DUBLIN BUSINESS SCHOOL

Transference and its impact for social care professionals: an exploratory inquiry within a homeless care setting

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Lilli Klint
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Supervisor: Cathal O'Keeffe

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Abstract

LOVE IS THE KEY. In Lacanian language, if psychoanalysis is a means, it is situated in *the place of love*. Love helps to understand what occurs in the therapeutic relationship. Practitioner's genuine human response to client's needs is thought to be at the heart of social work practise. The quality of therapeutic alliance is considered to be a critical component in the process of assisting homeless people to move into permanent housing.

Studies have shown that social workers experience high rates of depression and proneness to occupational burnout. Therefore the hypothesis was that the homeless sector worker would benefit from an engagement in counselling and psychotherapy alongside professional supervision. In reviewing the literature, it was found that little empirical research has been done into the nature of intersubjectivity in the homeless sector in a psychotherapeutic frame of reference with an emphasis on the practitioner's well-being.

An overarching aim was that findings would broaden an understanding of the relevance of psychoanalytic and psychodynamic theories, psychotherapeutic treatment techniques and concepts within homeless service. Both Freudian and Lacanian principles as well as Object Relations theory underpinned the study. For the purposes of the research five participants were interviewed. They experienced the work as both rewarding and challenging by its nature of constant change, unpredictability and opportunity to make a difference in the lives of marginalised group of people.

The process of thematic analysis was applied to the rich data that encapsulated the multifaceted therapeutic alliances. Relationships are central, and the deep bonds created were apparent in the narratives that transpired the overarching theme of "The Relationship Building". This was divided into three sub-themes of "Them and Us", "Trust" and "Team and Supervision". The discussion focused on interpretation of transference and countertransference responses observed in the data collected. The findings support the conclusion that engagement in both counselling and psychotherapy would be beneficial for workers in the homeless sector.

Contents

CHAPTER ONE: INTRODUCTION

1.1 Therapeutic relationship in social work practise

Sudbery (2002) asserts that the social work practise is characterised by therapeutic development. It is a practical profession that "seeks to resolve problems at the individual, relational and society level" (Rasmussen & Salhani, 2010, p. 209). The role of a social work practitioner is thought to be similar to that of early carers who help an individual to find structure and agency in a holding environment, facilitating integration in the social world (Van Nijnatten, 2006). Van Nijnatten (2006) posits that 'dialogue' has an integral place in this process its function in child development being utilised for understanding the underlying processes in social work. The core component of social work is the ability to respond to people's emotional needs, challenges and drive for emotional development (Sudbery, 2002; Segal, 2013).

Psychoanalytic theories have become marginalised in social work theory and practise although they share a common view of therapeutic relationship as the key component of change (Bliss & Rasmussen, 2013). The existence of the unconscious, the intrapsychic conflict in mental life and the notion of past existing in the present are met with ambivalence and not seen as evidence based concepts (Brandell, 2002; Brandell, 2013; Goldstein, 2009). Psychoanalytic views of mental health problems are thought to pathologise clients, and are not seen compatible with the client's strengths-based perspective in contemporary social work (Bliss & Rasmussen, 2013). The professional model of social work emphasizes a neutralised relation between client and practitioner. In the distancing approach of a rational–technical model, the social worker may remain unaware of his or her motivations, and consequently valuable information is lost (Van Nijnatten, 2006).

The neutralised paradigm can be argued to be connected to the social workers experience of high rates of depression and proneness to occupational burnout (Siebert, Siebert & McLaughlin, 2007). Furthermore, a sense of altruism and desire to help may mask unconscious desires, intrapsychic conflicts and motivations, and the defence mechanisms employed to deal with same remain outside conscious awareness (Wengraf, 2004; Frost, 2008). Psychotherapy has been advocated to be a component in clinical social work training to better prepare students for the intersubjective, transferential nature of the work, and for ability to remain 'mindful' in the midst of chaos, vulnerabilities and complex needs (Rozas & Grady, 2011; McCoyd & Kerson, 2013). The emphasis is on the distinction between empathetic response and the negative emotions of others as one's own inner reality (Siebert et al., 2007). The current inquiry is an exploration of dynamics underlying the working alliance between social work practitioner and client, from the practitioner's viewpoint. It is hypothesised that alongside professional supervision, both counselling and psychotherapy should be incorporated to be part of the safe and effective practise of social work in the homeless sector.

1.2 Professional identity
Sudbery (2002) citing Donald Winnicott asserts "the professional is the best of the personal" (p. 155). Practitioner's genuine human response to client's needs is thought to be at the heart of social work practise (Sudbery, 2002). Finnerty (2012) states "that an understanding and precise definition of social care for Ireland is in development" (p. 8). The role of social work and social care are separate professions unlike, for example, in the United Kingdom. Rasmussen and Salhani (2010) state that "social workers take on numerous roles, operate at multiple levels, and therefore require a depth and breadth of theoretical understanding to inform their interventions" (p. 209).

The Health and Social Care Professionals Council (2011) describes the profession:

> Social Care is a profession where people work in partnership with those who experience marginalisation or disadvantage or who have special needs. Social Care Practitioners may work, for example with children and adolescents in residential care; people with learning or physical disabilities; people who are homeless; people with alcohol/drug dependency; families in community; older people; recent immigrants to Ireland and others.[1]

For the purposes of the present inquiry, terms of 'social worker' and 'practitioner' will be employed.

1.3 Theoretical framework

Both Freudian and Lacanian principles as well as Object Relations theory will underpin the current study. Applegate (2004) states that a new paradigm in social work theorising and education has emerged, one which advocates a return to the above mentioned theories and principles. Unconscious processes and the unconscious dimension of people, organisations and social structures are a fundamental tenet of this new wave of psychosocial theory. The relational social workers perceive therapeutic relationship as a tripartite structure, composed of the transference – countertransference phenomena, working alliance and the 'real' relationship (Tosone, 2013; Sudbery, 2002). The core task of social work is to help in regulation of intense emotional experiencing, and it is thought that the practitioner's own past experiences can facilitate connection with clients. Divergently, the denial of one's vulnerabilities can be a risk of projecting onto clients the persona of the 'wounded one' (Zerubavel & Wright, 2012). The theoretical framework is useful in interpreting the data and expanding the discussion of the principles that underlie counselling and psychotherapeutic practices within social work practice.

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[1] Source: The Health and Social Care Professionals Council www.coru.ie [accessed 27/4/16].

1.4 Chronic homelessness in the Irish context

The current inquiry focuses on social work within the chronic homeless population[2]. Empirical examination reveals that many Irish are drawn into the homeless network through personal crises such as poor health, alcoholism, economic deprivation, family breakdown, social exclusion, mental health problems, drug or alcohol misuse, difficulties with sexual orientation and poor physical health (McManus, 2011; O'Connor, 2003). A cross-sectional survey of homeless people in Dublin and Limerick cities in 2013 found that homeless people present drug and alcohol addiction and mental health issues as the most pressing of health concerns. They are much more likely than the general population to suffer mental health conditions such as schizophrenia, depression, anxiety and posttraumatic stress disorder. Consequently, mental health training and guidance for workers in the homeless sector was recommended (O'Reilly et al., 2015).

1.5 Aims and objectives

The aim is to explore the ways in which a social work practitioner both experiences and encounters the transferential aspect of their work with the homeless population. The quality of the therapeutic alliance is considered to be a critical component in the process of assisting homeless people to move into permanent housing, and thus counselling skills with ability for 'effective' listening are integral components of this work (Farrell, 2012; Walsh et al., 2010). Stern (1998) speaks about the focus of how to *be* with the client and his or her myriad of problems thus not merely what one can *do* for the client, suggesting the importance of an 'implicit relational knowing' that operates outside conscious experience.

