker) when discussing why people are attracted to the industry said:

I think because they would like to make a difference to somebody else to have a positive impact or that is my perception ...I do it because I chose to do it I do not do it because I have to.

From this it can be said that women’s development and their later identity comes from their need to maintain relationships and maintain emotion connections. This influences the way they learn and in turn how they exercise their agency. Here Emma (support worker) discusses the relationship she has with one of her clients.

This particular person I am thinking of is the one who would like to participate and we often laugh she has terrible times and suffers a lot of pain and I would like a boost for her yes and I try and make her laugh. She is in a chair her legs are out the front yes over the period of time I have been with her she is degenerating and she is able to do less and less and so it becomes more and more important to treat her like a person and she thrives on information. She loves to talk. It makes me feel very sad it makes me feel very sad and I know that the outcome is not going to be good.

Emma here shows an understanding of the client and can empathise not only with her emotionally but also as a person.
This ability to use their emotions in understanding the world has been seen as a weakness and a sense of powerlessness. This has lead to the role of support worker and nurturer being downgraded, leading society to think of a support worker as someone less powerful and less importance than the person who has the ability to make objective emotion free decisions. The notion that support workers are not valued by society was expressed by Anne (client) as:

If they thought people with disabilities were important and the jobs of supporting us were important they would pay them a reasonable amount of money and pay them benefits and what have you it’s pretty stupid that they value the job so little and that is increasing saying to someone that needs personal carers that they that they are not worth much which is not very nice and saying the same thing to people working in those jobs... to me they are much more important than the team of people who help me so I don’t like the fact that the government thinks they are worthless.

These male and female differences in the way the world is constructed and maintained can be seen through the way they relate unconsciously to objects in their world.

Next I examine the data obtained though the support workers drawings and TAT type exercises in order to test if my hypothesis that support workers are driven by motives of power and reparation. In addition I explore if there are also other subconscious drivers that influence the way they take up their role. This data lends itself to examination through an object relations framework.

**Object relations**

The concept of object relations as I have previously explained came from observations of children and their play objects. Klein observed that these objects took on a “real” life in the fantasy of the child. Isaacs later expanded this work to include the recognition that the unconscious is made up of relationships with objects and the sensations that the object causes. It can be hated or loved, have evil intent, or be benign (Hinshelwood1991).
It is how one experiences these “objects” that governs instinctual reactions and later leads to the creation of defence mechanisms. Chodorow (1974) explains that this is different in males than in females:

Girls come to experience themselves as less differentiated than boys as more continuous with and related to the external object world, as differently orientated to their inner object-world as well (p167)

In analysing the data within an object relations framework, the support workers have a variety of responses.

First in the data obtained from the “TAT type picture”:

On the one hand, Emma avoided or defended against any situation which involved certain confronting or negative emotions. Often seeing “dirt” in these scenes and describing them as filthy. In describing a scene in an operating theatre she remarked:

It looks very much as if there is stuff on the floor and look at the way this guy is sitting. It looks filthy. I would be very concerned about where ever he is. No! I do not like that.

She avoided the anguish and pain in the face of the surgeon, the exhaustion expressed in the body language of his assistant and the patient who looked very sick lying on the table, focusing more on the dirt and filth. It is as if she is displacing the discomfort of the scene onto her own concerns which appear somewhat obsessive. The obsessional defence is often in response to anxieties about death, such as those evident in the picture.

On the other hand the supporting (mothering) aspects were noticed and commented on wherever they appeared. Her comments included; “That is a mother and child having a nice moment together”. “Dad having a cuddle with his baby and looking comfortable with the baby in that position”.

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For Emily most of the characters have sensible and positive outcomes. The inability to communicate the strong emotions that the pictures surfaced made her frustrated and at times she left the room.

With Chris most of the characters have positive relationships with one and other and the characters related well to each other. This did not seem to be reflected in her personal life where her relationships with her husband and son were problematic. In her working life she was able to confront problems and solve relationship difficulties without allowing them to consume her.

Susie saw the relationship between the subjects as positive and she could identify that it was alright for people to need quiet times. Trust and safety in a relationship was important, as was trying to work through problems. She would indicate this in comments such as ‘a really lovely relationship they trust each other or they really have a deep affection for each other’. There was also a strong need to solve problems and resolve issues, demonstrated by comments such as ‘they have this really serious relationship which they try and work out that is why they are so focused on each other.’

For Janine all the stories depicted either extremely happy relationships or extremely sad and confronting scenes. There was no middle ground.
All the support workers were asked to draw a picture of a client and support worker “doing something together”.

The support workers all drew pictures of separate individuals mostly not looking at each other; they are also depicted through different sizes with the clients often appearing larger than the support worker. The lack of support worker hours precludes them from undertaking anything except the basis duties required to enable the client get out of or into bed, have food available and a clean house. Support workers are permitted to undertake these activities, but unfortunately there is rarely enough time. This is generally not part of the job role, a role which usually involves more mundane task such as bathing, dressing and light house-work.

The data from the TAT type pictures and the drawings point to the support workers’ need to maintain a relationship with the client: elements of which include sharing pleasant and rewarding experiences perhaps in a phantasy world where everything is happy and pleasant.

There are alternative explanations for this. 1. It may indicate a tendency for support workers to want to make or keep clients happy and to avoid or deny anything that may be confronting, much as a child may want to please their mother and avoid anything that would create a disruption in the household. 2. Some other explanation could be to please their employer or to deny unhappiness in self. Any
uncaring or unpleasant aspects of the support worker was denied, avoided or split off on to the other. 3. Support workers may believe that support requires more than just physical support, but emotional care also, hence the recreational activities. But given the limited number of support hours available, they cannot do this in reality.

The emphasis on cheerful, happy activities when much of the reality is mundane – bathing and dressing the client; doing light housework – does indicate an element of wish-fulfilment in the drawings and a denial of the actual work.

Speck (2006) observed that staff working in a hospice appeared to be “cheerful people who worked extremely hard to provide the highest standard of care for their patients and families”. He concluded that this chronic niceness allowed individuals to split off and deny the unpleasant aspect of caring. Coordinators also spoke of the person who would “go anywhere and do anything that was asked of them.” These are the people that are popular with clients and coordinators alike, but as one person said, these are also the people who become burnt out and leave; a common occurrence in the industry.

Niceness was also used by many of the support workers as a defence against the anguish of facing a person whose disability presents a disturbing picture. This may also be reflecting a power relationship. The expectation of a nanny is that they are “nice” to the child; they are there to ensure that the child is happy and well cared for. Here, Emma a support worker expresses the need to be “nice” to her client and to keep her happy. When asked if she and the client ever have a disagreement she responded by saying: “no I would not allow it to happen. I would not set up a situation where someone said no”. The relationship must in her eyes be kept “nice” without any conflict or disagreement, whatever the personal cost.

Many of the support workers come into the industry feeling powerless to perform any other job. Niceness can be a form of paternalism where real feelings are smothered and covered in a gooey sickly layer of pleasantries and ‘feel good’ remarks. To be fair, they have not been given the skills of listening to harsh realities in an empathetic manner. Such skills can take many years to acquire.
Bion (Sandler 2005) describes valency as an unconscious predisposition to engage in certain defensive behaviours. Stokes (1994) discusses how these differing defence mechanisms are prevalent in certain professions and thereby attract people to them that share that valency. Roberts (1994) explains how care settings attract people who have a particular valency. He identified that caring work can be distinguished from most other work by:

1. The reparative activities carried out as part of the task. This leads to workers identifying with clients as victims and becoming overwhelmed by their pain and despair;

2. The view that workers feel that they have specials tools and quality that can help clients. This leads to support staff feeling that clients are mad and bad where as staff are same and sensible. Work in this case will be dominated by hierarchies and ridged controls.

In either of these cases the worker/client boundaries are not effectively managed in a way that will support performance of task.

How support workers take up the supporting role can also come from how society views the supporting role and then projects this into the support workers. How mother-hood is viewed by society also impacts on how support workers take up their role. It is my working hypothesis that support workers can be seen by society as the supporting mothers of the unwanted or invisible in our society.

**Maternal transference and counter transference**

Transference can be seen as an unconscious enactment of the past when past traumas, happenings and relationships become part of the unconscious phantasy of the present (Hinshelwood 1991).

Some mothers who are at home supporting their children feel worthless and unvalued by society. This same undervalued status then follows them into the supporting field in which they experience many of the same emotions as a mother; Dartington (1994) expresses this “as availability seems to
be association with degradation” p108. May be the good enough client is one who provides emotional responses that allow the support worker to continue to obtain job satisfaction.

Roberts (1994) discusses

The need to affect reparation, partly conscious but largely unconscious that is the fundamental impetus to all creative, productive and supporting activities (sic). The drive has its roots in our own experiences with our earliest caretakers – let us say with mother. (p115)

He asserts that from this, comes the need to atone, to protect and also to express gratitude for the good support received from the mother. This then produces an idealism and an “impossible task” (Roberts 1994); impossible because one can never make reparation for something that has happened in the past. In providing what Roberts (1994a) describes as a horticultural model of support, the aim is to encourage independence while denying the disability. A good client is one who is happy, fulfilled, active and independent. Eventually this idealised notion of what can be achieved is destined for failure. Not only is it impossible for a client or person to exists in this state at all times, this state only really exists in the ideal and not in the real world. Clients have good and bad days. They have the normal range of emotions, they can never be happy all the time.

This can also be seen in the life of Florence Nightingale. When she entered the nursing profession nurses were thought of as drunks or people with loose morals, hardly a profession that was considered attractive for someone of high moral convictions. She and her sister had a very disturbed relationship with their mother. Her mother had wanted her to marry well and bear children. But Florence could not be the child that her mother wanted, nor could her mother be the mother that Florence wanted.

Aukin (2003) expressed this as “Florence’s fundamental struggle continued to be the conflict between her wish to change her mother verses being able to accept her as she was.” (p52). The Crimean War provided Florence with the opportunity to provide endless love and duty and provide some relief from her crippling guilt. She insisted that her nurses were to be self denying, self
sufficient capable of obedience and self control. Aukin (2003) contains quotes from Florence’s many letters to her mother in which she continued, despite her notoriety, to be self critical, worthless and never able to live up to her mother’s expectation. She ended her years as a recluse.

The need for reparation can be seen with Chris, who wanted to provide a better life for others than she was able to do for her own daughter and to make reparation for her own feelings of failure as a mother to her child.

I have been surrounded by it for 28 years now and our daughter has pretty severe disabilities with autism which can be very challenging to say the least and I just want to help people stay at home because I believe she should have been able to stay at home but there was not the plan in place for it to be because having such a small home there is nowhere for hoists or anything else so and she is emotionally and physically very draining so I thought now I am ready so she have been on the list for a number of years and we have standing frames in here and we have wheelchairs and we were falling over everything it just was not going to continue and I had had enough.

Chris (support worker)

When support workers unconsciously hope that they have sufficient internal goodness to repair the damage in others this may heighten their ideals and become a cause of anxiety. Where the support worker is unable to make reparation they can see themselves as failures, just as they might have seen themselves as failures to either be ideal mothers or ideal daughters.

In modern medicine suffering is a puzzle to be controlled.

My central working hypothesis, repeated again here, is that: Accepting support is never nice, people who give in order to be nice can be needy, and thus support turns into domination. Support becomes a way of meeting one’s own needs by drawing on the abundance of others, which happens to be an abundance of need.

Nursing homes, and I would suggest also people’s own homes, become the hiding places for the unwanted support workers and clients.

This theme of being unwanted and invisible was expressed by Emma, a support worker as:
There is a job share because that child is particularly high need and the other worker said to me you are invisible and I do not like to be invisible; that does not work for me. So I am not going to be and so far I am not. Well she felt that she is not acknowledged by the staff she said to me that being an integration aid you are an unwanted person. The child is not wanted there in that environment and you are not wanted there as well and perhaps you are not on the same level as the teaching staff which I found very negative.

Society does not always want to know about people with disabilities, they have become the “other” to many people something that is to be labelled and spoken about in politically correct terms.

The nobility of caring

Florence Nightingale provided a role model and designed system for nursing that embodied a sense of martyrdom in the profession; this was a noble professional to which people had a calling. Her undaunting disposition as the “Lady with the Lamp” was immortalised as representing tender, loving, self sacrificing and almost saintly support. Aukin (2003) suggests that this was a product less of the real life of Florence Nightingale, but of a need within us which she expresses as:

.. people wanted (sic) to see Nightingale as a saint; that we wanted to see her as a saint; that we wanted to hold on to the possible realisation of a particular myth, the myth of the pre-oedipal, non sexual, all powerful, self generating Mother and the dyadic relationship between the Mother and Child where the third the Father is superfluous or experienced as an intruder. I suggest that deep within each of us, today as then, lingers the illusion (or myth) that such a relationship existed in our earliest infant experience, that blissful union with the mother’s body, not shared with husband or siblings and a belief that it can, one day be experienced again.

(p82)

I would agree that this concept is still alive and well in current society -Mother Theresa and Princess Dianna were both immortalised and held up as somehow super-human. One of the coordinators expressed this as:

when someone else is dependent on you one of the most annoying things that society does is say to the support worker you are so wonderful you are such an angel it is such a wonderful thing that you do which I hate hearing but some people like it and that is the way that they feel that they are doing something that is really good. They have a cause. It is like adopting a child in Africa or something. Coordinator

This view creates in support workers a need to live up to this reputation and become the perfect support worker. It also fuels the (hypothesized) unconscious drive that maybe if they try hard
enough, they may be able to make reparation to their real mother and achieve the impossible task. One hypothesis is that when a support worker sets themselves an unconscious task that cannot be achieved, it will inevitably result in disillusion and resignation.

**Explaining the turnover.**

Dartington (1994) in discussing the nursing profession found that when faced day after day with the hopelessness of others, and realisation that they were unable to make reparation, this prevented them from experience any gratification, or significance in their work.