An overarching aim is to show that these findings will broaden an understanding of the relevance of psychoanalytic and psychodynamic theories, psychotherapeutic treatment

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[2] Defined as "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has at least four episodes of homelessness in the past three years" (Mayock, Sheridan & Parker, 2015, p. 3).

techniques and concepts within homeless service. The discussion will focus on the social worker's experiences of relationships through an interpretation of transference - countertransference responses. The study will explain the ways in which client, societal and organisational factors impact a practitioner working in this specific environment, and how they deal with same. Furthermore, the notion of a 'holding environment' (Winnicott, 2012) concerning the team of social workers in the context of environmental management needs investigation. Additionally, the process of 'containment' by Winifred Bion (1962) and the potential in provision of counselling and psychotherapy are discussed.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Jacques Lacan conveys transference as "an error taking flight in deception and caught by misunderstanding" (Fink, 2007, p. 131). The concept of transference is a complicated one and thus easily misunderstood. Furthermore, its manifestation is not confined only to the therapeutic space, and therefore it is observable in many situations and relationships as emotions, thoughts, ideas, and anxieties associated with early life objects are transferred to current objects (Fink, 2007). Transference is characteristic of all relationships, enabling human subjects to make and manage social bonds (Moore, 2012). Its basis is in the relational aspect of identity acquisition which emerges in the dialectic between the subject and the Other. The Other in Lacanian terminology is understood as both language and a representation of radical otherness which is beyond identification such as language, society and the law. In early life, the Other is embodied by the mother, whose identity is the result of projective identification, and subject's own expectations of it (Verhaeghe, 2008; Bailly, 2009).

To begin the literature review, the theoretical framework which will underpin this inquiry is discussed via literature by psychoanalytic, psychodynamic and Object Relations theorists, combined with contemporary empirical research. The literature review will acknowledge and account for prior research in the field of social work and psychotherapeutic practices relevant to the research topic. The aetiology of homelessness will be given an overview as well as specific issues and challenges of social work practice within this field. The use of theoretical frameworks will help to better understand normal and pathological behaviour, individual development and its derailments, and interactions between individuals, groups and organisations (Segal, 2013), and thus provide a basis for interpretations and discussion.

2.2 Transference: Freud and Lacan

Sigmund Freud (1915) argued that transference-love is a phenomenon that occurs without fail, thus love became a key element in psychoanalytic theory as it helps to understand what occurs in a therapeutic alliance. The ambivalence of the phenomenon manifests as a conflict between love and hate; the negative transference is as much a proof of an emotional bond as is the positive one (Moore, 2012). The transference is classically understood in terms of love and hate, to which Lacan added a third notion of not-wanting-to-know, to denote a relation toward the Other whose knowledge is either accepted or rejected (Verhaeghe, 2008). Verhaeghe (2008) postulates that forms of transferential relationship are manifestations of underlying anxiety thus positive transference should not be understood merely in terms of love, but rather in terms of a tendency toward symbiosis and identification. Negative transference, on the other hand, is an orientation toward separation and expulsion (Verhaeghe, 2008).

The hysteric led Freud to develop psychoanalytic theory and practice, and to conceptualise the transference phenomenon (Gallagher, 1995). Verhaeghe (1994) asserts that psychotherapy cannot be defined without defining hysteria. Its emergence provided psychotherapeutic treatment a framework of a technique based on an idea that the hysteric suffers from reminiscences of repressed thoughts; once the repressed memory is uncovered, symptoms disappear in a process of remembering and working through. Verhaeghe (1994) maintains that the process is marked by "automatic anxiety" or "traumatic anxiety", and defense mechanisms are utilised in order not to become conscious of particular childhood experiences (p. 53). Consequently, Freud talked about the establishment, interpretation, and resolution of transference as the central mechanism of therapeutic change (Freud, 1912).

Gallagher (1995) observes that the Lacanian notion of hysteria as an illness "with specific aetiology, mechanisms and symptomatology" (p. 112), ought to be perceived as a discourse[3] which aims to create a social bond based on dissatisfaction of one's place in the family and the wider society. It is marked with varied degrees of suffering, disease and unhappiness. From this viewpoint, hysterics can also be seen as a pathological manifestation of human condition, thus hysterical illness can help in the interpretation of social and political phenomena (O'Donnell, 2006; Gallagher, 1995). Therapeutic alliance is founded on a client's wish to seek an influential other who has the necessary knowledge that would benefit him or her, and the management of transference is seen akin an interplay between consciously expressed expectations and unconscious desire (Bailly, 2009; O'Donnell, 2006). Freud posits that the figure being sought after stems from infantile memories of the early caregivers, primarily the father figure. In transference the therapist becomes a representation of the original authority, in other words, 'the one supposed to know', thus revealing a level of dependence in the subject's experience of the Other (Verhaeghe, 2008; O'Donnell, 2006).

A choice influenced by transference is not right or wrong, nor true or false, but rather a process which has a meaning-giving function in the ways in which relationships are perceived by a subject thus being akin a consistent bias which was formed through experience of past relationships (Levy & Scala, 2012). Verhaeghe (2008) describes that this bias lends the transference a specific characteristic known as the fundamental fantasy[4], describing a manner in which our cognitive-affective functioning shapes our way of being in the world. The lasting relation that was originally constructed between the subject and the

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[3] Lacan's theory of four discourses sees the Master discourse as the primary discourse. It denotes the subject's being in the world through the alienation and frustration of desire resulting in acquisition of language; subject becoming divided by language (Moore, 2012; Verhaeghe, 2008).

[4] This repetition, depending on the theory one is using, can be called as fundamental fantasy, cognitive schemes, attachment style, or reciprocal patterns (Verhaeghe, 2008).

Other is largely unconscious[5] thus Lacan saw transference as "the putting into operation of the unconscious" (Fink, 2007, p. 134).

2.3 Transference: The Object Relations

Melanie Klein (1952) observed that "transference originates in the same processes which in the earliest stages determine object-relations" (p. 206). She perceived the infant as object-seeking from the beginning of its life; the breast is the first object, which for the child becomes split into a good and gratifying, and a bad, frustrating breast in paranoid-schizoid position. The good breast is a focal point in the ego influencing its structure and counteracting the mechanism of splitting, which is one of the earliest defenses against anxiety (Klein, 1948). The infant's relation to the first object becomes charged with the fundamental elements of an object-relation. The interplay between the elements of love, hate, phantasies, anxieties, and defences is the interconnection between positive and negative transferences. Four concepts are integral in her work; the processes of projection and introjection which initiate object-relations, and splitting and projective identification. These defense mechanisms in a therapeutic alliance can be seen as a way of communicating a pre-verbal experience (Klein, 1952; Mitchell, 1991).

Projective identification is a complex concept, which is perceived as both an intrapsychic and interpersonal phenomenon (Hamilton, 1986; Fink, 2007). Klein postulates that when projection has its origin in the infant's impulse to harm or to control the mother, she is experienced as a persecutory object; an identification with an object in possession of the hated parts leads to hatred directed against other people. An adult thus attributes aggression in himself to the mother or someone else who becomes a representation of the mother (Fink, 2007). Heinrich Racker expanded on Klein's concept to refer to practitioner's identification with the client's projection in countertransference, thus named it as a complementary

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[5] Lacan described the unconscious structured *as* language; a body being an effect of language (Bailly, 2009).

identification. This identification indicates that the practitioner does not identify with the client in the concordant manner, meaning with what the client is, but identifies with what the client projects (Fink, 2007). Bion further described the practitioner as a container into which the client places what he wants, thus the practitioner is "a receptable into which unwanted parts can be dumped" (Ogden, as cited in Fink, 2007, p. 170).