Frank (1997) talks about health professionals as having as great a need as the person they support and how that people who are sick or have a disability are expected to be heroes and to get better and to take up their role in society as workers or contributors. The premise of medicine is that people are cured and relieved of pain and they are blamed, either consciously or unconsciously, if they do not try hard enough. This blaming can be seen as a way of justifying and maintaining the ideal notions of the “good client” in the minds of the support workers.

Roberts(2006) Obholzer(2006).Roberts(2006a) Obholzer (2006a), Speck (2006) all identified that health workers were splitting and projecting their failures on to the client in order to live up to their own expectations. The clients could be seen as refusing to get better; refusing to help themselves. This sort of extreme frustration of work satisfaction, where workers lack the opportunity to express their pain and anger, or mobilise defences against these intolerable feelings, leads to an avoidance of work, periods of sick leave, depression and ultimately resignation (Dartington 2006). This theory could go some way to explain the high turnover of support workers within this industry; a subject that needs further investigation.
In Summary

In this section, I have gone some way to explain the strong influence (both consciously and unconsciously) the mother has on the ideal of caring. Support workers come to the organisation with a preconceived notion about how they want/need to take up the supporting role. As the majority of support workers are female (approximately 97%) they may have a strong need to maintain relationships and a greater awareness of the emotional needs of others. Ostensibly, they come, as shown in the survey of support workers, because they want to be support workers. Not because of the money, or the training or a career in the industry, but because the notion of supporting attracts them.

For females, in particular, it is the how the child develops as a separate person from her mother that creates a sense of agency for the child. It is how much the child sees herself as having to please her mother, be a good girl in order to gain and retain the mother affection that enables the daughter to establish herself as separate entity from her mother. The mother-child relationship can develop into a state where the child needs the mother and the mother needs the child in order to continue their chosen roles. This then leads the child to continue seeking affirmation and acceptance as the ideal daughter in the eyes of her mother, a state which can never be achieved. She then tries to act out this unconscious phantasy in the supporting role. As the child and later the adult, so devalue themselves in this role, so also does society. In a perverse way society also idealised the supporting role; seeing the ideal support worker as their ideal mother, the kind, gentle, warm ever present person, who is totally aware of their every need and is present for them alone.

This notion of the “caring” role is then carried on into the work role when the support worker may try to live out and correct the original damaged relationship with her mother, by supporting the client in a way that she was never supported for herself, or by acting out the ideal child that her mother wanted and loved. If this past damage is not repaired the client / support worker
relationships are destined to failure as evidenced in the survey where many of the support workers leave in the first few years.

As well as the being attracted by the need for reparation there may also be a deep seated need for power. Many of the workers come to the role feeling that this is the only job they have the capacity to perform. They are feeling powerless to do anything else. The clients also have a need to retain power and authority over their own lives. The carers therefore defend against their lack of power and authority by becoming “nice” people.
Chapter 10 The Participating Clients

This chapter analyses the data collected from the second group of participants, the clients. Data from the TAT style pictures, interviews, drawings and observations are used to help to discover the client’s thoughts and motives around the support they receive.

The working hypothesis I am exploring in this chapters is that:

- This group of clients use most of their emotional energy to cope with their day to day living and are unable or unwilling to express their feelings when asked to comment on the TAT style pictures. The focus of their emotional energy is on retaining what little control they have over their lives.
- The client’s house creates not only shelter and a physical boundary from the outside but also represents a secondary psychological skin. The house and the transitional objects it contains, provide a defence against feeling of disintegration generated when the clients are operating in the autistic contingency mode.
- These feeling can be experienced by new support workers when they cross this psychological boundary. The support workers, in order to feel comfortable working within the secondary psychic skin, need to create a psychological bond with the client.

This group of clients are by society’s standards high achievers. Some had travelled extensively before their disability; others had post graduate degrees and had rewarding and fulfilling careers. Four of the clients were health professionals having worked with people with disability both before and after they acquired their disability.
**An object relations perspective**

The notion of object relations, as already discussed, examines the way in which internal and external objects are experienced.

This theory, when used in examining the client responses to the TAT type pictures reveals that the clients have a very different perspective from the support workers. The support workers revealed very strong responses to the emotions evoked by the pictures even the worker who described the dirt in the picture did so with strong concern verging on anger whereas the clients are almost free of any emotional responses. When emotions are spoken of, the clients became connected to their real life situation and these emotions could not be spoken about in relation to the scenes in the pictures. The clients despite prompting were unable or unwilling to “tell the story” of what might be happening in the picture. The following is a summary of the responses to both the pictures and interview questions.

- Joan felt that people who do not understand disability are alien. Only one who she paid privately was “wonderful”, this person was more of a friend – rang her from London to ensure she had work when she returned. Interestingly she commented that her case manager was like a husband but that eventually he would reject her.

- Melanie seemed unable to relate to the relationships between the characters in the picture but needed to bring them back to her own situation. She did speak about having some “friends” that she made from people who are her support workers and still come and visit. She did not relate to men at all and does not like them in her life.

- For John there was no recognition of any relationship between any of the people in the pictures.
• With Susan the only responses evoked from the pictures were when there were no people present. She expressed strong values around sexuality and the need for innocence before marriage. She spoke of death and violence on two occasions.

• For Judith the scenes evoked very little emotional comment on what was happening between the characters. She has difficulty in commenting on anything that involves people, passing these pictures over. She has a good relationship with her husband and makes a real effort to ensure that the relationship is harmonious.

• Shelly’s relationship with her support workers was distant and she appeared to be an observer rather than a participant in the process. She is protective of women’s rights which came through in both the stories and dialogue. She appeared very guarded and was reluctant to divulge anything of her own feelings.

• Anne spoke very little of the relationships between the characters. She said that her grandfather was the only one in the family that spoke to her after she revealed that she was gay. She feels very hurt when support workers say they will visit after they leave her but do not do so.

This data pointed to a group of people who are unable to look at and create stories in the abstract, they lived more in the concrete reality. It maybe that evoking imagination was too painful. Perhaps this brought back memories of when their bodies were healthy and not such a burden to them. The anxiety that this may have provoked may bring to the surface the ongoing grieving process that they must encounter on a daily basis. Grief over the lives they may have lead without their disability or grief encountered when they see their bodies disintegrating. They may have created a protective shell of denial to enable them to cope with their every-day existence. For many of the participants their world has been narrowed to a bed or a wheelchair and for them the outside world was unavailable.
It could also be that their emotions are the only thing they can choose to keep private. Their other bodily functions are “public” in the sense that they are performed with the assistance of someone else. They are also used to having to discuss their bodily functions with numerous health professionals, people who want to know their intimate details. Maybe I represented yet another of these professionals.

With much of the client’s days being associated with the physiological functions this is where their emotional energy is located. One client stated said that the emotional and physical struggle to undertake the normal activities of getting up, showered, dressed, toileted, organising food or being fed plus the day to day grind of managing a home, took all of his emotional and physical energy. With his emotional bank already empty, he then has to cope with ever present health issues plus the knowledge that his body was deteriorating with age; what limited abilities he has left are vanishing. This withdrawal from the emotional world brings associations to a creature in a shell, the bed or wheel chairs forming a protection from the raw emotions and anxieties evoked by the other outside world.

Bachelard (1964) likens this to:

Since it (the creature inside) does not come out entirely, the part that comes out contradicts the part that remains inside. The creatures rear parts remain imprisoned in the solid geometrical form .......and the fact that the creature comes out of its shell suggests daydreams of a mixed creature that is not only half dead, half alive, and, in extreme cases, half stone, half man.

(p108-109)

I wonder if the client’s emotions are not locked into the chair or bed, the shell that can protect them from the outside world, a world that is prying and observing all their other functions.
Identity

Roberto, (1975) discusses the process of self identification particular when the person only identifies with a very narrow band or segment as being a self-limiting factor in a person’s development. In this quote he is discussing people who only see themselves as mothers:

Many women find their self-identification in wifehood, and even more so in motherhood. They consider themselves, function, and live only as the mother. This kind of self-identification does not give the experience of the pure self. …this has very severe consequences:

- First, the individual does not really know or realize himself;
- Second, the identification with one part of his personality excludes or diminishes greatly the ability of self-identification with all the other parts of his personality, and therefore constitutes a stumbling block in psycho synthesis. (p112)

I am pondering here if some of clients saw themselves as people with disabilities excluding other parts of themselves from their consciousness or is it that their ability to create scenarios when presented with the TAT type pictures pales into insignificance when faced with the emotional burden of having a disability.

This non recognition of one’s whole identity can be summarised in this quote:

How I smile to myself in the daylight when I note the assumed innocence of people and remember those secret smugglings, woundings(sic), murders, that take place out on the edge of being where the one track winds blow from the regions of death, and people are struggling always for their identity, trying to carry home in knotted handkerchiefs, handbags, purses, brain cells, gutters of flesh, those parts of themselves which they most treasure: but in the dark there is always confusion, with pieces of self being mislaid or exchanges unawares or snatched by others who covert them, so that on return from the outer edge of being there is little cause for triumph; the entire plunder has become the common property of humanity. (Frame (1980) pp211-212)

A life in control

One thing most of the clients interviewed have in common is a strong sense of being in control over their lives. They all defined themselves as being able to organise their lives and having a strong idea
that they are individuals with unique needs and wants. In some cases this came across as almost an angry resilience, and a need to fight to stay in control of their lives and their environment. The results of the interviews combined with my observations revealed the following:

- Anne has strong sense of her own individuality and a need to rebel against the norm; fighting for the rights of people with disabilities and their support workers. She felt that the support workers’ low pay was a reflection of how the government see people with a disability and therefore herself. She resented not having control over her body or body image.

- Cathie resented any hint of condescension or being patronised. She likes to be in control and is now very proud that she has “found her backbone”; her voice being her only method of controlling her life and her environment as expressed in the following:

  I hate people putting their hands on my shoulders I feel that’s to me very condescending. I don’t like it at all. I don’t like people touching my chair because it’s very much part of me. Perhaps she is being nice but it to me, it’s very condescending. We do not do not like to be held like that nobody holds you like that never they never come up and do that I would find that one really difficult to cope with in fact I do if anyone does that to me.

- Susan is a strong person with well defined and articulated ideas. She likes to be in control of her life and is well organised.

- Shelly has a strong self image of an independent woman who is able to achieve her goals in a realistic manner.

- Judith has a strong self-image although she defers to her husband on regular occasions for advice and to sort out any problems. She was seeking reassurance that her input was useful throughout the interview.

- John constantly asked if he was “doing all right” needing affirmation of what he was saying and that he was doing the task that I required.
Rex’s wife has formed strong relationship with one support worker and refuses to have any other worker. This person is the only one who works in a way that she wants. This is the only person who understands her and Rex’s needs.

This need to control may also be a defence against the anxieties that could arise from being unable to control their bodies or in some cases watching what little control that they do have vanish before their eyes as their disability progresses. The one place that clients can control is their homes and what happens within them. Most of us control what happens within our own homes, this control for many is a necessary part of our psychological well being.

**Homes as containers of transitional objects**

Our home is filled with our adult transitional objects, paintings, music, art, colour, and sometimes toys, all of which are part of the way in which we define our personality. It is a place that we can be ourselves, free from outside social constraints.

As the child grows, the mother is out of sight for increasing longer and longer periods. In order to seek comfort, the child takes to an object, usually a soft cuddly object such as a teddy bear. The bear is sucked, pulled and thrown around. To Klein, these objects take on a real life for the child.

Hinshelwood (1989) when discussing Klein’s theory of object relations states:

> The child’s relation to the object is a phantasy with participating actors and narratives. Objects, therefore, are part of the child’s phantasy life, rather than merely a means to instinctual satisfaction. Yet they are also the latter.  

(p372)

The use of transitional objects creates a space; a holding environment, which as a child grows encompasses the father, siblings, the school and the like. These objects provide comfort to us as adults during times of change, just as they did when we were children growing away from our parents. They provide comfort and a space to contemplate and reflect on what is occurring, as well as a refuge from the anxieties evoked by transition.
Winnicott (1982) states:

What, for instance are we doing when we are listening to a Beethoven symphony or making a pilgrimage to a picture gallery or reading Troilus or Cressidia in bed, or playing tennis? What is a child doing when sitting on the floor playing with toys under the aegis of his mother? What is a group of teenagers doing when participating in a pop concert? It is not only; what are we doing? The question also needs to be posed; where are we (if anywhere at all)? We have used the concepts of inner and outer. And we want a third concept. Where are we when we are doing what, in fact we do a great deal of our time namely, enjoying ourselves.

(pp 105-106)

He goes on to state, that by doing this we are participating in culture. As Van Buskirk and McGrath (1999) contend, symbolic objects fill the gap when the external environment is lacking and identities need to be maintained. Transitional objects, defined by our culture, provide support so that we can “meet the world uncertainties with vitality; futures are envisioned, possibilities entertained. Past comforts recalled, and uncertainties managed” (p 811). It is through the use of these transitional objects, that the house becomes a home, a holding environment for our anxieties and fears.

**Homes as secondary boundaries**

As already mentioned, the psychic skin forms in early childhood as a protection against the anxieties experienced as part of everyday existence, it is a container for the different parts of the psyche. Bick (1987) describes situations where the psyche skin is fragile or ill formed, there is the need for the person to generate a second skin which serves to replace the first skin and protect the person. “The “second-skin” phenomenon, which replaces the first skin integration, manifests itself as either partial or total type of muscular shell, or a correspondingly verbal muscularity” (Bick p 117-8).

I am suggesting that this second skin can also take on a physical presence in the form of one’s home. A house is four walls and the requisite number of rooms, whereas a home is defined by the people who occupy it. The conceptual view of a home is that it is safe, it is warm and it provides comfort, protection and cosiness.
To Blanchard (1994),

...the house, our corner of the world, is always a projection of our earliest house. It is a space that allows one to dream in peace. Memories are motionless and fixed in space, cold (winter) or hot (summer) it has lots of nooks and crannies which capture and hold particular memories. It embodies dreams, illusion of stability and shelter.