2.4 Human development: Freud and Lacan

Earliest stages of human development are relevant to the conceptualisation of the transference phenomenon and its manifestation in a therapeutic relationship. The fundamental premise of psychoanalytic theory is that of personality organization which is thought to be influenced by primary carer–child relations and their internalisation into intrapsychic structures (Mitchell; Weinberger, 1998). Freud's theory of individual development recognises the importance of society's impact on the individual, whose task is the management of painful, and often seemingly irresolvable intrapsychic conflicts and society's attempts to restrict their expression; this process initially happens in the family of origin. He viewed socialisation and the development of self-control as the most central determinants of personality structure and psychological development, and discussed affect regulation and defense mechanisms within this context (Barnes, Ernst & Hyde, 1999; Weinberger, 1998).

Verhaeghe (2008) contends that in the Freudian-based intrapsychic model, identity is formed in relation to the outside world on the basis of pleasure and unpleasure, and is characterised by initial mechanisms of internalisation and expulsion which become replaced by identification and repression. Lacanian subject is 'realised' rather than developed; identity acquisition continues to evolve throughout individual's life thus is never completed (Verhaeghe, 2008). The foundation of identity is sought in infancy in the Mirror Stage, mother's gaze being the first mirror. Via the dyadic mirroring process, it becomes the role of the mother to return to the infant him- or herself. Subject formation is seen as a process in

which both the subject's and the Other's identity, as well as the relationship between them, comes into being (Verhaeghe, 2008).

An identity is established by what is presented as an 'ideal' and lies in the choice that is made between the myriad identities that are presented by many others. The Mirror Stage thus represents the beginning of dual relationships and narcissistic identification with the image of the self and others, who are rendered as objects of identification and projection (Verhaeghe, 2008; Bailly, 2009). In the Lacanian sphere, an inherent identity is non-existent, and the core of identity is constituted by an inner lack or emptiness as human subjectivity is fundamentally marked by a lack of being, which is "non-identifiable and ungraspable" (Vanheule & Verhaeghe, 2005, p. 287). The child's demand leaves a mark in the psyche as the Other's interpretation of the demand will never fully coincide with the original need[6]; this lack cannot be satisfied even when all demands are met, and as such is a primary condition for displacement (O'Donnell, 2006; Verhaeghe, 2008). A fundamental consequence of this lack is a mobilisation of the subject by creating a desire that aims to fill the emptiness of inner identity (Vanheule & Verhaeghe, 2005).

Bailly (2009) maintains that "the function of the Mirror Stage is to establish a relation between the organism and its reality" (p. 31), in other words, between subject's internal world and external world. Fonagy and colleagues (2003) affirm that the social biofeedback of parental affective mirroring is a foundation of mental health as it organises the experience for the child so he or she 'knows' what he or she is feeling. Primary carer's misattunement may lead to prolonged and intense ruptures that cause chronic emotional dysregulation and contribute to the establishment of developmental psychopathology. Affect-mirroring that deviates from normal, gives rise to a concept of an 'alien self', which is a fault created in the

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[6] In the Freudian sphere, this enables to specify pathology based on the relation to the lack that the language acquisition has installed (Verhaeghe, 2008).

structure of psychological self. It can explain later vulnerability to psychosocial stress and psychopathology (Verhaeghe, 2008; Fonagy, Gergely, Jurist & Target, 2003).

2.5 Human development: The Object Relations

The theory based on Melanie Klein's observations posits the existence of an unconscious reserve of mental images that are marked by primitive, aggressive libidinal drive, and affects that are linked to the early tension between the life and death instinct (Tuttman, 1990). Winnicott (1962) states that "if there is not good-enough mothering, then the result is chaos rather than talion dread and a splitting of the object into 'good' and 'bad'" (para. 24). The facilitating environment and the holding function of the mother are necessary for the infant's experience of omnipotence enabling psychological development. The mother does the unconscious work by becoming a 'container' for the infant's unbearable, chaotic experience thus transforming it into something tolerable. In a parallel process, if the mother is not emotionally available, the infant's projected fears get re-introjected and become an experience of 'nameless dread' (Bion, 1962). A 'transitional object' describes a vital developmental moment, in which the mother lives an experience with the infant, providing herself as an 'feeling-object' that can be experienced by the infant as his creation. The mother's adaptation to the infant's needs thus provides an illusion for the infant of an external reality that corresponds to the infant's capacity to create (Winnicott, 2012). This experience is marked by "a quality of otherness in a world external to the infant's sense of self" (Ogden, 2001, para. 4).

In the process of development of aggressive object relations, omnipotence is characterised by frustration, trauma, and pain, and a need to control the object of love by means of projective identification. A vicious circle may ensue as the need to spoil and destroy the object of love that is also needed for survival, is experienced in a persecutory way, thus prolonging the

experience of frustration and rage (Kernberg, 1995). The capacity for mentalisation[7] and development of intersubjectivity is founded on this crucial task wherein the integration of early-life mental representations are organised to contain both the good and the bad representation within a unified sense of self. The so called borderline person has not worked through this task, and thus the self and others are perceived in split and polarised parts leading to a distorted view of others in primitive idealisation, denial, devaluation, and paranoid trends (Tuttman, 1990; Kernberg, 1967).

2.5 Homelessness as a symptom

The risk factors associated with homelessness include a history of foster care, social isolation, forensic history, problematic relationships, mental illness, and substance abuse (Farrell, 2012). A homeless shelter is thought to contribute to fragmenting experiences rather than providing a nurturing environment, and to a breakdown of one's sense of self through repeated objectification and infantilisation, which may result in psychopathology (Farrell, 2012; O'Connor, 2003). O'Connor (2003) posits that a proportion of homeless people are reflecting an intrapsychic position and manifesting their inner experience of the external world, thus homelessness can be perceived as a state of becoming.

Symbolically the experience of homelessness can repeat an experience of rejection and alienation, and of fragmentation, anxiety and uncontainment by the early caregivers (O'Connor, 2003; Farrell, 2012). The first home must be found in the mind of the Other, and an infant has to be held in mind for it to become an embodied self (Farrell, 2012; Van Nijnatten, 2006). Farrell (2012) asserts that the life of a chronically homeless person may serve a variety of organising and cohesive functions for self-preservation. They may experience a sense of empowerment by their way of life, thus successfully adapt to it as the

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[7] The mental process by which own actions as well as others' are interpreted as meaningful based on the intentional mental states such as desires, needs, feelings, beliefs, and reasons (Fonagy et al., 2003).

state evolves to a protective matrix against anxiety thus preserving a fragile core self. Freud's notion of 'pleasure in pain', or satisfaction in dissatisfaction, explains the reluctance to let go of an internal state of unhousedness as a symptom, and the suffering and pain that it causes (Fink, 2007; Campbell, 2006). A study concluded that the persistent inability to maintain a meaningful, stable dwelling-place is reflected in an inner state of vulnerability, and in relationship difficulties that lead to destructive behaviours and consequently to further alienation (Campbell, 2006).

2.6 Transactional engagement

Van Nijnatten (2006) asserts that "view of development as a transactional process links up with constructivist conceptions of social work, starting from the premise that there is not one, single social reality that can be objectively known" (p. 138). A study to the working alliance between helping professionals and homeless persons found that meaningful conversation occurred in relationships characterised by a sense of connection, effective listening and trust (Walsh et al., 2010). Continuity and boundaries are important components of social workers perception and handling of clients' problems (Van Nijnatten, 2006). Reamer (2003) considers ethical issues related to boundaries as the most challenging and problematic in social work. Rozas and Grady (2011) propose that social work students are often so called 'wounded healers'[8] with multiple traumatic factors such as family or personal histories of substance misuse, physical or sexual abuse, and significant family losses. Consequently, the intersubjective nature of the relationship with a client may become impacted by the practitioner's issues if he or she has not engaged in personal work psychotherapeutically, and is not attending regular professional supervision (Rozas & Grady, 2011; Urdang, 2010).