And according to Blanchard, always in our day dreams the house as a large cradle. “

Life begins well, it begins enclosed, protected all warm in the bosom of the house (p7).

Klein (1995), when discussing the life of a primitive tribes, talks of a situation where a person, who has transgressed the tribal laws, was able to hide behind a woman’s skirt or in his own tent and would be shown mercy by other tribe members. She saw these as representing the mother’s protection given even to hated siblings and that the tent was symbolic of the good mother who protected her children.

Here I am reminded of a passage by Gunter Grass (1958), in which Oskar the main character is telling his life story.

If I have made a special point of my grandmother’s skirt. Leaving no doubt, I hope that she was sitting on her skirt: if indeed I have gone so far as to call the whole chapter “The Wide Skirt” it is because I know how much I own to that article of apparel.

My grandmother has not just one skirt, but four, one over the other. It should not be supposed that she wore one skirt and four petticoats: no, she wore four skirts, one supported the next, and she wore the lot of them in accordance with a definite system, that is, the order of the skirt was changed from day to day. (p18)

I am suggesting in a similar way, our house represents the good mother loving and nurturing, part of our skin, which may take on a second skin nature for defensive purposes. In particular our beds represent unconsciously, the womb where we can rest in a nice warm soft place. A place that is filled with our personal objects, objects that have special meanings for us.
Secondary skins.

Bick (1998) describes differing thickness of this secondary skin, some are fragile and easily bruised others are thick and resilient. This secondary skin is held within our unconscious realm and is unknown to us until we encounter or cross it. Diamond (2004) discusses Ogden’s description of operating in the autistic-contingency mode, as being in a timeless sense of dread, which can be thought of as the dissolution of self into a pool of tepid water, where we have been thrown into a timeless boundary less context, deprived of our usual holding environment.

Lewis Caroll (2002) aptly describes this state, when Alice in her journey through Wonderland falls down the rabbit hole:

Down, down, down. Would the fall ever end? I wonder how many miles I have fallen this time? She said aloud. “I must be getting somewhere near the centre of the earth...

(p4)

Then, after she found the secret garden, grew to nine feet tall, and then shrunk back down again, she found herself swimming in salty water.

However she soon made out that she was in a pool of tears which she has wept when she was nine feet high. “I wish I haven’t cried so much” said Alice, as she swam about, trying to find her way out. “I shall be punished for it now, I suppose, by, being drowned in my own tears! That will be a queer thing, to be sure! However everything is queer today... (p20)

Diamond (2004) cites the example of when you have been called into a supervisor’s office and you have no knowledge of whether the outcome of this meeting will be good or bad. In order to avoid the timeless dread, we create all sorts of fantasies: I will be promoted; the company is to be restructured etc. One fills the formless void with experiential surfaces, both one’s own and the supervisor’s. This provides containment for the feeling and is an effort to replace the feeling with the comfortable feeling of the mother. When the child is comforted by the mother he/she feels small and insignificant in the presence of a large authority figure, and if she as a good mother, she is able to provide comfort and reassurance.
Tietal (2002) claims that this psychic skin can be stretched to include the social skin of the family, of work groups, teams and professional subcultures within organisations. One experiences this as a creating a sense of social unity and place where one is part of the group. One can within these groups both love and hate, but throughout this there is a sense of belonging, a holding together through a sense of being part of the group. Threats to this social skin through reconstructions or redundancies evoke a sense of panic, a feeling of falling apart, phantasies of annihilation, a loss of boundaries and coherence. This also creates loss of trust, in the holding environment of the organisation.

A boundary crossing can be experienced as both crossing the threshold of someone’s front door or office, or something in the mind; a past image or a metaphor for the loss of group cohesiveness and trust.

**Crossing the secondary skin**

I would contend that people with disabilities, like the rest of the population use their homes as secondary skins. In the case of people with disabilities it is used as a defence against the terrible anxieties that having little control over one’s body would induce. Some of these homes become fortresses, protecting the vulnerable people inside, from what they see as a threatening and alien world. Here I discuss three cases of women who are receiving support in their own homes.

**Case 1 Cathie**

Cathie has had her disability for four and half years. She is bed ridden for most of the time due to limited funding for the support needed to get her in and out of bed. Her twenty year old daughter has previously performed most of the support, but she is now working and has not been well. She has support to help her for three mornings per week and receives enough support for four washes in the evenings. She also has some recreation funding to take her out once a month.
When I visited Cathie she is alone in a dark house, which was difficult to get into. There are barricades across each end of the veranda to keep her dogs contained. There was one dim light on above her bed. The room was filled with furniture and equipment; it was cluttered and almost claustrophobic. There are dark heavy curtains that are drawn, so that no outside light entered the room. I have to sit on her commode, being the only chair in the room, moving her lunch, which has been left for her on the chair. She has tried to get to her lunch, but it was just out of reach, and she has nearly fallen out of bed. Over her bed, are hanging lots of toys, teddy bears, plus soft green and yellow felt animals: her dog was also on the bed. Her house presents a very strong physical boundary between herself and the outside world. She lives in her small room, which is dominated by precious possessions.

She resents any hint of condescension or being patronised. She likes to be in control and is now very proud that she has found her “backbone”. Her voice has become her only method of controlling her life and her environment as can be seen here where she spoke of the support she gained from one of her workers.

She helped me to find my backbone and want to fight so I suppose she had her agenda. I suppose too but her agenda was my agenda

She was very resilient and struggled not to be overwhelmed by her condition. She is able to use her voice to have some control over her life. Cathie is her own person; although she spoke of the effects of grief and loss, her identity was maintained.

Cathie is very much in control of the support workers and what they do for her. She is able to say who she does and does not want as support workers. They must be people who respect her as an individual. Some she regarded as being in the job for their own ends, and felt that she was being used by them. Others, she has formed close bonds with. She regards them not only as workers but also as companions. Here she discusses one of her support workers;
Once again she would not listen, wanted to be in charge, wanted to be in charge of people and that was her way of doing it. She did not work out. Some other carers do it because they want to do something nice for people. That sounds a bit silly but they want to help people.

Her own emotions dominate and she needs to have people around her that she can relate to on an emotional level. She is clearly emotionally involved with her support workers and often refers to the “good ones” as her friends.

She is very much in control of the tasks support workers perform and how they perform them. The agency, who employers her support workers, was not mentioned as having any impact on the support workers or her support. Her daughter was also an influence in the way that support was performed and the support workers needed to respect her wishes as well as Cathie’s.

She also expressed great sadness when some of her support workers left:

Some support workers do it because they want to do something nice for people. That sounds a bit silly but they wanted to help people ....and those are the supports I get on really well with and tend to last. I only lost two like that both because of illness in the family which was very sad and caused tears on both sides.

Case 2 Joan

Joan had polio as a young child and spent many of her formative years in hospital. She trained as a nurse and then worked in child protection. Her friends are mainly people who have also have had polio many of which she has known since childhood. She is a large woman who has never married. She moves very slowly using a walking frame. Her physical abilities have decreased over recent years.

The house is in darkness; all the metal blinds are drawn as are the heavy velvet curtains and although the light is on, it was insufficient for her to see the pictures. It was a small one bedroom unit and all the rooms are visible from the lounge room. There are many “child like” decorations i.e. toys and dolls displayed on the mantelpiece. She sat in an upright vinyl covered chair with solid
arms away from the sofa and comfortable chairs. For me to sit near her I have to fetch a kitchen chair. This led me to question if she has many visitors.

She stated that the world views her as difficult, which she regarded as a compliment but at the same time she also has a great fear of complaining, as she would be regarded as that silly “old” fool down in number 52.

People who do not understand disability are alien. They do not understand cleanliness and she may well die if she was not vigilant in policing their habits. She treated them as children that needed to be supervised at all times, saying “they need to be told and they need to be trained”.

She had a great fear of support workers as having some sort of mental illness, or not having a proper set of values and that they are going to harm or hurt her. She mentioned several times that she wanted to slap or punch her support workers. She treated support workers like wayward children that have to be supervised and constantly told what to do. They are unable to get even the basic tasks “right” These children then reacted like children fighting over who’s task it was to put away the shopping, not having enough to do etc.

The support worker should have due regard for their own and her personal hygiene and they should do what she tells them to do. They all should be well trained and know what they are doing.

...but that has all changed now they have done that PC (personal support workers) course that was not in my day I don’t know all about that but my biggest problem is their hygiene which is absolutely null and void with a lot of them. I peek around the corner. I put notes up all around it’s like a real nursing home here. I have got notices in the kitchen please wash your hands please put you gloves on.

Only one who she paid privately Clare, was “wonderful”, this person was more of a friend. She was the only person who she would venture into the outside world with. This person was a previous support worker with one of Joan’s friends with polio and she also has a sister with a disability. Her
workers, apart from Clare, lacked English skills or have their own mental health issues. Clare is a “good” support worker and the others are “bad” support workers.

She wants to take up the role of the authority figure in the support worker’s work lives. This happens with Clare who she employs privately, but not the council workers. These workers’ authority came from a source that was unknown to her.

She strongly delineated what was right and wrong, good and bad, Clare was a “saint” but the rest are not very bright and are a threat to her health a safety. She wanted a very safe and predictable world to make her feel secure. With the other workers she queried, “Who is in control,” “who makes the rules,” “who is in charge of them?”

Case 3 Anne

Anne spends all day in bed in a darkened room. She has low vision and the light hurts her eyes as does any pressure on her skin. The room was filled with an indoor garden. Lots of pictures and posters and also many toys, teddies dressed as fairies were hanging from her bed and clutter throughout her room. Her hair is shaved, as washing and combing her hair is a painful experience.

She describes herself as bi sexual and as being alienated by her family due to her sexuality. Her grandfather was the only one who accepted her after she came out and changed her name. Her last long term relationship broke down as her partner could not tolerate her deteriorating condition and watching her suffer.

She expressed how she would like to be free and how people should use all their abilities and functions not become dependent on others. She spoke of protests, justice and the need to value yourself. Anne has a strong sense of her own individuality and a need to rebel against the norm. She resents not having control over her body or body image.
She gets very hurt when support workers say they will visit after they resign, but do not do so. She gets hurt when people are not true to what they say i.e. not visiting when they say they will. Anne regards her support workers as friends, people who are in need of protection just like her. She loves babies who she sees as innocent as they will not resent her body or sexuality.

She likes support workers who will go along with what she wants and she can boss them around. She likes support workers who are older, as they will do things that are “off the wall.” She is respectful of the agency need for OHS but, resents the government and the authority they exercise over her life.

She has a strong sense of her own identity and the need to do things her way.

It is difficult being a support worker physically and emotionally, of the personal supports some get too militant but those who are not as correct get quite friendly. The physical version of a secretary they treat you as a person not just a job.

Her need for toys and her love of babies and the need to be treated as a person are, I would suggest, aligned to her own state of being completely dependent on others for everything in her life.

Client’s homes are also carer’s workplaces. If client’s homes represent a secondary skin a protection from the outside world for the clients how then do support workers experience entering and working within this secondary skin?

**Support workers experiencing the secondary skin**

This is a section of an interview with a support worker who has been working in the industry for seven years and describes how she felt when entering a client’s home for the first time;

I had an experience on Sunday which I do not want to experience again, I was sent off to look after a client. I have met her once before, but I have not have what do you call it a shadow shift. I have a terrible day and I felt a bit sorry for the client as I got upset because I did not know what I was doing, so I felt very uncomfortable and I remember walking running home and being in tears.
She was fine. A lovely lady and very patient with me and I did my best but I felt terrible, that is the hardest thing for me is going into the home, where you are not sure what you are supposed to do, but I have instructions, but I was a little bit nervous, because it was somebody new, but I found it very hard and I know I kept apologised to her.

She was lovely but I felt isolated. I felt that there was only myself and the client. I did not feel very professional at all, because I was a bit of a mess. I did my best and I did apologise to her but I doubt I would go back because my support was not fantastic. She had no complaints I do not know if she was thinking it or not she was very nice to me but I felt terrible. It is the isolation and I know I was on my own, and I know I have the mobile phone in my hand, but there was not time to make that phone call, because I have to concentrate on looking after her and I wanting to make sure that even as though things are not fantastic, that I did the best I could. So I felt a little bit isolated and a little bit anxious and I felt really bad for her, because the support that I gave her I did not harm her in anyway, but I was all over the place so I think it is the isolation.

You are in there and I am responsible, I am totally responsible for that person and I would not like to think that I did anything to upset them. It is the responsibility of being in that home on your own, and if anything was to happen, and how do I go about but I know I can ring my supervisor, but there was not any time to do that. I have not discussed it with my supervisor yet, but that is what I find very hard, and I find a big responsibility sometimes when I am with a client and sometimes, I do come home and think have I done everything.

She later went on to tell that she would not be telling her supervisor of the experience as she already knew what the answer would be. Her thought was that she would merely be told not to get so emotionally involved with her clients. She would be told how she had to be “professional” and to regard what she was doing, as a job, and not to become friends or emotionally involved with clients.

**Discussion**

All three of these clients are essentially confined to their houses; their houses became not only their shelter, but also their secondary psychic skin. They felt vulnerable and their homes are their psychic protection. Within their homes they needed to have complete control in order to provide that sense of rhythm of continuity and predictability. As Ogden (1989) describes it;

The sensory experience in an austic-contigency mode has a quality of rythmicity that is becoming continuity of being: it has boundedness that is the beginning of experience of a place where one thinks and lives: it has shape, hardness, coldness, warmth, texture, etc. That is the beginnings of the qualities of who one is. (p129).
When this control was absent, as in the case of Joan and her workers, this created severe and overwhelming anxiety but the worker that she controlled did not evoke the same anxieties. The holding and containing qualities of the home were disrupted by people that she could not control. The fear of germs, fear of “them” having an uncontrollable mental illness, all pervade her consciousness. Ogden (1998) describes this autistic-contingency anxiety as “feeling of impending disintegration of one’s sensory self or ones rhythm of safety resulting in the feeling of leaking, dissolving, disappearing or falling into shapeless unbounded space” (p 133).