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[8] The term 'wounded healer' was first used by Carl Jung referring to the vulnerability of the therapist (Wheeler, 2007).

Empathy is seen as related to projective identification, and it is argued that social workers ought to develop accurate empathy to enhance their emotional resilience (Hamilton, 1986; Grant 2014; Rasmussen, 2005). Carl Rogers emphasized the therapeutic value of a practitioner's accurate perception of the internal frame of reference of a client and its communication to the person (Clark, 2010). The empathic social worker's capacity to regulate client's affects has been found to have positive therapeutic effect, and it is considered a core aspect of the profession. The capacity implies communication in "psychobiological somatic processes" which mediate shared conscious and unconscious emotional states in transference-countertransference relationships (Schore & Schore, 2008, p. 7). Furthermore, the risk of being emotionally over-involved with service users has been identified as being associated with a range of negative outcomes such as psychological distress, compassion fatigue and burnout (Grant, 2014; Urdang, 2010; Rasmussen, 2005). Van Nijnatten (2006) maintains that workers in helping professions often suffer burnout because of an inadequate symbolising faculty, and thus "those who think they command the solutions for their clients and demand total commitment from themselves are simply asking the impossible of themselves" (p. 140). Trevithick (2011) states that being aware of the impact of positive and negative transference reactions can help social workers to respond proportionately and appropriately, thus contribute to a capability to avoid burnout and the risk of vicarious traumatisation[9] (Rasmussen, 2005).

2.7 Summary and rationale

In reviewing the literature, it was found that little empirical research has been done into the nature of intersubjectivity in the homeless sector in a psychotherapeutic frame of reference with an emphasis on the practitioner's well-being. A pilot project conducted in

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[9] Vicarious traumatisation is defined as 'the transformation that occurs within the therapist (or other trauma workers) as a result of empathic engagement with client's trauma experiences and their sequelae' (Pearlman & MacIan, 1995 as cited in Rasmussen, 2005).

Edinburgh resonates with the current inquiry. Campbell (2006) found that borderline and paranoid traits were predominant corresponding with homeless people who were prone to aggression, and who evoked feelings of anxiety in the helping professionals. The psychotherapeutic involvement provided an opportunity for the staff to freely express themselves and to discover new ways of coping with the polarised states of vulnerability and destructiveness that they encounter in their work (Campbell, 2006). A grounded theory study researched how homeless sector workers in Dublin deal with a death of service user and found that in well-functioning teams the emotional vulnerabilities of colleagues are recognised. Additionally, training in relation to the maintenance of personal and professional boundaries as an essential requirement was recommended (Lakeman, 2011). The current study will attempt to explore the ways in which the transferential relationship is experienced by five social work practitioners through interpretations inspired by the theoretical framework presented in this literature review, and to discuss if the provision of counselling and psychotherapy could be used to provide containment.

CHAPTER THREE: METHODOLOGY

3.1. Introduction

The quality of the therapeutic alliance is considered to be a critical component in the process of assisting homeless people to move into permanent housing (Farrell, 2012). Social work may have much to gain from the facilitation of emotional expression and problem-solving through psychoanalytic and psychodynamic theories and psychotherapeutic practises (Van Nijnatten, 2006). The current inquiry utilises qualitative research and thematic analysis techniques and strategies to explore social work practitioner's experience of transferential relationship with a homeless client (McLeod, 1996).

3.2 Aims and objectives

An overarching aim is that findings will broaden the current understanding of the relevance of psychoanalytic and psychodynamic theories, psychotherapeutic treatment techniques and concepts in the nature of relationships in a homeless service. The discussion focuses on the social worker's perception of relationships through interpretation of transference and countertransference responses manifesting in the data collected. The hypothesis is that the homeless sector worker would benefit from an engagement in counselling and psychotherapy alongside professional supervision.

3.3 Qualitative method

It is thought that a qualitative study has a potential to illuminate and offer fresh insight to a dilemma or question (McLeod, 1996). Qualitative inquiry is a discovery-oriented process through which the researcher achieves new understandings of aspects of social life. Qualitative approach is marked by a constructionist perception of knowledge, thus taking the view that there is no objective social reality that can be known (Dilley, 2004). Qualitative methods and strategies are reflective and allow the researcher to become more open to the meanings implicit in the communication (McLeod, 1996; McLeod, 1994). Thus qualitative

approach was chosen as it is most fitting for the purposes of the current inquiry which attempts to explore latent meanings in the data. In qualitative research the stories told by participants are essentially unique (McLeod, 1996). The multifaceted issue of homelessness in the current inquiry is presented by giving voice to the practitioner working in this specific field for an exploration from his or her unique viewpoint.

3.4 Recruitment of sample

For the purposes of the research five participants, who work in a professional capacity of a social worker in a homeless residential service[10] and have a minimum of two years of work experience, were recruited. For thematic analysis method, five is a recommended interview sample size. Exclusion criterion was less than two years of work experience in order to ensure sufficient ability to fully engage in the research questions. Additionally, requirement was that the participants have experience of working as a key worker whose role "is to establish a close relationship with the service user" (Department of Health, 2006, p. 108). The participants were recruited by contacting a homeless organisation's human resources department who chose a suitable team. The team manager, who participated also, was initially discussed with for a permission to contact each participant by e-mail to explain the research objectives.

3.5 Data collection

The data was collected through recording of in-depth, open-ended interviews in a private room, in their place of work. A consultation with an academic supervisor took place to ensure that the interview questions were suitable for the current study. Initially, respondents were asked to sign a consent form (Appendix A). The researcher conducted semi-structured interviews (Appendix B) lasting approximately 40-50 minutes.

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[10] Supported Temporary Accommodation (STA) operates on an ethos of 'low threshold'; exercises high tolerance with clients who present with substance abuse problems and associated behaviours and needs.

3.6 Ethical considerations

The Belmont Report (1979) outlines the three basic principles that are relevant to the ethics of research involving human subjects as the principles of respect of persons, beneficence and justice, which informed the current research throughout. At the start of the interview, respondents signed the consent form and were assured of confidentiality and anonymity of their participation. The limitations to confidentiality were expressed in the information sheet, consent form and commencement of interviews. Anonymity was paramount and care was taken in the storing of confidential information after the interviews. Furthermore, it was decided against to use a detailed table of demographics to limit identifiability of the participants.

3.7 Thematic analysis

Thematic analysis (TA) is a method which is marked by flexibility in its approach to coding and theme development, and one which involves the researcher in a fluid, responsive engagement with the data; familiarisation, coding and thorough theme review are central techniques. TA provides a specific set of theoretically independent tools for analysing qualitative data. It can be used to address most types of research questions, and deployed within wide range of theoretical frameworks (Clarke, Braun & Hayfield, 2015). The form of TA that the current inquiry is most fitting with is deductive TA thus the data was viewed through a theoretical lens of existing theories. This informed the coding and theme development, and provided an interpretative frame that guided the analysis and interpretation (Clarke et al., 2015).

3.8. Conclusion

The participants form a highly experienced and skilled team of professionals with a combined work experience of approximately 45 years. This was reflected in the rich data, which offered deep insight into the unique relationship between the social worker and homeless client. In the following section, this relationship is presented by using extracts from the data and

discussed through analysis informed by the research, theories and concepts explored in the literature review.