Meltzer (2000) in describes some adolescent states as being a function of the sloughing off of the secondary skin and a failure of the second skin functioning. I am suggesting here that these people may be experiencing a similar sloughing off of their secondary skins through the continual leaking and disintegrating of their physical capacities. Day by day this group experience a degeneration of their bodies, their ability to control their physical abilities. Ogden’s (1998) leaking, dissolving or falling into a shapeless space is occurring to their bodies and this could also feel as if their mind or conscious control is disappearing and disintegrating.

These three people surrounded themselves with transitional objects, in the form of dolls, fairies, teddies: these are objects that provide them with comfort in the absence of a mother, that person who could have provided reassurance and comfort, when being faced daily with a failing body; a body that was falling apart was growing weaker and needing more and more assistance with all basic functions. This may also be compounded by societal changes. Krantz (2001) expressed this as:

The greater vulnerability and insecurity characteristic of today’s environments is likely to resonate with the very primitive fears of annihilation and terrifying potential for psychological disintegration that many analysts have found in the primitive recesses of their patients.

The support worker described the feeling of entering into someone else’s physical space; she was overwhelmed with fear and anxiety unable to even seek help or reassurance from her supervisor. She
describes a feeling of being numb, paralysed and unable to hear the reassurances provided by the person she was supporting.

Supporting for people who have severe and debilitating physical conditions, is more complex than merely providing physical support; it involves the support workers entering into a home, a place that is the primary container for the person’s anxieties. It is clear from these examples, that the need for the person with the disability to maintain control is paramount; as is the need for the person and their support worker to form a social skin, to create a bond of belonging.

This involves going beyond the support worker just being professional, but involves the formation of an emotional connection. They must be more that just friendly, they must fit into and become part of the container which holds and contains what are at times deep and overwhelming anxieties.
Chapter 11 The Participating Coordinators

The working hypothesis discussed in this chapter is that:

- The coordinators distance themselves from the feeling aroused by the clients’ vulnerability through pity.
- The role that the organisation requires of the coordinators by its nature excludes them from bonding with the client in the way that support workers are able to. The envious coordinators then defend against these un-expressible feelings by exhibiting behaviours that indicate unconscious feelings of envy towards both the client and the support worker.

The Coordinator’s role

In this section the coordinators’ role as boundary riders between the clients and the organisation is discussed. Their role is to ensure that the support workers feel part of the organisation, i.e. inside the boundaries, while the clients are outside the organisation. The support workers can see themselves as having a strong loyalty to the clients. As boundary maintainers the coordinators experience many ongoing and relentless anxieties associated with their border control functions. This chapter identifies some of the defence mechanisms used by the coordinators as protection against these anxieties.

As previously mentioned, five coordinators and one supervisor are interviewed. One coordinator and the supervisor have a social work degree and the others have previous been promoted from their supporting role.

In discussing the data I have divided it into two sections, first the coordinator’s response to clients and second their response to the support workers.
Coordinators’ responses to clients

In looking at the data a number of themes became apparent. First, there is the need for the organisation and therefore the support workers to control the workplace. The coordinators recognise that this control can infringe on the clients’ need for privacy.

Judith (coordinator) in discussing her clients spoke of the coordinator’s need to know everything about the client.

There is no privacy and we have to know everything about their life: every little bit. They cannot do anything. I don’t like that side and they have to explain themselves all the time.

This quote illustrates the coordinators sense that the organisation needs to control the supporting environment. This might be understood as a risk control mechanism for the organisation. It could also indicate the organisation’s lack of trust in the client’s ability to manage their own lives. This can indicate a superior condescending view that the client’s private life needs to be managed and monitored.

Blame was another recurrent theme and is here expressed by Lorry as clients blaming the support workers:

They have to get the support otherwise they cannot go out for the day or they cannot get up in the morning. So it gets very difficult and also I think there are things that are beyond to coordinators control like clients living in the community. There are not enough attendant care workers and it is not the coordinators fault and it is not the clients fault or the support workers fault but the clients if they have no other outlets end up blaming, not blaming, but take their frustrations out on the situation and people that are close to them and that usually means attendant care workers. That is very difficult and you know and I would imagine as an attendant care worker you can be completely overwhelmed by it because you can see very clearly that this person might need more attendant care hours but you cannot do anything to change the situation. That must be really hard and so you do that little extra bit more when maybe you should not be and you will not get paid and that is not a great scenario to set.

Lorry (coordinator)

When discussing the relationships between support workers and clients, the clients are at fault when they establish relationships with the support workers:
I think that really depends on the clients own lives. If the client does not have any social contact other than the support workers coming into the home then the support workers become their friends. If clients are able to distinguish between the fact that this is not a social contact it’s actually a working relationship and it’s in the client’s house as a work place then boundaries are not as blurred because clients will know that this is so and so coming into my house and they are here working verses, I am having Susan coming and she is coming into my place for an hour and in that hour she is going to be doing person care, for example. But she is still spending an hour with me and I think that if clients have a chance to socialise outside even if they talk about what is going on for them and they tell their support workers this, then it blurs the boundaries. I think also that can happen with support workers as well if support workers do not have a life outside their work they talk about their work they can also put that pressure on clients and there is that expectation that clients are their support people.

Lorry (coordinator)

Here the relationship between the support and client is depicted as being purely task based; the support worker is there to do a job and the relationship between the client and support worker should remain “professional” or detached.

Similarly Lois stated the clients “they (the clients) engineer the fact that support workers can become too emotionally involved”.

Paulina also spoke of clients that manipulated their support workers, putting undue pressure on them to work even if they did not want to:

Sometimes it is manipulated. It can really depend on the client. There was one client who you would know quite well, he was very manipulative. If he could find a support worker’s number (phone number) he would call them and no matter if they are on their death bed with pneumonia he would still expect them to come into work. He would be on the phone to them to the point where they would just give in.

Paulina (coordinator)

Again the theme that the clients are manipulative emerges, but on this occasion the cause is the clients not having a social life:

I suppose when I think of the clients that we manage the ones that are manipulative are the ones that have physical disabilities more so than cognitive issues and only about 10% of those might have a really full active social out going life. A lot of them, their only contact is the support worker that comes in so they do play on it a bit.

Lois (coordinator)

Some coordinators are also wanting each client to be the same and do not seem to appreciate that each client has differing needs. This was expressed by Paulina as:
They just see them as a slave like. We have a client who the support workers have to be there at 5 in the morning but they are not to wake the client and they had to sit in the dark until she woke up. They could not make any noise they could not wake her they are not allowed to turn on the kettle because it might wake her.

Paulina (coordinator)

This is a client who I know suffered from anxiety and became quite frightened when she awoke and there was no one in the house. The client was unable to move while she was in bed and felt vulnerable and exposed if there was no one to assist her. Here, there seems to be no appreciation of the client’s feeling or the reason why she required the support worker to be present at 5am; a time when she was alone in the house.

Although Judith appreciated that clients need to get on well with their support workers, they are still blamed if they did not like the selection of support workers or the relationship broke down.

Then there are some clients who would sack a support worker every day if they could and then ‘I want another support worker, I want another support worker, I want another support worker’, but most of the time they do get a choice and you do replace support workers because they are just not suited to some people. They just do not get on with each other and there would be nothing worse working one on one if you did not get on even from the support worker’s point of view as well as the clients, from both angles. I know I would not like it especially in their own homes and if you did not like somebody, ‘cause it is a really big invasion of privacy. There is no privacy.

Judith (coordinator)

Lois felt that people with disabilities are different from the rest of the population, that their all feelings are somehow related to them having a disability where as the situation is far more complex.

Lois expressed this as:

I tend to always say we are a training organisation here and we as part of the courses that we do in creating cultural diversity. I believe they also should be teaching the culture of the disabled because it forms at the time of diagnosis or the time of the accident. The culture of that person changes and becomes very different to ours and properly for someone born with a physical disability the culture is different too. Quite often the person in a wheel chair or someone who has not got mobility, they do become angry, they do become frustrated, some of them are very bitter on anniversaries and stuff like that, they can become very depressed and so workers are required to deal with that stuff all the time and not take it personally and from that perspective there is pressure but most times it is not a continual pressure you know all the times there are just days that arise.
Whereas Paulina saw the clients as being different but also linked this to their class structure and location:

> I think that is something that eventually you get used to. For some people that is hard but for others its fascinating because you get to see different sides of life and depending on what suburb they live in, if it is in the Eastern suburbs you are going to get your middle class family perhaps in the Western suburbs you might get a bit of a mix, so it properly depends on the area you live in...  

Paulina (coordinator)

Two coordinators admitted that they socialised regularly with clients, for example going out to dinner and the movies, but that this was “all right as they did this after work hours.” Their explanation was that they are not becoming “over involved” as they maintained an awareness of their need to keep their distance and maintain an unbiased judgement towards those clients. Somehow this justified their actions. They are unaware of how the client’s viewed their relationships. Unfortunately the clients involved in these arrangements are not part of the study so I am unsure of how they viewed their relationship with the coordinators. It appeared here that the coordinators are denying their feelings, are reluctant to examine their own motives and how this might conflict with their role as coordinators and supervisor of the support workers.

Next I will look at how the coordinators responded to the support workers.

**Coordinators’ responses to support workers**

A number to themes were apparent from the coordinators when they spoke of the support workers. One of these was a lack of trust by the organisation where the support workers are blamed. This can be seen in the following quote from Judith:

> (it is) very much so my own personal, my personal belief and feeling, is that we put too much pressure on support workers and yet we take away a lot of their responsibility too because to me they know the client better than anybody. Because they work directly with the client and they have all these policies and procedures to follow and then when something goes wrong
they are the first person you blame and a lot of it I do not agree with it. I do not agree with it.
Judith (coordinator)

Here the coordinators spoke of the difficult job that support workers have in dealing with clients.

I think it is a difficult job especially when you first start out because you are just thrown out there and it is a big responsibility on support workers and clients just expect you to know. They expect whatever support worker walks in the door that they should just know everything and that is just not the case.
Paulina (coordinator)

One can wonder if this does not reflect their own experiences as being a support worker: the feelings that they experienced when they were supporting and the feeling that they were unsupported in the role. This can be seen in this quote by Judith:

I have a good relationship with the support workers and I properly look after staff more that I look after clients if you know what I mean. I do not mean any disrespect because I think if you look after staff it’s a really big thing because it impacts on everything. I am good with the staff. I like the staff to ring me and I always tell them to approach me with anything and they do talk to me to as it is really hard when it is one on one. It is alright for us to ring and say do this or do that but when you are home and when you are actually out there, is so different to follow those guidelines. It is not as easy as some people think, it’s not.
Judith (Coordinator)

Here Judith recognises the difficulties that support workers have in working for two masters, the organisation and the client.

Another theme was the view that relationships between support workers and clients are seen as a problem and something that the coordinators, as the supervisors of support workers, need to prevent. The coordinators and supervisors recognise that the job is stressful but seem unable to understand what is happening and to take any action to ameliorate the stress. The supervisor expresses this in the following quote:

As I said at the beginning, it is such a difficult task to monitor boundaries (between) staff and clients. I went to a conference one time and there was a person talking about it and they are actually promoting a more friendship, the buddy system and I thought no, I suppose because I see more the danger. Because I see what happens with our staff.
Lois (supervisor)
Here having an emotional connection was seen as dangerous and threatening. Threatening for whom, the workers or the coordinators? Was the emotional connection between the client and the support worker a threat to the relationship between the coordinator and client or to the relationship between the support worker and coordinator? She went on to place the responsibility for this dangerous situation with the clients.

. . well they are meant to keep a professional distance. A lot of times the client will certainly try and get it out of worker about their family and about their kids you know and they will also try and draw out of workers about other clients and that is a big problem.

Lois (supervisor)

The emotional responses that support workers have to clients was seen as something to be monitored and when detected controlled.

They (support workers) obviously build relationships with the clients. They have strong relationships mostly and yes it does get very hard for them. On the other hand it is hard for them to pull themselves up and be unbiased. When they have a client which is nothing but a problem; day in and day out, sometimes they have to put that aside and look at it on an even keel. It is a real balancing act. The stress in here as a coordinator just emanates. It is the most stressful job that I have ever seen I think.

Lois (supervisor)

And even the idea that coordinators should have any emotional reaction towards the support workers was thought of as unprofessional.

It is really hard. I guess the trick is not to let it get too caught up when support workers get to the stage where they feel that they are only ones responsible for making this person’s life OK. Then that is when you get trouble starting because it is too much of a responsibility.

Judith (coordinator)

Here the thought of any of the coordinators or support workers have emotional responses it denied and regarded as unprofessional.

Some coordinators look down on and regard support workers as lesser citizens needing to be “spoon fed.” Jessie expressed this as:

it is a real real battle you know that sometimes when I talk to support workers about things it is very hard for them to see that this is a minor thing that I am doing does it really matter. It
does matter in the scheme of things if they give five or ten minutes each day, then all of a sudden they are doing two unpaid hours you know they are running late all over the place. When I say spoon feed there is just some staff who do not take on board that you are talking about a duty statement and you will have them in and they read it and sign it, but they still do not follow it properly so you have to continually have that talk. Other staff are just shocking at remembering rosters so you have to keep prompting them or doing reminder calls or all sorts of things so there is a varying degree of how you spoon feed them but some they just do not have that organisational skill that intuition that keeps then on the right keel
Jessie (Coordinator)

Here there appears to be a lack of understanding about why the support workers may not be following the duty statement. There is no mention that maybe the clients are directing the worker to do things differently or that the worker is stressed and forgets.

In this next quote not only is the support worker blamed for not being imaginative enough but also for not contacting her supervisor for advice:

They (support workers) have shifts everyday and usually you know who is doing what. Well, the shifts that clients are most likely to be taken home on are the six and seven hour shifts. I have a Down’s syndrome client who is aging and he is legally blind. I suppose he cannot walk very far anymore and they do find it very difficult to find things to do with him. Now on two different occasions I have pulled workers in because I have found that they have taken him home with them. It is not that they cannot find things to do with him, it is just that they are not creative enough and they have not come directly to us and said he does not want to do this or that and we are bored and then my answer to that is that we give them strategies and we give them places he can go or things that he can do and if you cannot handle this then let’s find something else who can.
Judith (coordinator)

There was no ability by Judith to reflect on why the support workers were not approaching her for “strategies.” In interviewing the support workers one of them remarked that it was difficult to approach the coordinator as she felt she knew that her coordinator’s response would be that “you are too emotionally involved.”

Additional data

The case studies written up by the coordinators presented much the same picture as has been described above where either the clients are seen as being the problem or support workers.
Support workers seemed to be unable to perform the task according to directions or became too “emotionally involved” with their clients. The clients in the coordinators eyes also have unrealistic or selfish expectations. They are asking too much of their support workers.

**Workplace observations.**

As already mentioned two separate workplaces are observed by two different consultants. In the first workplace there are four offices and a large shared workplace. Each office has two desks and the central space has eight desks. There are nine coordinators and one team leader sitting in the officer and the outside space. Other health professionals sit in the remaining shared space.

Each coordinator has a large map of either Victoria or Melbourne either over their desk or beside the workstation. All the workstations are “fenced off” from each other by high partitions so no one could see the others. They continuously stare into the computer screens as if staring into another world. Each coordinator has large amounts of personal effects around them, photos, cards, toys etc. Each worked very intensely and on their own, working as an individual unless they have to make contact with another member of the team.

The second work place contains four coordinators, one team leader and one supervisor. The supervisors and team leader have separate offices and the others are in an open plan arrangement with one around the corner in a separate alcove. All the coordinators sit with their backs to each other. During the morning they are continuously wandering around the office, talking to each other, eating (morning and afternoon teas are everyday events). They are all milling around in ever changing groups as if they are looking for some direction and some reason to be acting in this way. There is lots of talk and chatter and the people that are not talking to each other are talking on the phone. This group also has many objects around them – personal effects, photos and memorabilia.
My association is that the coordinators in both work places are searching for meaning and purpose in their work. Where you are providing a services continuum how do you know when you have successfully completed the task, when the next phone call is presenting another you with another problem? Satisfaction with the service is only known when there is no further contact, so it remains outside the coordinators immediate awareness. The coordinators seek comfort in looking into a computer screen being surrounded by a map: a map being symbolic of where to go in or seeking a direction. Or they seek meaning in each other wandering around having a multitude of conversations. Eating together (they are all large women) was another comfort associated with the need for nourishment and the many transitional objects needed to reassure them that the world is safe.

Obholzer (2006) states that the title given to the person usually signifies the power given to the person and that this in direct contrast to the term coordinator who he describes as:

...“coordinator” a title often given to senior managers in voluntary sector agencies, suggests that that person can only take decisions if everyone agrees with them – an unlikely phenomenon – and that there is very little power to exert sanctions. The choice of such a title may well express ambivalence in the organisation about the amount of authority and power it is prepared to give its office bearers. (p42)

I would suggest that this ambivalence comes from the system. The Department of Human Services and the Disability Act (2006) give the client the power and control over what happens in their home and they, as we have seen in the previous chapter, are attempting to take up that power and authority as best they are able. The coordinators’ authority and power comes from the organisation. Although the organisation is vesting power and authority in the coordinator they are unable to take up this role as it has already been given to the client. They are left in a no man’s land unable to fully take up their role but also unable to fully divest or delegate it to the clients.
The coordinators' role ambiguities

There are a variety of themes which are apparent in the data obtained from the coordinators.

- The need to support both client and support workers when they have conflicting demands creates confusion about who is their “customer” and a corresponding guilt about supporting one more than the other.
- The need to ensure that clients and support workers do not have an emotional bond that is stronger than the bond that they (the coordinators) have with either the support workers or clients.
- Confusion about who are the good and bad objects. It is almost as though either party can be both good and bad simultaneously. They are both blamed, pitied and praised with these emotions being often being imposed on collective groups i.e. all support workers or all clients.
- A detachment from their own feelings and a lack of understanding of the feelings of others. A heavy reliance on rules which at times are hard for them to rationalise.
- A continuous search for meaning and purpose in their role.

One of the defence mechanisms that I have already discussed is pity. In first looking at this, I can say the coordinators are feeling pity causing them to have a condescending attitude towards both the clients and support workers.

Pity and detachment

The one fact that was striking in all interviews was the pity showed towards both the clients and the support workers by the coordinators. Although this feeling could be mistaken for sympathy or empathy, the recurrent distancing and detachment (as shown in the previous quotes), together with the fact that clients and carers are spoken of as a collective, leads me to hypothesise that this is pity.
All of the coordinators interviewed constantly referred to support workers and clients as “they” and spoke of clients as “they are manipulative” or support workers as “they need to be spoon fed”.

There was little differentiation between different clients or support workers; they were all labelled as being the same.

Pity can be condescending. This condensation being a defence mechanism, defending the coordinators against the anguish and suffering they see both in the clients and reflected in the support workers who deal with those clients.

William Blake sees pity as a distraction or a defence mechanism against the need to somehow act to correct a situation which is beyond control and may otherwise overwhelm.

Mystic poet William Blake is known to have been ambivalent about the emotion Pity. In The Book of Urizen Pity begins when Los looks on the body of Urizen bound in chains (Urizen 13.50-51). However, Pity furthers the fall, "For pity divides the soul" (13.53), dividing Los and Enitharmon (Enitharmon is named Pity at her birth). Analysers of this work assert that Blake shows that "Pity defuses the power of righteous indignation and proper prophetic wrath that lead to action. Pity is a distraction; the soul is divided between it and the action a 'pitable' state demands. This is seen as Los's division into active male and tearful female, the latter deluding the former." Again railing against Pity in The Human Abstract, Blake exclaims: "Pity would be no more, if we did not make somebody Poor" (Tudor, (2001) p1-2)

Pity is an attempt by the coordinators to distance themselves from the emotions evoked when they confront someone with a disability: the feeling that they have of not being able to “cure” these people or relieve their pain and suffering. By taking a somewhat superior position they can look down on the person from a lofty distance, using pity to contain their feelings and protect them from the anxiety this evokes in them. The fear that this to could be them tomorrow, if fate was to be unkind enough to have them involved in an accident or to be diagnosed with a debilitating illness (Hoggett 2005).

This need to contain their own anxieties is also expressed by the pressing need that they all expressed to be detached. The coordinators linked being detached to being professional it was part
of their professional status. This distancing and detachment was noted by Hoggett (2005) as a mechanism common to most public sector workers when they take on an impossible task i.e. providing an ideal supporting environment for their clients.

Frame (1980) talks about this detachment as a mechanism by which we deal with our own emotions:

I have seen a quick-drying paint advertised lately in the shops. It is most convenient; it dries immediately it is brushed upon the wall. It is like a habit, except that habits set more quickly upon the mind, and one is grateful for this convenience, the way it removes the need for laborious action or thought. And so we have grouped the deaf, dumb, blind, crippled, mentally ill, in one mass in order to “deal with” them, for we must “deal with” them, for we must “deal with: these vast surfaces of strangeness which demand all our lives a protective varnish of sympathy.

Protective for us: against them and our selves. It is easy to ward off their demands for patient understanding by obliterating them with a mass dull coat of generality. (p 14-15)

I also question whether the coordinators are not feeling threatened by the didactic relationship between the support workers and clients, a relationship which excludes them. This relationship could also be seen as robbing them of their power, the power to control their charges – the support workers. The support workers in many instances have a stronger bond with the clients than the coordinators, yet they (the coordinators) are the ones who are meant to be supervising, but they are often seen as irrelevant the both clients and support workers.

In maintaining this detachment there are many instances of splitting and projection: the blaming of support workers or clients for becoming attached, reasoning that it is all about the support worker’s need to be wanted or the client’s lack of external relationships or a deliberate attempt by the clients to manipulate to support workers.

**The underlying envy**

The clients and support workers have a strong bond and at times an intimate relationship. Support workers see their client on a regular basis and are party to their very personal details and emotional
needs. Coordinators who used to be support workers will know what that feels like and the rewards that relationship brings to both parties. They are now no longer party to that relationship and need to defend themselves against their feelings of envy. It is this awareness of being separated from the “good” object (that) arouses intolerable envy (Hinshelwood 1991).

The coordinator’s main task is to provide a supply of trained support workers to the client and to enforce the organisations policies and procedures; not a job that would bring much reward or recognition from either the client or the support worker.

Long (2008) observes that envy that results from a lack of hierarchy in associations and professional bodies, fuelled by competitive situations especially by rivalry. In this case, as with the Long (2008) study there is no hierarchy, neither the client nor the support worker fully recognise the authority of the coordinator.

Klein (Hinshelwood 1991) defined the defences against envy as similar to those encountered in the paranoid-schizoid position – omnipotence, denial, splitting and idealisation. Of importance here are first the devaluating of the object, if it is devalued it can no longer be envied and second the stirring of feelings of love and the corresponding intensifying the feelings of hate.

This position can be seen in many of the coordinators statements where on one hand either the client or support worker or sometimes both are viewed as bad objects, but on the other hand an idealisation of the role and what it might be able to achieve occurs, if only there are not those bad objects - the clients and support workers. Judith spoke in glowing terms about the organisations and about what support workers can achieve.

I think that we do a pretty good job. I think that we are very person centred. We certainly try to be and that is all it is a wonderful organisation to work for in terms of the way that staff are treated. We treat them they are very person centred they way. That staff goes as well as clients and the vision statement is to improve the lives for all people not just clients and I think that that is rather nice.
I think you know a good personal support worker can make a heck of a difference in a person’s life we could never be able to make the changes we would like to make because there are not enough of us and not enough money it’s an old story.

She then spoke disparagingly about the type of workers attracted to the industry.

I believe that we get a lot of people because they think it is easy work. I have had kids who say they have looked after an ageing parent or something so I can do this work and that is not so.

Then, when discussing carers who want to please clients, felt that clients were manipulative and support workers who please clients were also a problem.

They do find it is easier (to please) that’s not to do with clients who get very manipulative and really they do it out of a sense of helping. A lot of people who are drawn to this field do have a sense of needing to be needed that is their nature that is their makeup therefore they often create that sense in their caring role which is a real battle for us.

The creations of these feelings within the coordinators arises from the way in which the role is defined, on one hand they are there to support the clients achieve their goals of independence but on the other hand they are also there to enforce the policies and procedures of the organisation.

I would contend that these are often conflicting demands, leading to the coordinators on an unconscious level to experience envious about the client/support worker relationship; it is, perhaps, the relationship they want with their clients and support workers. As the supervisor of staff, they would like to know everything about what is going on so they can be in the position to guide, support, mentor and set the boundaries for their charges. But the client is taking up this role.

They also want to feel needed by their client, the same need that they once felt when they are support workers or in a one instance case manager. In this interview the coordinator is reminiscing about how, as a carer, she had a close relationship were her client but now she is in the office she no longer has that opportunity.

Clients do get attached to you the social side. It is very sad in the community for them. They need friends because most clients are lonely. They want someone to go and have a talk with
then just go out and have a coffee somewhere. And then they always have to have a carer and they are getting paid and that side of it. And I know when I did become good friends with a client and we would go “out-of-work” and we got on so much better because I was not getting paid.

I was there because I wanted to be there and that makes a really big difference with the client. I think that if the clients have a social outlet they deal with it a lot better. Well that is what I could see and how I felt. I guess that most of the clients use the carers as their friends and you come into the office and you are told that you are not their friend and you go and do your job. I find that between the client and the coordinator and the personal support worker, the job, for it to work, the support worker gets stuck in the middle, getting pulled at each arm and it is very hard. I find it a very hard balance.

Paulina (coordinator)

These are people with disabilities, a condition which arouses deep emotional responses; these people have needs that the coordinators are unable to satisfy or even to get close to, but are forced in their current roles, to observe from a distance.

These are people with disabilities, a condition which arouses deep emotional responses; these people have needs that the coordinators are unable to satisfy or even to get close to, but are forced in their current roles, to observe from a distance.
Chapter 12 How Support worker/ Coordinator /Client Boundaries are Maintained.

In the previous chapters I have examined the defences of the coordinators, the clients and the support workers. The examination of how the people in these roles interact; how the relationships are affected by the psychological and social defences of each of the different role categories and how these impact on the primary role, will in part ,define how boundaries are maintained by the various role categories. I will start with an examination of how the organisational primary practices are defined by the three role categories.

The primary practice

As has previously been discussed Lawrence (1985) states that there are three forms of the primary task: the normative (what people should be doing), the existential (what they think they are doing) and the phenomenal (what they are actually doing). This applies equally to Armstrong’s (2005) idea of organisational practice.

The ideal practice with the in-home industry is to provide a service to clients that allows them to take control of their lives and to maximise their potential to lead a fulfilling life; a life of their choosing.

What is happening in reality is more complex. Agencies are trying to minimise their exposure to risk. The organisation has a need to know everything that is happening in the client’s home even when this may not be needed in order to provide a service. Coordinators try to “supervise” the support workers by controlling their tasks, duties and relationships with clients. In reality most of their time is spent in trying to maintain the service, through recruiting and filling vacant shifts.
There are not enough attendant support workers and it is not the coordinators fault and it is not the clients fault or the supports.  

Lorry Coordinator

What they think they are doing (i.e. the existential practice) is providing a service to the client that enables the client to function on a day to day level and to maintain control over their lives. This is expressed by Lorry a coordinator in the following quote:

They have to get the support otherwise they cannot go out for the day or they cannot get up in the morning. So it gets very difficult and also I think there are things that are beyond the coordinators control like clients living in the community.