CHAPTER FOUR: FINDINGS

4.1 Introduction

Participants were interviewed and encouraged to talk extensively about their experiences of their work with the homeless population and the coping mechanisms employed to deal with same. The process of thematic analysis from the transcribed interviews elicited an overarching main theme of "The Relationship Building" which was divided to three sub-themes. The sub-themes were further divided to three headings to allow a detailed and structured exploration:

Table: The overarching theme and sub-themes

The Relationship Building		
THEME 1: THEM AND US	THEME 2: TRUST	THEME 3: TEAM AND SUPERVISION
i) The Dyadic Dance ii) The Building iii) The System	i) Acting Out ii) Frustration iii) Attunement	i) Horrific Stories ii) Little Things Mean a Lot iii) The Meaning

The importance of relationships was the main finding. The psychoanalytic conceptualisation of transference was relatively unknown, albeit the data elicited an unconscious connection to the phenomenon in comments such as, when dealing with challenging behaviours: "there are times you just have to stand back and let nature take its course" (Patrick), and when

witnessing emotional distress: *"they were a child once and a baby... just with the hand that they were dealt, with the way they were brought up or whatever happened"* (Joe). Expressions such as 'trust', 'genuine', 'open', 'honest', 'empathy', 'respect', and 'patience', as well as 'chaotic', 'brokenness', 'worry', 'fear' and 'frustration' were noteworthy. Social justice was experienced as being an integral component of the work. In the transactional relationship strive was toward a balance between power and authority, independence and dependence, and client autonomy and demand.

4.2 Theme 1: Them and Us

The precariousness of practitioner's' position in the social bonds created with 'chaotic' clients became obvious as did the problematic balancing act in the dependence – independence continuum. On one hand, 'building the relationship' implies relationships as a 'construct', with a foundation built on a notion of *"being on the same level, so we can be equal walking on the same journey trying to reach hopefully shared outcome"* (Joe). On the other hand, the importance of boundaries in the intense transferential relationships was acknowledged:

> Carol: "I know this sounds harsh but I'm not her friend, I know you have to be able to separate the two, I know you can get attached… I got attached to a couple that I worked with before for two and a half years, and they died and I found that extremely hard so now I really try and keep the boundaries."

4.2.1 The Dyadic Dance

The clients' need for authority, subject supposed to know, was observable in relation to Joe's role as a manager, the external figure sought for certainty, and for "original authority" (Verhaeghe, 2008, p. 119):

> Joe: "An issue might happen and they get mad and upset and they ask to see the manager and I would sit down with them and the conversation could be completely different… I think it's odd because you want people to treat you as the same regardless of the role... That said people usually relate to me in a different kind of way and I appreciate that it is almost needed in a way."

The participants spoke about professionalism and tolerance with clients' poor emotional self-regulation and demand, and equally, about the feeling of 'oneness' indicating a symbiosis in the alliance (Blum, 2004):

> Riadhna: "It's ok for you to have a natural human reaction I mean staff can do it and residents as well… we are all people, we are not robots, staff and residents we're all the same.. You still have to address it you can't just let it go... They're not learning that it's not appropriate… because somebody else is not going to tolerate it and that's something that you have to balance."

The notion of protective, symbiotic countertransference (O'Connor, 2003, p. 231) thus is captured.

4.2.2 The Building
The "them and us" theme was ascribed to the service and wider community:

> Joe: "Everybody who lives and works here, everybody comes with baggage and I think if we can be as honest as possible… and help and support each other... we all come here for whatever reason we're all drawn here to this building."

Riadhna articulates the experience of marginalisation and empathetic connection with the stigmatised clients:

> Riadhna: "There's a big attitude towards people who are homeless and I do like being part of that, I think you get to see different sides to people… they're lying on the street on drugs and you don't get to see that person that they are."

The respondents had experienced a significant working alliance with a client which all of them poignantly illustrated. Oonagh expressed how a client's "only positive relationship was with myself at the time… we were able to be there for him and he wasn't on the street with his illness. Yes he did die, but he didn't die alone".

4.2.3 The System
The System was perceived as unknowing of the reality of homelessness:

> Patrick: "The government expects to eradicate homelessness but they are not putting much money into the addiction side of things… government is doing things so that it

can be seen to be doing things."

This highlights the notion of practitioner as a container which is "a receptable into which unwanted parts can be dumped" (Ogden, as cited in Fink, 2007, p. 170) as the problem of the Irish society is dumped on the service, including substance abuse:

> Carol: "I don't think that people who don't work on the floor know what's going on, all the circumstances and what are the effects on other people".

Furthermore, empowerment and sense of purpose was illustrated in the practitioner's adaptation to become a protector of the fragile core of service:

> Riadhna: "I find it very rewarding because it is a group of marginalised people who don't really get a lot of support or are people who are isolated... a lot of external services treat people very badly."

4.3 Theme 2: Trust

Trust was regarded by all respondents to be the most important component in the relationships with clients. Joe asserts the transactional relationship as "... a two-way thing... we have to be patient and give people opportunity to get to know you". Simultaneously, it was experienced a challenge to gain, requiring patience and empathy as many of the clients present lack of impulse control inherent in borderline processes (Kernberg, 2009). O'Connor (2003) maintains "we see then a 'mindless' uncontained acting out of the internal situation in the violent expulsion of the uncontained and uncontainable feeling" (p. 124). The experience of failure in containment is plain in the interviewees' narratives, as are anxiety and uncertainty intrinsic to the loss of trust (O'Connor, 2003). Patrick stated thus "they don't open up to you unless you start building a relationship through trust".

4.3.1 Acting Out

Campbell's (2006) observations of behaviours within homeless population is noteworthy for the findings as she describes the manner in which defensive strategies and

relationships with others are marked by projective identification, splitting and acting out. Furthermore, the capacity for experiencing guilt feelings and feelings of concern for others is limited (Kernberg, 2009):

> Patrick: "They always want an escape goat; they want someone to blame rather than taking responsibility for their own actions."

Freud's notion of a negative therapeutic reaction that gives rise to self- directed aggression is observed in clients who get worse when they are being helped (Kernberg, 2009):

> Carol: "She needed to be minding her health but she wasn't interested in anything else but snow blow… I had to watch her just go downhill even though she wanted so much to get better… then one day she just left… it was very hard I thought she was making progress… it's really a loss for her because she related really well to key working anyway she loves the attention… she would have made great progress if she hadn't left."

This excerpt illustrates how the Other's identity is result of projective identification, and subject's expectations of it. Client's identification with rejecting Other is at the root of repetition and 'putting into action of what is thought' in enactment. There is a need for physical presence but simultaneously, intimate psychological relation is experienced as unattainable and even dangerous. A change of the bad object into a good one is experienced as a loss of identity thus pathological attachment to the internalised parental objects prevails. The fundamental fantasy's core function as a self-fulfilling prophecy is thus highlighted (Verhaeghe, 2008).

4.3.2 Frustration
The processes of projection and introjection are observable in the ways in which frustration is managed as the System is experienced as insufficient:

Joe: "It's really frustrating, we can't do what we are supposed to be able to do, we can't lift people out of homelessness, we can't stop the cycle of homelessness, that is very frustrating, there's not even an opportunity for any of them to move out tomorrow."

The frustration is introjected as well as projected:

> Riadhna: "A lot of frustration if you're trying to help somebody move on to certain goal but there are other barriers coming from other services and you still try to get that person motivated… it's a lot to do with your own frustrations… It's not going to be a straight road, it's not going to be a 10 step plan and it's not going to be all perfect suddenly."

A pervasive phenomenon in the service, the splitting as a defence against anxiety and frustration is seen as a response to a reality of a situation experienced as 'beyond one's control'.

4.3.3 Attunement

Winnicott (1960) stated that "there is no such thing as an infant" to describe the dyadic bond marked by an infant's absolute psychological dependence on the mother for development. The mother has to be attuned for the infant's needs instinctively, and have an understanding of what is needed. Winnicott (1960) saw this notion of understanding distinct from empathy, captured in the following:

> Patrick: "You know their habits... that they're usually coming back with drugs… I always listen to my sixth sense... might get a feeling, I would be walking past a room and I would be saying 'go into the room' and I could find somebody on the ground."

Furthermore, the basis of empathy is identification thus an attunement in the transferential relationship was described as "it feels like I've known her a lot longer" (Oonagh), and in the following: "the people that we work with in homeless services can see through us very easily… they're looking at us all the time" (Joe). Lacan relates to the act of "keeping eye on" the practitioner as a sign of negative transference (Fink, 2007, p.137).

4.4 Theme 3: Team and Supervision

Team support and supervision were stated paramount for an ability to function in "an emotionally intense environment" (Joe). Bion's notion of the 'Container/Contained' is

elicited in the narratives for a need of containing by the organisational structure for a capacity to provide containment.

4.4.1 Horrific Stories
The participants conveyed a sense of being a container of clients' traumatic experiences:

> Patrick: "Sometimes you are left with people, say you know the horrific trauma they've gone through... Some nights you try and switch off and you go to bed and then you wake up four in the morning and client is in your mind, it can happen just like that."

Emotional contagion is defined as a phenomenon of experiencing the emotions of others as an affective state is transferred from one person onto another (Siebert et al., 2007). Articulating her experience of clients' disclosure and the way in which information is carried thus indicating a movement from one place to another: "... we hear a lot of absolutely horrific stories... people telling us things and I'm just very mindful how I carry that information" (Oonagh).

4.4.2 Little Things Mean a Lot
The skin containment theory posits that skin is not originally experienced as having a sufficient force to 'hold' the infant. There is a reliance on maternal care for a sense of embodiment, and a capacity for self-care depends on the internalisation of frequent experiences (Turp, 2007). Carol describes a facilitation of a client's basic self-care needs:

> Carol: "We used to do a lot of work on her personal hygiene we used to go shopping and get nice bath products and colours for hair... she just didn't have motivation to get up and have a shower… and things like that, and then we started to work towards her health."

An inability to link emotional and bodily states, leads to an experience of body as an 'alien self-part', which is out of control (Fonagy et al., 2003). The notion of 'small things' denote important actions as practitioners are met with resistance and ambivalence. Patrick relates to the importance of realistic, manageable goals:

Patrick: "One client might be doing ok getting a bit of stability... making small changes and the rest of them could be going backwards… keeps you going to see him making a change in his life and then perhaps trying to inspire the rest."

4.4.3 The Meaning

Individual's work environment is thought to be a representation of his or her motivations, personality and potential of self-fulfilment (Buchbinder, 2007; Wengraf, 2004). The practitioners conveyed a sense of existential commitment in relation to their work, expressed as "I'm trying to install memories so they can have those memories" (Patrick). Joe speaks of his experience of feeling privileged "...when people allow you to be in that zone with them when they are really broken and really down in their lives". Communicating a sense of vocation:

Oonagh: "I feel honoured being part of someone's life... just being able to help, to be able to have that relationship with someone it's so important."

Existence and life narratives are experienced in a unique way by a social worker (Buchbinder, 2007), and the transactional notion of learning from a client is verbalised:

Riadhna: "You meet so many different types of people so many different views about things… just learning about addiction and about mental health actually meeting people who are living it, that people have different reasons for living the way they are."

4.5 Summary

The rich data encapsulates the multifaceted therapeutic alliances between social workers and homeless clients. The work is experienced as both rewarding and challenging by its nature of constant change, unpredictability and the opportunity to make a difference in the lives of marginalised group of people. Relationships are central to this work, and the deep bonds created were apparent in the narratives that transpired the themes. The next section will expand upon these themes.

CHAPTER FIVE: DISCUSSION

5.1 Introduction

The main aim of this research was to explore through the context of psychotherapy the ways in which a social worker is affected by and experiences the transferential aspect of their work with the homeless population. The data collected from interviews was transcribed for the examination of transference phenomena. Thematic analysis was applied to the transcripts and an overarching theme was divided to three sub-themes which then were further divided to three headings for thorough exploration. The transference phenomenon permeates the service's intersubjective environment in transactional, dynamic processes. The practitioner is compelled to walk a delicate line between clients' dependence and challenging behaviours, his or her own countertransferential responses and a sense of authority in the professional identity. The narratives indicate a level of identification with the marginalised clients as well as frustration, anxiety and a recognition of powerlessness in the face of reality; a shared experience of alienation and isolation. The identification intrinsic to empathy was experienced as both having a meaning-giving function enabling to build the trust required for a working alliance, but simultaneously, boundaried practise being expressed as a core requirement for well-being and professionalism. This chapter will further discuss and expand upon the themes with a conclusion and summary on the potential and provision of psychotherapy for staff in the homeless sector.

5.2 Them and Us

The "them and us" theme was multifaceted and observable between the staff and the clients (hence the title The Dyadic Dance), the wider community and the service (thus The Building), and The System constituting of the government and the external services and the team.

Fink (2007) asserts that the "usual way of listening rejects the otherness of the other" (p. 2) in order for a common ground and an identity to be established. Throughout the transcripts respondents were contemplating their professional identity with relation to the notions of authentic person-to-person connection and the real relationship (Stern, 1998). The empathetic response based on identification (Fink, 2007) relates to a feeling of oneness in symbiosis (Blum, 2004) and suggests the inherent mirroring in psychotherapeutic practices (Winnicott, 2012). Finally, it indicates Lacan's Mirror Stage for a realised identity (Verhaeghe, 2008). The dyad of practitioner and client was marked by a dynamic state of flux between polarised states of avoidance, independence and separation, and symbiosis, dependence and containment. This was particularly noticeable when the respondents spoke about the conflict between what they aim to achieve, which is to help an individual to become an independent member of society, and the reality of the situation. The client's independence is compromised as the engagement [11]with the practitioner is a condition for staying in the service. Additionally, the risk of institutionalisation and total dependence renders clients to a state of infantilasation (Farrell, 2012) in the provision of the most basic needs on a long-term basis, for which the service was not designed.

Stern (1998) proposes that therapeutic action occurs within implicit relational knowledge; an intersubjective process based on mother-infant studies. Such phenomenon integrates affect, cognition, and behavioural dimensions, which remain out of awareness akin "an unthought known" (Bollas, 1987, as cited in Stern, 1998). The practitioner is sought by the client as he or she feels alienated but simultaneously depends on the other, a subject supposed to know, for authority thus determining the structure of a social relation borne from discontent (Verhaeghe, 2008). Verhaeghe (2008) observes that people acquire their identity through

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[11] Cohen (1989) defined engagement as "the process of establishing mutual respect and trust in the helping relationship, which reduces fear and enables the real work to begin" (p. 505).

transferential objects of authority and that feelings of dependence are a parallel process to feelings of fundamental anxiety "that without the authorities, one would not know who one is" (p. 61). The authority is demanded by the client and once it is established, it is destroyed thus making it "the impossible position of the master that the client demands" (Verhaeghe, 2008, p. 67). Additionally, Joe's accurate, instinctive observation that the client's transference of knowledge onto him is necessary, is illustrated in the findings, albeit the authoritative position is not consciously sought. Fink (2007) maintains that this type of object seeking in transference, for what Freud named as the original authority, is natural particularly at the start of a treatment, and should not be intervened with since it would take away hope from the client and thus lead to despair.