On the other hand, what the organisations in this study are actually doing (ie the phenomenal practice) is trying to control client’s relationships with their support workers and trying to ensure this is “professional” so that support workers do not form an inappropriate emotional bond with clients. If a relationship is formed this can undermine the authority and influence the coordinators have over the support workers. It is only when the support workers do not have a close bond with the client that the coordinators are able take up their authority, the authority vested in them by the organisation. This same authority is also vested in the clients by legalisation and guidelines. Therefore it is only by trying to control this relationship that the coordinators can take up their power.

The support workers on the other hand, have a need to maintain a close relationship with their client. They want to see their clients receiving the hours they need and being able to lead fulfilling lives. Here the normative and existential coexist in the same primary practice. The phenomenal reality is that they see themselves as only having a loose connection with the organisation. Yet the organisation pays their salary. They would generally only contact the agency in times of crisis, when they feel that they need a person to intercede between themselves and the client. This is much the same relationship you would have with a lawyer or dentist, as a backstop. The organisation is there when the situation warrants; the support workers, in all other aspects are working for the client.
The support workers primary defence is “niceness”. They are not there to rock the boat but to please the client. It follows that this defence could allow a support worker to adjust to working within the clients’ second skin; to feel the initial anxiety associated with entering a clients’ home but to suppress these feelings until the bond had formed between themselves and the client. In this way the defences of the client and the support worker act to support the worker in their supporting role. The defences stabilise the relationship and assist the organisation as it tries to achieve its primary task or process.

The client’s view of the normative and phenomenological aspect of the organisation’s primary practice is that they are in control of their own support workers. They are able to instruct the support workers in accordance with their needs. Existentially the clients occupy contested ground in relation to control. The control over the “hearts and minds” of the support workers is a battle ground where both the clients and coordinators are vying for domination. The client’s homes are an unconscious psychological second skin; support workers are asked to work within that second skin, creating a deep and profound unconscious need for support workers to bond with clients.

The support workers are often stuck in the middle needing to please both parties. The coordinators, managing at a distance, both physical and psychological, often lose out in this battle. As much as some of the coordinators try to form relationships with the support workers, the chasm exists.

The client’s need for authority in their own home is expressed by Melanie as:

I think that the relationship is very important I think it is important when you are in a wheelchair that you feel that you have a certain amount of authority. I suppose no, not authority but some sort of choice about the way things are done not only in the home environment but the way things are done to you because you cannot control it. You cannot control your movements so therefore you cannot do the things the way you would like them done to you. Someone else has to do it for you, so it is important that you still have the choice that they can meet you half way in the execution of the things that you want done.
The system’s regulations combined with the coordinator’s work load mean that the coordinators will never be able to fully take up the authority they would like to have, nor will they ever be able to completely satisfy either the organisation’s or the client’s needs.

**The coordinators role in the mind**

Reed (1976) states that roles are usually defined in terms of behavioural enactment of the patterned expectations attributed to that position, a set of norms through which the role behaviour can relate. For the person in the role all three aspects, normative, existential and the phenomenal are present at the same time and affect the behaviour of the person enacting the role. The role is “held in the mind” of the person enacting the role.

The coordinators have all, excepting one, come from a background of being support workers themselves. They have all risen to the next level within the organisation in their supporting role. They no longer have the same deeply held relationship with either the support workers or the clients. They are no longer working within the home, within client’s secondary skin, within that deep psychological space. They are now outsiders. My hypothesis is that this creates an envious defence where they unconsciously desire to destroy the support worker/client relationship; to destroy the emotional bond that the clients need in order to trust the support worker with their personal and intimate support. This can be seen in the previous chapter when coordinators viewed clients as being manipulative and support workers who tried hard to please clients as being too emotionally involved with clients. Coordinators when expressing these views spoke of the clients and support workers collectively not qualified as “some “or “few” but referring to clients on mass.

The organisation requires that the coordinators perform a difficult if not impossible role; that they are very much in the front line, fighting the fight on behalf of the organisation, to protect the organisation from the clients who might otherwise put the organisation at risk. This reinforces the coordinator’s unconscious envy. If they do not destroy the bond between the support worker and
client they might be seen as failures by the organisation: failures because while this bond exists they are unable influence either the support worker or the client; unable to properly supervise their charges.

The coordinators have a sense that their own relationship with the client is far from ideal. They only have contact when the client needs something beyond what the support worker can provide or when something has gone wrong. Their task has become that of a law enforcer and a provider of new support workers, when and if the client needs them. The role in respect of the relationship with the client is more one of a paid servant and a stern mother than a professional coordinator. Coordinators all spoke at length about their previous role as support workers and their expectation of how they had wanted to support the support workers when they became coordinators. But once in the role, they find that they are unable to fulfil that ideal. They are left with the memories of being emotionally close to clients being replaced by a role which means little to either clients or support workers. They are left to defend the feeling generated by this no man’s role by feeling pity and envy for those out there in the community.

The subverted mothering role

As previously discussed the role of the support worker can be closely associated psychologically with that of the mother. When the support workers become coordinators what then happens to the unfulfilled needs for power and reparation they felt as support workers? How might these feelings be accommodated in their new role?

The support worker’s role can be seen as closely associated with that of the mother or parent. The client remains, for their physical support needs, dependant on the support worker. In this way the support worker can still satisfy their mothering ‘instincts’. Their charges are however clients, not children. In a psychological sense, the clients are able to control their lives. I have argued that the support workers use the defence of niceness in order to cope with both their need to play the role of
perpetual mothers and to work within the psychological second skin, the home. This allows them to experience the emotions that can arise from being a witness to the client’s bodily distortions through the lens of the caring mother.

The support workers who are now coordinators no longer have their needs for power and reparation satisfied. They are no longer in the position of providing support but are now asked by the clients to exercise a role where the client takes control. The organisation, frightened of the risk when “home workplaces” and support workers are not being supervised compels coordinators to take up their power and authority and to manage the situation. When clients resist the coordinators trying to control of their homes this threatens the authority and power of the coordinators and they move to the “being professional” mode, distancing themselves from the anxieties that this complexity creates.

Winnicott’s (1953) basic model for a therapist’s healthy attitude towards a patient is that an analyst has to display the patience and tolerance and reliability of a mother devoted to her infant; has to recognize the patient’s wishes as needs, has to put aside other interests in order to be available and to be punctual, and objective, and has to seem to want to give what is really only given because of the patient’s needs. Therefore, the psychotherapist should provide a holding environment, so that the client might have the opportunity to meet neglected ego needs and allow the true self to emerge.

Coordinators are unable to provide such a holding environment for the client, partly because they do not have the skills and partly because the organisation expects them to be the stern mother policing and protecting the organisation. They are then left in a situation where they are unable to satisfy either the clients or the organisation. They, having been support workers, now have to adjust to having recalcitrant children, the baby stolen or ripped away.
The coordinators and supervisors recognise that the job is stressful but seem unable to understand what is happening and to take any action to ameliorate the stress. The supervisor expresses this as a situation she regarded as dangerous.

This can be compared to Melanie (a client) who, when discussing if she feels that support workers invade her privacy, places emphasis on the need for a close relationship.

It does certainly it makes quite a difference I do feel it’s an invasion. I think that you only feel it’s an invasion if the person who is coming in cannot relate well to you and I think that that is important that the relationship between you and the person who is giving you a hand is good You can chat to one another and enjoy each other’s company because three hours is quite a while and if you do not get on very well it can be not a very nice three hours so you do need to find a common source of interest.

Susan, a client when discussing her relationship with the agency expressed her desire to have the less interference the better.

I think you can tell quite quickly if it’s not working and I also think that the less interference the better so I think that there are some agencies that tend to interfere a lot and I think that that is not so great. They ask too many questions about details asking how it is going all the time panicking. I think that with any relationship you need to let something grow and if you pull it up all the time to see how the roots are doing it does not do very well.  

Susan (client)

Rex’s wife expressed this more strongly in saying that she would move to another agency if they refused to allow her to have her regular support worker, the person who knows the routine and get on well with Rex:

I think that I would rather do without. So that is why if the council kicked up and said that you cannot have her all the time in our regular spots and we would just say Ok well we will go somewhere else where they can give us continuity of support and we have got her because she works well with us and she is very flexible.  

Rex (client)

Whereas Judith (coordinator) in discussing her clients, spoke of the coordinators need to know everything about the client.

There is no privacy and we have to know everything about their life every little bit they cannot do anything I don’t like that side and they have to explain themselves all the time.
Here Judith is showing that she is aware of the conflicts inherent in her role but that she is unable to do anything resolve them.

**Conclusion**

Boundaries can serve the purpose of protecting individuals in their work roles. With strong boundaries people can use their defences to protect them from the anxieties that may otherwise overwhelm them (Diamond et al 2004). The boundary defences used by the clients (the psychic boundaries of their own homes) are felt to be invaded by the coordinators in their need to control what is happening inside the boundary.

Both clients and coordinators feel that they have authority over the support workers. Here the authority and power is vested in both parties creating blurred boundaries. This puts the coordinators and clients in direct conflict with each other over power and authority.

If the client is complacent they are regarded as a “good client” but most clients are seen as manipulative when they try to exercise their power. The coordinators are using pity to defend themselves against the unconscious envy they feel about the clients taking up their authority, authority that they see a rightfully belonging to them. The coordinators role puts them into direct conflict with the client’s role creating tension and friction between them and the client.

Next I will discuss how this tension is also being felt by the funding bodies and how the system is trying to change.
Chapter 13 Funding Bodies Impact on the System

This section contains the perspective of the funding bodies and how this impacts on the system as a whole. I also outline the steps the funding bodies are taking to correct this situation. First, I will discuss the system and how this evolves through the agencies and role categories, the primary practices and the defences used to protect the different roles from each other.

The system

Mink, Mink, Downes & Owen (1994) and Miller & Rice (1975a & 1975b) define systems as a set of elements that together form a whole. Each part of the system has a differing task system, but each of these work together to form the whole.

Miller (1975a) defines a complex system as when:

There are several orders of differentiation: major operating systems themselves being differentiated into bounded subsystems which in turn may be differentiated, and so on until a simple undifferentiated system is reached. (p46)

Miller (1975a) goes on to say that what distinguishes a system and preserves its boundaries is the presence of regulation. He also discusses the fact that a boundary around a system is usually a region and not simply a straight line. There are, in his eyes, two boundaries one between the internal activities of the system and the region of regulation, and the second between the region of regulation and the environment. The maintenance of these boundaries he calls boundary control function.

As already described many of the internal activates of the system are controlled by legislation concerning people with disabilities and various regulations imposed by the funding bodies. The second boundary applicable to this industry controls labour relations (awards, workplace agreements, human rights legislations etc) and the system of compensation for injured workers (WorkCover).
Some of the conflict that the coordinators reportedly experience arises from the system and the way the system is regulated. The Department of Human Services has to serve its political masters, the particular political party in power. Much has been written about the concept of the welfare state and the role that politics plays in how activities are prioritised by various governments and to fully discuss this would distract from the argument of the thesis (Nussbaum (2006) Stien (2006) Cooper & Lousada (2005) Gibilisco, (2005) Hoggett (1997) Hoggett & McGill (1988) Hoggett (2006). It is sufficient to say that the Government having signed the International Convention on Human Rights is framing polices that ensure its compliance with this convention.

On an unconscious level the Department of Human Services rhetoric regarding empowerment and integrating people with a disability into the community could be viewed as a phantasy; the phantasy that people with disabilities will disappear into the community and then somehow that the community will support them out of sight and out of mind thus relieving the state of the burden of support.

The agency’s role in the system

As previously mentioned in the background chapter the regulations and legislation is in practice in direct conflict with the second boundary between the disability system and wider social system. On one hand people with disabilities are empowered to direct their own support workers. On the other hand the agency has the responsibility and feels the consequences if they do not provide a safe workplace. This leaves the agency in the onerous position of being responsible when standard labour practices are infringed.

Hoggett (1997) talks of the old welfare system, which although it disempowered its recipients did allow for the complexity of the task to be kept in mind. Now we have consumers who are empowered to change agencies and to seek out the services that best suit them. This has created a competitive market where agencies vie for customers. Hoggett (1997) speaks of organisations that
have abandoned their original values and replaced them with a survival mechanism. The primary practice of the organisation seems to have moved from providing support, to that of risk mitigation and trying to comply with the numerous sets of guidelines and legislative requirements.

In this sense the agencies and organisations that operate in this industry are as powerless as the clients were under the old welfare system. Clients are not happy with the organisations’ performances but neither is the government. Government is constantly trying to make organisations “more efficient” by a process of competitive tendering. These tenders are awarded not on price but on how many services they will deliver for a set price. This leaves the agencies feeling as though they are the “bad guys” in the system and this can create a paranoid phantasy that they may not survive in the long term.

This sense of paranoia has been heightened by the new plans the government and other funding bodies have devised to empower clients.

**The ultimate empowerment of clients**

DHS are running pilot schemes where the clients are being given the money to fund their own programs. They can purchase services from an existing agency or they can choose to run the complete program themselves. This system was in place some 18 years ago and was abandoned due to the complexity of the labour laws and the feeling that the clients were being placed in a vulnerable position.

The 100 clients that are part of this pilot are all willing to take responsibility for their support including the fact that they may have to use “agency staff” in time of crisis. They are fully responsible for running the payroll, employment contracts, WorkCover and superannuation levies. This system in its current form will only be suitable for a few people. Those who have taken up this challenge already have access to accounting services or the skills to maintain the payroll function.
This is the ultimate system of empowerment where the authority, power and control over how and when the services are delivered rest with the client. The client also accepts responsibility for complying with the legal framework imposed by the larger employment system. The disadvantage of this is the need for the client to have or develop sophisticated systems to account for the dollars provided to them. The need to account back to the department for all money spent, plus the need to recruit and train staff could put a strain on a person with a disability who is already struggling to survive on a day by day basis.

In a similar way, if the person with a disability decides to purchase services from an agency with the money the system will not be radically changed. The only thing that will change is that clients in the new system will have to pay the agency invoices. Unless clients keep accurate records of what services they have received this may well become a point of dispute.

This new system will not change the underlying anxieties but simply move them from one area to another. Clients will now feel the full impact of stress of survival mentioned by Hoggett (1997); they will no longer be protected by the agency but will be taking all the anxieties associated with being an employer. The system will remain devoid of any sort of containment for the anxieties generated by this work.
Chapter 14 Concluding Comments

This chapter summarises, the origins, the conceptual framework and the findings of the research; findings which show how ill conceived boundaries are difficult or impossible to manage and therefore cease to provide a safe container.

In this chapter I also presumptuously suggest how the industry might be improved, without a substantial economic impact. The argument for additional money that can’t then be found can too often be used as a red herring; a defence against doing nothing engendering feelings of helplessness.

I have also included in this section my own learning, the limitations of this research and possible benefits, hopefully for people with disabilities.

Origins of the research

The research arose out of my curiosity about the factors that are influencing this industry. Having worked in this sector for the last 18 years I have noted that a subsection of the industry i.e. the funding sources (the government and organisations responsible for compensable injuries), the clients and the organisations responsible for service delivery, are all constantly stressed and unhappy. Different parts of the system are constantly at war with each other, blaming each other for the frustrations and anxieties that they feel.

I wonder where all this anxiety originated. It may have been associated with the primary task as Menzies-Lyth (1988) discovered in her study of the English hospital system. If this was the case, then what was the defence being used by the participants and how was this distorting the system? It was clear from my perspective working within the system that there was something that made all the people working in the system so unhappy.
I have also observed that the concept of boundaries is a constant theme in this industry. Each party is seeking the clarity and security that comes from clear boundaries in their roles and tasks. Each sub-sector has a differing idea of where the boundaries should be, each was blaming each other when, from their perception the boundaries were violated.

**Conceptual framework**

In exploring this question the concept of boundaries included physical, conscious and unconscious boundaries. Physical boundaries are an important component as the services are being delivered in the client’s home. The supporters working in this environment rarely have contact with the organisation that employs them. The clients control the work environment both physically and psychologically. This brings in question the boundaries of identity; identity of the clients, the support workers and the coordinators. In providing such an intimate service the support worker’s personal and professional identities can become merged, especially when they are or have been primary support workers, prior to taking up the supporting role. This in turn may affect how they take up their role and how they manage their boundaries. Similarly how do the coordinators perceive their identity and how do they take up their role?

These issues are examined against the funding bodies published rhetoric and the regulatory environment they created.

**Research design**

In exploring this I have surveyed 390 support workers and conducted semi structured interviews with members of the three role categories: support workers, clients and coordinators. I have used a series of TAT like pictures to examine what the support workers and clients are unconsciously feeling about the relationship. Drawings of the client’s home and of the support workers and clients doing something together are also part of the data gathering process. The use of pictures was designed to
gather comparative data from people who may have differing articulation skills. The coordinators are interviewed in depth and asked to draw the client's home and the client and support worker doing something.

Some of the clients and supporters were also asked to provide feedback on the data once it was compiled into a draft format. Draft chapters were also discussed amongst my fellow doctoral students and a group of peers from the industry.

**Image of people with disabilities and their support workers**

I took account of society’s perceptions of people with disabilities, support workers and agencies; together with how each category of people in roles viewed others in the system. Support workers can be viewed as angel like creatures or Florence Nightingale martyrs. People with disabilities can be conceived as poor cripples or as individuals with their own strengths who are striving hard to work within their limitations. People who work within the agencies also carry projections from society. Society projects on to workers in the disability that they are either saints or angels who have a calling to perform this patent and demanding work or they are like mother devalued people performing menial tasks. . The government on the other hand carries a very different set of projections. This can vary between being seen as supporting and responsive to client's needs through to mindless bureaucrats following orders from above.

**Defences and the primary practice**

This section summarises the working hypotheses about the social defences used within the disability home care sector. The data uncovered the differing defences being used by each role category to defend themselves against anxieties encountered in their role. The clients used their homes as secondary skins and containers of transitional objects to shelter them from anxieties they encounter when faced by their disintegrating bodies deteriorating through age or as a result of a progressive
illness. As time passes so their bodily functions deteriorate and their homes become a psychic skin; a skin which protects them when their bodies can’t.

This psychic skin is maintained with vigour. Part of this is seen in the acquisitive stance held toward support workers and what the support workers do within the home. The support workers who clients are unable to control, they refuse to have back as their workers. These support workers are people who do not fit; they are labelled as having a separate agenda.

I hypothesize that support workers tend to avoid upsetting their clients and use niceness to protect themselves from experiencing negative feelings. The relationship is lopsided. As with most professional / client relationships the clients are free to express their true identity, whereas the support workers are not. The support workers that stay in the industry are the ones who can either tolerate this arrangement or have a valency towards the defences described. This valency could have arisen from their unconscious need to make amends for being a “Bad Child” in their mothers’ eye or from failing to separate their identity from their mother’s during their development. This could mean that they now found themselves in an unconscious immature state of continuously trying to please their “client” mothers.

Therefore in acting out their defences both parties create a sense of stability within the relationship. These defences act in a way that allows the primary task to be accomplished from the clients’ perspective.

The coordinators are vested with authority and power from the organisation. The support workers report directly to the coordinators. Although the coordinators recognise the authority of the client and their right to control their program; they deeply resent the power the clients exercise over the support workers. They continuously state that the clients do not have the ability to use this authority and to exercise their power for the good of the support workers. They resent the influence that the clients have over the support workers. They also blame the support workers for
allowing the clients to influence them. The coordinators see being professional as not allowing feelings to get in the way of rational decision making. The data indicates that this group of coordinators experience envy which creates a need to destroy the object that creates this feeling; an envy of the relationship that the support workers have with their clients, a relationship they have themselves in the past experienced as support workers, but have now lost.

To cope with the anxieties that this envy provokes, they feel a sense of pity towards both the clients and support workers. This allows them to sit in a lofty position and to deny their own envious feelings. The coordinators constantly struggle to exercise their power which flows from the authority vested in role by the organisation. The organisation has a need to for them to take up this authority; it needs to be seen as a responsible employer and to take measures to mitigate risk. Organisations are constantly reminded that they are placing workers into a workplace that they do not and cannot control. Some of coordinators recognise this dilemma but are unable to change the system which controls them.

The defences in this situation distort the coordinator’s primary task. The coordinators are trying to exercise power when this same power is vested in the clients. The coordinators therefore are constantly at war, a war over who has control of the support workers. They are no longer able to perform the primary role but are left to undertake the menial tasks such as filling shifts and recruiting staff. They are frustrated by a lack of purpose in their role which arises from the lack of clarity about the nature of their role. This situation arises from the system in which they are working.

The system

The system of rules and regulations creates this dilemma for the coordinators. Funding bodies vest the power to control what happens within a client’s home in the client and leave it up to the organisation providing the service to manage the conflict that follows. Limitations on funding do not allow organisations to provide sufficient coordinator time to work closely with clients. Each
coordinator may have up to 50 clients and 150 support workers to manage an impossible ratio.

Funding bodies are, I am sure, aware of the employment laws and the conflict this creates, yet place the onus of responsibility to manage this situation with the organisation.

They have proposed and are trialling a solution, where the client is funded directly and can then choose to employ their own support workers or purchase the support from an agency. Where clients are directly employing their own support workers there is no dilemma about where the authority lies, it clearly rests with the client. The only problem is that this solution will only be feasible for a few clients. The client must be able to manage all the payroll functions, tax returns, annual leave entitlements and know what is involved in providing a safe workplace. An onerous task when all your energy is taken up by managing on a day by day basis. There are, however, some changes that could improve the system.

**System improvements**

The improvements suggested in this section all involve methods of educating clients, support workers and coordinators.

**First,** the most important improvement is the clarification of the role of the client and the coordinator and who holds power and authority with respect to the work of the support workers. This may be achieved by conducting role conversations between the organisation and the coordinator and also between the client and the coordinator.

Long (2008) explain this process as when:

The role-holder and ‘other’ discuss all or part of:

- The role-holder’s ‘system-in-the-mind EXPERIENCE’ and how they believe it is changing/developing;
- how the role-holder believes they are taking up the role;
- their future plans for developing their role and themselves within the role.
The conversation is not an interview, but is a collaborative discussion about how each sees the system, the role and the role-holder’s behaviours in role. (p3)

This role conversation creates safe environment where feelings can be expressed and acknowledged. Bondi (2008) in her study of the supporting industry similarly stated that within the therapeutic relationships the power dynamics or feeling about power can be acknowledged and thought about. She goes on to say that when transferred to other settings this therapeutic relationship is not as easy to define but can be useful.

Transferred to other kinds of settings in which support-givers and support receivers interact this approach acknowledges that what goes on in the negotiation of support is always more complex and multilayered than participants can comprehend.....while making sense of feelings associated with unconscious as well as conscious experiences may none the less be helpful. (p12)

Second, a partnership process between the organisation and the client could benefit both parties. Although the role conversations go could go some way towards starting this process, for true partnership to occur a differing mindset needs to be developed. Partnership involves a collaborative process, whereby both parties, who may see different aspects of a problem, can constructively explore their differences and search for solutions that go beyond their limited vision of what is possible. The elements include the independence of all parties, solutions that arise by dealing constructively with differences, joint ownership of decisions, both parties assuming collective responsibility for future directions and an understanding that collaboration is an emergent process (Prins & Craps 2005). As the partnership approach is an emergent process it is necessary that all parties having a commitment to undertake such a journey. As the parties are used to a confrontational approach, so this could well be a painful and slow journey.

Third, it may be helpful if the coordinators develop an understanding of how to provide a safe container, not only for the workers, but also for clients. This could be achieved by developing a greater understanding of how they can achieve a state when they feel that their own emotions are
contained; a space when they can express their emotions and be heard empathetically by the listener. Under the guidance of a mentor the coordinators then would be able to develop a more empathic and collaborative approach, towards the clients.

**Fourth**, the support workers could be more effective screened and trained. The current training is around task and they are instructed “*not to get involved with clients, be friendly but do not become friends*”. This encourages the support workers to deny their feelings, feelings that cannot be controlled while they are involved so intimately with the client and their support needs (Menzies-Lyth, 1988). Through effective debriefing and training, support workers will be able to acknowledge their feelings and work with those feeling when providing a service. In encouraging the support workers to deny their feelings, support workers are left feeling unsupported and vulnerable and therefore less resilient to the emotional impact that this work inevitable carries. This may well be why such a large number of people leave the industry.

Hopefully, if these measures are introduced it would lessen the anxieties felt by the coordinators over their lack of absolute power. Through a process of collaboration the clients may feel more supported and lessen their need to maximise their power and control. This will to some extend depend on the client and how willing they are to trust the organisation which is providing their services.

**My learning from the research**

The process of researching has been a richly rewarding and gratifying experience and I am grateful to all those who participated and gave their time so willingly. My learning about the industry, an industry which I thought I knew so well, has given me a greater insight into how, if one looks at data from differing perspective one sees very different things. Looking down through the layers beyond the surface tasks and personalities has changed the way I look at the world and the workplace. I can now see that there is often a complexity of defences behind how people act and react. The further
insight into my own behaviours and feelings has increased my own sense of empathy and understanding of others. I am still learning how to work with these defences and this journey will continue for a long time. I can say that I am a changed person; changed for the better.

**Limitations of the study**

Ethical considerations did not permit me to directly approach potential research subjects. The participants involved in this study are those who responded to advertisements placed in organisational magazines and circulated to those attending internal training. Although this did include people from a number of organisations, they are all people who are interested in and saw the benefits of research. I was not able to interview any of the many support workers who have left the organisation.

The clients I interviewed all have additional agendas. Some wanted to make a plea for more hours and services; others wanted to reform and improve the current system. All the clients are articulate, intelligent and highly educated. Should others who are not as articulate have been interviewed this may well have provided a different result.

The other limitation to the study was that the employees of various funding sources are not part of the study. Should they have been interviewed more of their feelings and defences may have been uncovered leading to a greater understanding of the whole system rather than the three subsections that formed this study. This would have made the study much larger but also more complete.

More research needs to be done in this area and other areas to further explore how this study applies to people with other disabilities.
Potential benefits from the research

The government’s agenda is to move more and more services to the in-home setting. Mental health and Aged Care services are now “packaged” and delivered in-home. Within the disability services we are seeing more programs being divided into the individualised funding with the potential for people to be able to transport their funding from provider to provider.

This will make the “market “for services far more competitive, making it even more imperative that agencies provide the service that clients are wanting and demanding. The pool of available workers to provide these services is also diminishing. This will increase the pressure on agencies to improve the retention rates of support workers.

This study has identified some of the reasons that people do not stay in the workforce and also pressures on the people working in the sector. I am hoping that in some way this study will influence the way in which services are provided to the benefit of the service recipients; people with disabilities who are reliant on safe, reliable and flexible services.

Final words

I hope that this research goes some way to increasing the understanding of the complexity of service delivery in a home environment but more far more can be done to improve the outcomes for all concerned. In the meantime, my personal learning will continue. Koshland (2008) spoke of people who are different being classified as” the other”. They are then labelled by society i.e. the poor, the homeless and people with disabilities, becoming nameless groups that carry what society projects on to them. She then went on to say that understanding and knowledge reduces the other into something that is known and understood. I hope that this study goes someway to provide understanding of one section of the “other” in our society.
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**Government Publications**


*Disability Services Individual Support Package Interim Guidelines 2008*  


Standards for Disability Services in Victoria (2007)


Appendix A. TAT Style Pictures
Appendix B. Survey of Support Workers

In administering the survey each person is asked to complete it while they are visiting the agency.

There is no compulsion to complete the survey and the resultant data is completely anonymous.