Relational trauma is a result of systematic invalidation, neglect, and 'projective distortion' of the child's affective experience. Consequently, capacity for mentalisation becomes developmentally compromised (Stern, 2009; Fonagy et al., 2003). This is elicited in the way others' attitude toward the homeless population is experienced by the respondents as distortions, which aim to render the clients into undesirable and unseen members of society. Therefore the practitioner is compelled to provide the dyadic affective mirror as a foundation of mental health, and thus a sense of aliveness and an identity (Fonagy et al., 2003; Stern, 2009). The practitioner's countertransference indicates a concordant manner of identification with what the client is, instead of what is projected by the others or the client (Fink, 2007). In Riadhna's words, they "see their value as a person" behind the behaviour non-susceptible to the normative social influence and demand. Protective, symbiotic countertransference response was evidenced in data interpretations as the fragile core self of the service needed protection from the influence of what is seen as a hostile, persecutory environment, a response, that provides the practitioner with a sense of purpose in return (O'Connor, 2005). Furthermore, the notion of the service as 'a dumping ground for the society's unwanted parts'

is shown in the transcript, equally, so are fear and anxiety over the impact of substance abuse on clients' behaviour and health (Fink, 2007). The interviewees do not feel contained and 'held in the mind' of the system as it does not hold sufficient knowledge of the reality of homelessness, nor, as Carol stated "...the effects of substance abuse on everyone in the service".

5.3 Trust

Trust as a theme permeated the transcripts as a core requirement for the relationship between practitioner and homeless client. Simultaneously, it was illustrated as a challenging process and a potential source of frustration thus requiring patience, empathy and tolerance. Transcripts gave an indication of attunement and unconscious understanding of the chaotic mental states. The sub-theme trust was divided to the three headings of "acting out", "frustration" and "attunement".

An exploratory study on the nature of therapeutic conversation between helping professionals and homeless persons found that the core facilitators were 'listening' and a trust for the formation of a 'common language' through open dialogue (Levy, 1998; Walsh et al., 2010). The respondents were faced with a difficult task marked by borderline processes evoking Klein's notion of paranoid schizoid position, and an intrinsic lack of trust in authority figures. Verhaeghe (2008) asserts that borderline pathology goes back to an early infantile traumatic relationship toward the Other. Consequently, the trust is missing, and is replaced by a need to keep distance from the Other. This fundamental distrust manifests as aggressive acting-out, sexual promiscuity, auto mutilation, suicidal behaviour and disturbances in impulse control (Verhaeghe, 2008). Freud considered both transference and acting out as manifestations of the same thing; repetition in the place of remembering (Rowan, 2000). The other must be controlled, and kept at a distance, which gives rise to separation anxiety as without the presence of another, the borderline client does not exist. The other is the constant mirror in

which clients confirm their existence as illustrated in Joe's description of the manner in which clients "are looking at us all the time". Lacan linked this to negative transference, and to a tendency toward separation and expulsion (Verhaeghe, 2008; Fink, 2007).

For many of the respondents' clients, home is a place which evokes fear and anxiety thus a dwelling-place becomes something that is constantly sought and lost, abandoned or destroyed. Relationships with others are dominated by projective identification, splitting and acting out (Campbell, 2006; O'Connor, 2003). The aggression is expressed by the participants as something that is directed toward the other or toward the client him- or herself (Verhaeghe, 2008). The latter leaves the practitioner overwhelmed by the lack of self-regard, as Riadhna expressed:"...you are shocked over how little some of the clients you work with, how little they care about themselves". Freud's theory proposes, the unconscious function of self-destructiveness is not simply to destroy the self, but to destroy significant others as well (Verhaeghe, 2008). Apparent in the transcripts is the manifestation of negative therapeutic reaction which relates to an unconscious identification with a destroying, sadistic object, and to a perpetual state of ambivalence toward those that are loved and needed, but who are an incessant source of frustration as well (Kernberg, 2009). Furthermore, the effect of living in hostile environments reinforces behaviours that are often characterised as mental illness. Aggressive behaviours, therefore, may in fact be an adaptive response to a hostile environment (Levy, 1998; O'Connor, 2003). Patrick ascribed "they become a product of their environment" through identification with the others.

The respondents found the cultivation of trust with appropriate boundaries to be a challenge. Homeless people have experienced an array of failed relationships, including with social workers (Levy, 1998). The interviews revealed how ordinary tasks, such as completing medical card applications, can give rise to resistance and hostility, and become 'a real

struggle'. Campbell's (2006) observations resonate with the findings of the current inquiry as a homeless person's reception of authority may lead to suspicion and paranoia, thus become a source of stress, frustration and anxiety for staff. These situations Campbell (2006) expounds can trigger early trauma from misattuned caregiving, and feelings of confusion, fear, anxiety and despair. The participants expressed frustration in the face of reality, and the splitting in the protective countertransference responses toward the persecutory other, represented by 'the external services' can be observed. This phenomenon mirrors the homeless person's history becoming a re-enactment, and externalisation of his or her intrapsychic reality (Campbell, 2006).

Empathic understanding was considered by all participants to be central in developing trust. Attunement is seen as a distinct form of expression, and it is suggested that affect attunement differentiates from empathy in being that it happens mostly automatically and unconsciously (Fonagy et al., 2003). This phenomenon was ascribed by Patrick as a poignant description of his 'sixth sense'; an instinctive understanding of what is needed by a client. This elicits Winnicott's notion of a transitional phenomenon for a shared, "intense experiencing that belongs to the arts and to religion and to imaginative living" (Winnicott, 2012, p. 19). Additionally, attunement is suggested to contribute to a client's sense of connection with another, and provide a sphere to discover him- or herself in the mind of the other (Gallese, 2007).

5.4 Team and Supervision
The most striking aspect across all five transcripts was the importance given to the team support and supervision which is in line with emergent research in the field of social work. The theme was divided to three headings of "horrific stories", "little things mean a lot, and "the meaning". These headings allowed a detailed exploration of the aspects that place the

team and supervision as key factors for participants' overall well-being, and for the capacity of genuine, empathic engagement in the therapeutic alliance.

Racker (2007) asserts that every transference situation provokes a countertransference response. The complementary responses are produced as the practitioner identifies with the projected object, which may be persecutory, and thus feels treated accordingly by the client. The concordant countertransference, on the other hand, Racker (2007) identified with empathy, which he perceived as relating with countertransference "in the wider sense" (para. 3). A study found that social workers are susceptible to strong countertransference responses influenced by personal history, a feeling of being valued or unvalued by both wider society and the client, and job satisfaction (Gibbons, Murphy & Joseph, 2011). They are often involved in supporting victims of trauma, making vicarious traumatisation "part and parcel of the work" (Rasmussen, 2005, p. 19). This can lead to posttraumatic stress and burnout which is a common occurrence amongst social work practitioners (Siebert et al., 2007; Gibbons et al., 2011). Furthermore, Vanheule and Verhaeghe (2005) established a significant link between burnout, identity disruption and difficulties experienced at an intersubjective level.

Emergent research shows that vicarious traumatisation can also lead to positive growth if the practitioner is provided with containment and supporting infrastructure in the form of a team, management and supervision (Gibbons et al., 2011; Hernández, Engstrom & Gangsei, 2010). This highlights the Bion's notion of Container/Contained; in order for the mother to be able to provide containment, she must have an experience of emotional security and support coming from the environment (Fraley, 2007). Furthermore, Bion argued that individuals, who lack containment in a group situation, may become prone to processes that prevent them from connecting with the primary task that is set for the group (Gibbons et al., 2011; Fraley, 2007).

The importance of containment in the team becomes evident through the participants' experience of the 'horrific stories' as they make themselves available to listen, understand and contain the client's mental pain. This process is considered a core function of their profession, suggesting a notion of the mother's role as a container for the child's unbearable, chaotic experience (Mack, 2002; Bion, 1962). Vicarious trauma is described as "the transmission of traumatic stress by bearing witness to stories about trauma" (Hernández et al., 2010, p. 69). Emotional contagion is thought to be related to burnout, depression, and professional impairment. The practitioner's ability to be attuned to the emotions of their clients is considered to be linked to this phenomenon (Siebert et al., 2007; Knox, 2013). Consequently the emphasis is on the distinction between empathetic response and the negative emotions of others as one's own inner reality (Siebert et al., 2007). The respondents must walk a delicate line between empathetic, emotionally sensitive and attuned presence in the therapeutic alliance, and a well-boundaried practise. Yet at times, the 'horrific stories' were 'carried' home, and thus regular supervision was communicated to be of utmost importance by all the participants.

Despite the challenging nature of their work with the homeless population, the interviewees describe it as a 'privilege', an 'honour', and an experience of 'constant learning'. The theme 'little things that mean a lot' conveys manageable goals and achievements as well as interventions that are aimed at basic improvements in clients' lives. These were considered a potential source of rewarding experiences and a transformational process for both the practitioner and client. The concepts of vicarious resilience, posttraumatic growth and altruism born of suffering describe the ways in which trauma may have positive effects. The meaning that can be learned from the clients' healing processes and resilience is elucidated in the transcripts (Hernández et al., 2010; Wheeler, 2007). This resonates with the influence that primary carers have on children through the meanings that they attach to life. The participants

illustrated a transactional process and reciprocal exchange, an individual transformation indicating the Lacanian imaginary position, which is mirroring and symbiotic by nature, to an establishment of 'otherness' through discovery of internal states that are different from those held by others (Fonagy & Target, 2007; Van Nijnatten, 2006). Thus, to conclude in Riadhna's words: "... try and imagine yourself in that situation, things that have happened to them... I don't know how somebody is still alive with the things that happened... but they're still fighting on... I have a lot of respect for that kind of people".

CHAPTER SIX: CONCLUSION

6.1 Overview
The social work practise has a degree of reciprocity with the psychotherapeutic practises as it emphasises therapeutic development, albeit its approach is very different. The theoretical frameworks of both psychoanalytic and psychodynamic theories helped to conceptualise the diverse relationships in the homeless sector which have an influence on the social worker's well-being. On one hand, the practitioners' interventions highlight a notion of early carers who provide a 'holding environment' for the vulnerable client. On the other hand, the practitioner did not feel 'held in mind' by the system, or supported by social environment thus containment provided by the team and supervision was considered of paramount importance. The findings support the conclusion that engagement in counselling and psychotherapy would be beneficial for workers in the homeless sector, which is in line with prior research.

Being "real" and vulnerable are essential for the therapeutic relationship (Wheeler, 2007). The homelessness is experienced as a loss of human uniqueness with the sense of being unseen by others (Walsh et al., 2010). Therefore the worker's core task is to learn about the homeless client, to really see him or her, and listen how he or she is attempting to cope with the problems that life poses thus 'starting where the client is' in psychosocial language (Mack, 2002). In the Lacanian language it signifies listening to "the otherness of the other" (Fink, 2007, p. 2). Erikson (1964) asserts that the professional partnership involves both client and practitioner in a transactional, reciprocal process of psychological discovery. The practitioner cannot escape the conflict between his or her emotional participation and professional guidelines of rationalised practise. For a shift in self-awareness, he proposed a new orientation of adults' relationship to childhood, which ought to be seen as both "behind

him and within him" (Erikson, 1964, p. 44). This permits the communication to which both inner reality and external life contribute (Van Nijnatten, 2006).

The participants are part of a team that recognises the emotional vulnerabilities intrinsic to their roles. Counselling sessions are provided for the respondents in the event of a critical incident. Regardless of the supports that both the team and supervision were able to provide, the challenging nature of the work was clearly illustrated. None of the interviewees claimed immunity against secondary trauma thus making it evident that a social worker would not only benefit from counselling and psychotherapy, but it also should be a requirement for the less experienced. The dualistic role of a manager as supervisor may mean that vital information is lost in the dialogue. The practitioner may seek the Other's approval and reassurance according to his or her ideal professional identity to feel "both satisfactory and loved" by the Other (Vanheule & Verhaeghe, 2005, para. 14). Therefore, in addition to the professional supervision, social workers should attend counselling and psychotherapy regularly in continuous professional development rather than only in the moment of crisis. This would allow him or her to explore the dynamics of client-practitioner relationship, and to feel safe to share the impact of same so that countertransference responses can be recognised, and indeed, to also recognise that every response is not necessarily transference (Fink, 2007).

6.2 Limitations

Every care was taken to avoid biases and prior assumptions particularly in preparation for the interviews. My academic supervisor guided the question planning in a dialectic process, exposing and challenging any expectations of the research outcome I might have held. Nevertheless, the interpretations were made in the qualitative frame of reference thus are a representation of one interpretation without the exclusion of other interpretations. This research is limited to the practitioners working in a particular role in close proximity to group

of clients who suffer from chronic homelessness. The nature of homelessness has changed radically in Ireland within the last year, and consequently this research cannot be generalised to comprise the whole homeless population.

6.3 Recommendations for future research

The hypothesis and conclusion of the current study was that the homeless sector worker would benefit from an engagement in counselling and psychotherapy alongside professional supervision, which needs more in-depth and detailed research. The importance of team as a container was discussed but would be worthy a wider exploration. And lastly, since the notion of 'wounded healer' in the social work literature was a recurring theme, it would be an interesting and valuable research topic in the context of counselling and psychotherapy.

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Appendix A: Consent form

My name is Lilli Klint and I am currently undertaking a BA in Counselling and Psychotherapy at Dublin Business School. I am inviting you to take part in my research project which is concerned with exploring the impact of transference in social work. I will be exploring the views of people like you, all of whom work within the homeless sector closely with the service users.

What is Involved?

You are invited to participate in this research along with a number of other people because you have been identified as being suitable, in having worked in the homeless sector for a minimum of 2 years, and in the capacity if a key worker. If you agree to participate in this research, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than 50 minutes to complete. During this I will ask you a series of questions relating to the research question and your own work. After completion of the interview, I may request to contact you by telephone or email if I have any follow-up questions.

Anonymity

All information obtained from you during the research will be anonymous. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. All data stored will be de-identified. Audio recordings and transcripts will be made of the interview will be coded by number and kept in a secure location. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters)   _____

Signature_____

Date   /   /

Appendix B: Semi-structured questions

1. How did you find yourself working in social work?

2. What motivates you to work within the homeless sector?

3. Can you tell me a little bit about your role as a homeless key worker?

4. Could you describe a moment when you felt rewarded in your work in relation to a client?

5. Can you tell me about challenges that you have faced in your role? How did you deal with this situation (and what supports were in place for you)?

6. How important a factor do you think a social worker's own background and personal history is for his or her capability to be good at his or her job?

7. What are the characteristics you have as a person you find useful in your work? (And is there anything you do not find that good)?

8. What about your likes and dislikes when it comes to your work, and how do you deal with the aspects of your work you don't like that much.

9. How would you describe transference and how it manifests in the behaviour of your clients?