Each question has multiple responses and participants could select more than one response.

The survey covered the following areas;

- Age groups and length of service.

Motivation to undertake the work:

- What attracted you to this work – money, flexibility of hours, caring for people, training opportunities, type of work, needed a job, wanting a career in health, wanting to work with people with disabilities.

- Why do you stay in the job – need a job, money, enjoy working with people with disabilities, loyalty to my client, feeling valued as a support worker, feeling valued by the client, or feeling valued by the organisation.

- What do you enjoy about the job – working with people with disabilities, working with my clients, flexible hours, making a difference in someone’s life, companionship of the client?

Training undertaken:

- What training have you completed with the organisation – skills workshop, Certificate 111 or Certificate 1V in Disability Work or other qualifications.

- How many clients do you work with currently?

- Do you also work with other agencies and how many?
Support from agency:

- How might **we better support you** - regular phone contact, occasional meeting, regular meetings, email, text messages, counselling or debriefing sessions?

- **Do you feel that you can tell us** about what happens in your workplace and if not then is it because – you feel disloyal to the client, not supported when you ring, that you client may not like it, or that the client may penalise you or that you may lose hours.

- **Do you have enough information** to perform your work?
Analysis of the results

Age Ranges

As the following graph and pie chart shows, the majority of the respondents are over 40 years, although those that are under 40 still represent 39.4% of those surveyed. It is surprising that 27.9% are over 50 years given that the work is of a physical nature. However, the short hours (between 1-2 hour shifts) may mean that the amount of physical activity did not impact significantly on those in the older cohorts.

<table>
<thead>
<tr>
<th>Age Ranges</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-30 years</td>
<td>73</td>
<td>18.7</td>
<td>19.1</td>
<td>19.1</td>
</tr>
<tr>
<td>31-40 years</td>
<td>78</td>
<td>20.0</td>
<td>20.4</td>
<td>39.5</td>
</tr>
<tr>
<td>40-50 years</td>
<td>122</td>
<td>31.3</td>
<td>31.9</td>
<td>71.5</td>
</tr>
<tr>
<td>50+ years</td>
<td>109</td>
<td>27.9</td>
<td>28.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>382</td>
<td>97.9</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Missing System | 8 | 2.1 | |
| Total         | 390| 100.0| |

Figure 15 Ages of Support workers
Length of time employed

The majority of the agency workforce consists of those employed for two years or less. This reinforces the payroll data which points to an average of 33% turnover in staff each year for the past five years. Some of the turnover can be explained by the 10% growth in the number of hours of service delivered over the last five years but the figures still reflect a disproportional number of people in this cohort. The other group which is surprising is the 22.7% who have been employed for over 5 years.

<table>
<thead>
<tr>
<th>Length of time employed</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1 year</td>
<td>122</td>
<td>31.3</td>
<td>32.2</td>
<td>32.2</td>
</tr>
<tr>
<td>1-2 years</td>
<td>81</td>
<td>20.8</td>
<td>21.4</td>
<td>53.6</td>
</tr>
<tr>
<td>2-3 years</td>
<td>45</td>
<td>11.5</td>
<td>11.9</td>
<td>65.4</td>
</tr>
<tr>
<td>3-4 years</td>
<td>45</td>
<td>11.5</td>
<td>11.9</td>
<td>77.3</td>
</tr>
<tr>
<td>5-10 years</td>
<td>63</td>
<td>16.2</td>
<td>16.6</td>
<td>93.9</td>
</tr>
<tr>
<td>over 10 years</td>
<td>23</td>
<td>5.9</td>
<td>6.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>379</td>
<td>97.2</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>11</td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>390</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 16 Support workers length of time employed
Age ranges and frequencies of length of time employed

When looking at the age of the respondents and how long they have been employed the majority have been employed for less than two years. The upper age cohorts (40-50 and 50+) have worked for the organisation for the longest period.

One can speculate that the people in these groups have decided that they enjoy the work and are settled and perhaps less mobile than the younger cohorts. The small number of hours may suit their life styles. For instance, they may still have children at home, or may not be relying on this job as their sole source of income. As already mentioned in the background to the industry this work is not highly paid and the majority of people work a small number of hours each week.

![Figure 17 Support workers Age frequencies of length of time employed](image-url)
Attraction to working as a support worker

The majority of support workers indicate that the main motivating factor for entering this type of work is the supporting role. This is combined with the flexibility of hours and working with people with disabilities.

Attraction to Work as a Support worker

<table>
<thead>
<tr>
<th>What attracted you to this work</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>money</td>
<td>386</td>
<td>.25</td>
<td>.436</td>
</tr>
<tr>
<td>flexibility</td>
<td>386</td>
<td>.61</td>
<td>.488</td>
</tr>
<tr>
<td>supporting</td>
<td>386</td>
<td>.85</td>
<td>.360</td>
</tr>
<tr>
<td>training</td>
<td>386</td>
<td>.31</td>
<td>.463</td>
</tr>
<tr>
<td>type of work</td>
<td>386</td>
<td>.39</td>
<td>.487</td>
</tr>
<tr>
<td>career in Health</td>
<td>386</td>
<td>.29</td>
<td>.453</td>
</tr>
<tr>
<td>disabilities</td>
<td>386</td>
<td>.56</td>
<td>.497</td>
</tr>
<tr>
<td>needed a job</td>
<td>386</td>
<td>.23</td>
<td>.418</td>
</tr>
<tr>
<td>Valid N (list wise)</td>
<td></td>
<td>386</td>
<td></td>
</tr>
</tbody>
</table>

Figure 18 Support workers attraction to the industry

The survey reveals that money, training, a career in health or being in the need of a job are not significant motivating factors for the majority of support workers.

The chart below shows that the attraction to the work (caring and working with people with disabilities) is independent of the length of time employed. Also working with people with disabilities and supporting for people are seen as important, by the same cohort of people.
The Reasons why people stayed as support workers

The reasons why people stay in the job are closely related to why they are attracted to this industry.

The majority stay, because they enjoyed working with people with disabilities, they feel a loyalty to the clients and feel valued as support workers. They did not, however, feel valued by the organisation. Needing money or a job is not a motivating factor for people to stay in the organisation.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why do you stay in the job - need work</td>
<td>387</td>
<td>.32</td>
<td>.467</td>
</tr>
<tr>
<td>Why do you stay in the job - money</td>
<td>388</td>
<td>.31</td>
<td>.463</td>
</tr>
<tr>
<td>Why do you stay in the job - disabilities</td>
<td>388</td>
<td>.73</td>
<td>.446</td>
</tr>
<tr>
<td>Why do you stay in the job - loyal to client</td>
<td>388</td>
<td>.61</td>
<td>.488</td>
</tr>
<tr>
<td>Why do you stay in the job - valued as support worker</td>
<td>388</td>
<td>.55</td>
<td>.498</td>
</tr>
<tr>
<td>Why do you stay in the job - valued by client</td>
<td>388</td>
<td>.56</td>
<td>.497</td>
</tr>
<tr>
<td>Why do you stay in job - valued by organisation</td>
<td>388</td>
<td>.33</td>
<td>.471</td>
</tr>
<tr>
<td>Valid N (list wise)</td>
<td>387</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What the support workers enjoyed about the job.

Support workers enjoy the fact that they feel they are making a difference, enjoy working with their clients and enjoy working with disabilities. They also enjoy the flexible hours of working. Again this factor is independent of the length of service.

<table>
<thead>
<tr>
<th>Enjoy working with disabilities</th>
<th>387</th>
<th>.59</th>
<th>.492</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoy my client</td>
<td>387</td>
<td>.63</td>
<td>.485</td>
</tr>
<tr>
<td>Enjoy flexible hours</td>
<td>387</td>
<td>.63</td>
<td>.484</td>
</tr>
<tr>
<td>Enjoy making a difference</td>
<td>387</td>
<td>.72</td>
<td>.450</td>
</tr>
<tr>
<td>Enjoy companionship</td>
<td>384</td>
<td>.40</td>
<td>.490</td>
</tr>
<tr>
<td>Valid N (list wise)</td>
<td>384</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Support:

A total of 54.2% felt supported in their caring role leaving 45.5% that only feel supported sometimes or not at all.

Did they feel supported?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>42</td>
<td>10.8</td>
<td>11.5</td>
<td>11.5</td>
</tr>
<tr>
<td>yes</td>
<td>198</td>
<td>50.8</td>
<td>54.2</td>
<td>65.8</td>
</tr>
<tr>
<td>sometimes</td>
<td>124</td>
<td>31.8</td>
<td>34.0</td>
<td>99.7</td>
</tr>
<tr>
<td>Total</td>
<td>365</td>
<td>93.6</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>System</td>
<td>25</td>
<td>6.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>390</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 23 Do support workers feel supported?

The majority (71.7%) of support workers feel that they are able to inform the organisation what is happening in the workplace.
Are you able to tell us what happens in your workplace?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>103</td>
<td>26.4</td>
<td>28.3</td>
<td>28.3</td>
</tr>
<tr>
<td>yes</td>
<td>261</td>
<td>66.9</td>
<td>71.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>364</td>
<td>93.3</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>26</td>
<td>6.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>390</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Despite many support workers feeling that they are not supported, they did not indicate that any of the suggested methods would be helpful.

<table>
<thead>
<tr>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you feel supported</td>
<td>365</td>
<td>1.23</td>
</tr>
<tr>
<td>Support by regular phone meetings</td>
<td>367</td>
<td>.42</td>
</tr>
<tr>
<td>Support by occasional meetings</td>
<td>368</td>
<td>.36</td>
</tr>
<tr>
<td>Support by regular meetings</td>
<td>368</td>
<td>.13</td>
</tr>
<tr>
<td>Support by email</td>
<td>368</td>
<td>.19</td>
</tr>
<tr>
<td>Support by SMS text messaging</td>
<td>368</td>
<td>.14</td>
</tr>
<tr>
<td>support by counselling, debriefing sessions</td>
<td>367</td>
<td>.24</td>
</tr>
<tr>
<td>Valid N (list wise)</td>
<td>363</td>
<td></td>
</tr>
</tbody>
</table>

Multiple clients and multiple agencies

Given the low payment for this role, it could be assumed that many support workers could need to work for multiple agencies in order to earn enough to support themselves. Yet, the results indicate that the majority work for one organisation which reinforces the previous statistics that support workers are not highly motivated to join and remain in the industry due to remuneration.
Do you also work for other agencies?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>no</td>
<td>232</td>
<td>59.5</td>
<td>62.9</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>137</td>
<td>35.1</td>
<td>37.1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>369</td>
<td>94.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing System</td>
<td>21</td>
<td>5.4</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>390</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Figure 26 Do Support workers work for other agencies?

Training

When asked if training is a reason why they chose this work, support workers said that it is not a motivating factor. Although 95% stated that the training that they have received is useful, they appeared not to be inclined to undertake further training. The organisation is a registered training organisation and all support workers are encouraged to participate in the courses; few take up this offer. If eligible for a traineeship, support workers will also be paid for the hours they spent in training. The induction that the support workers referred to in this survey is a two-day compulsory training course taken prior to taking up their employment.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you completed induction</td>
<td>335</td>
<td>.72</td>
<td>.448</td>
</tr>
<tr>
<td>Certificate 3</td>
<td>330</td>
<td>.36</td>
<td>.480</td>
</tr>
<tr>
<td>Certificate 4</td>
<td>330</td>
<td>.24</td>
<td>.425</td>
</tr>
<tr>
<td>Other training</td>
<td>330</td>
<td>.13</td>
<td>.337</td>
</tr>
<tr>
<td>Is the training useful</td>
<td>314</td>
<td>.95</td>
<td>.220</td>
</tr>
<tr>
<td>Valid N (list wise)</td>
<td>309</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 27 Training completed by support workers
Appendix C. Survey Form

ATTENDANT CARER SURVEY

Please circle:

Age group: 19 – 30 years  31 – 40 years  40 – 50 years  over 50 years

How long have you worked for?

0 – 1 year  1 – 2 years  2 – 3 years  3 – 4 years  5 – 10 years  over 10 years

Tick the box/es – What attracted you to this work?

☐ Money
☐ Flexibility of hours
☐ Caring for people
☐ Training opportunities
☐ The type of work – personal care, community access
☐ Needed a job
☐ Want a career in health
☐ Want to work with people with disabilities

Why do you stay in the job?

☐ Need a job
☐ Money
☐ Enjoy working with people with disabilities
☐ Loyalty to my Client
☐ Feel valued as a Carer
☐ Feel valued by the Client
☐ Feel valued by ParaQuad

What do you enjoy about the work?

☐ Working with people with disabilities
☐ Working with my Clients
☐ Flexible hours
☐ Feeling like I make a difference in someone’s life
☐ Companionship of the Clients

What training have you done while at

☐ Skills Workshop
☐ Certificate III Disability Work
☐ Certificate IV Disability Work
☐ Other – please specify

Year Completed

Did you find the training useful? Yes ☐ No ☐
How many Clients do you work with currently?
1. □ 2. □ 3. □ 4. □ 5. □ 6. □ More □

Do you also work for other agencies?
Yes □ No □

If yes, how many other agencies do you work with?
1 □ 2 □ 3 □ More □

Have you felt supported while working for Victoria?
Yes □ No □ Sometimes □

How might we better support you?
☐ Regular phone contact
☐ Occasional meetings
☐ Regular meetings
☐ Email
☐ SMS Text messages
☐ Counselling – debriefing sessions – someone to discuss problems you are experiencing

Do you feel you are able to tell us about what happens in your workplace?
☐ Yes □ No

If No
☐ I feel disloyal to my Client
☐ I don't feel supported when I ring my Co-ordinator
☐ I feel the Client will not like it
☐ I feel that the Client may penalise me
☐ I feel I would lose hours

Do you feel you have enough information to perform your work?
☐ Yes □ No

General Comments

__________________________________________
__________________________________________
__________________________________________
__________________________________________