

Dodging Bullets:

Caroline's father was the physically and sexually abusive, violent, alcoholic pimp to her emotionally destroyed mother; and Caroline grew up with mistreatment, neglect, abandonment, and conflict as the essential elements in the air that she breathed. After successive abusive relationships and, it is thought, a spell as a prostitute, Caroline married a soldier, and they had children. However, he was another violent man, the children were taken into permanent care, and Caroline had the breakdown that probably saved her life, but from which she is still trying to recover.

Now in her mid forties, she lives in a residential service for people with mental health issues. She can often be found sitting on the wall outside her home, drinking sherry or martini from the bottle, chain smoking, her substantial body dressed with little regard for appearance.

Having lived for eight years in this home, she is well liked and tolerated by the staff team. She can be aggressive, abusive, rude, and disrespectful; but also kind, gentle, and very funny. She struggles with life, scraping nourishment from the walls, giving out occasional slivers of love. She trusts slightly, and at great risk to herself, but will feel terribly let down at unavoidable cancellations, and other indications to her that life is a lie.

The staff team operate under the philosophy of treating their clients with the respect due them as individuals of considerable personal experience and, generally speaking, they are each supported with living under the decree of their own choices. The process of choice-making can be crucial to the recovery of a person with mental health issues, as it necessitates the perception of options, which in turn requires a sensory internalisation in order to come upon personal preference, all contained within some kind of expectation that the environment may just satisfy the personal preference; thus linking internal reality with a sense of shared reality. However, there are blind spots.

Caroline didn't like what she sensed as herself, and so neglected and abused herself in household ways. She had appalling eating habits, ramming home quantities of food in one mouthful that should take minutes to eat. And twice as often as she worried about her weight, she would consume obscene amounts of the foodstuff most likely to give herself something to worry about. Her personal bedroom - another barometer for a sense of self - was unkempt and neglected. Aside from the plates of old food on the floor besides the fag butts, she had not wanted the room to be decorated for a long time. It smelt of alcohol, stale smoke, and dried urine.

Listening to the team describe how Caroline lived with herself, I was consumed by free floating feelings; some smooth with each other, others grating. Once they begun to coalesce, I predominantly felt that sadness which is twinged with

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disbelief and anger. Life seems so unfair for some people, one battleground after another, successive tragedies and crises becoming a life in whole. Her life was one of those whose gift to me is to remind me not to become too comfortable in certain new age platitudes, such as karma and synchronicity, that serve to hold together my somewhat tenuous belief that life makes sense and, on a soulful level at least, is fair. Only a person of extraordinary strength can survive such lives intact, and most of us just wouldn't stand a chance. How fair can that be?

The team were in conflict. On one hand they did not feel that it was their place to put the pressure of their own standards upon a woman who was older than most of them, but rather their job to support her with the life that she chose, knowing full well that many people in the community at large live in far worse conditions for a long lifetime.

However, their wish that so much permission and respect would over time help Caroline to respect herself more, had been a dream too far. They now felt that they were colluding with her self-neglect, and came to realise in fact that what they called *permission* and *respect* could well be received by Caroline as a *comfortable level of abandonment and neglect*.

It is my experience that, when a team so established in one therapeutic position regarding a client, then come to take a seemingly conflicted one, it is a response to a changing but unspoken need of the client in question. This certainly isn't always true, but it is often enough to be considered as a useful starting point. So: was Caroline perhaps ready for a little more active engaging with the details and nuances of her life, for more professional intrusion?

I felt strongly that the team had to step into a more parental position, though of course it would not be me who would have to soak up the shock-waves that the team feared from this stance. However, Caroline held little apparent self care, behaved with the habits of a child, and was not able to manage her life very well at all. Apart from anything else, her social life was impoverished, and it was no wonder, as she was naked and defenseless to negative judgement. She needed help and direction as well as support, and I didn't feel that she would take these from peers.

From Caroline's point of view, people equal to *her* could hardly be of much help. No, I was sure that she needed her team to be senior adults, to offer her stronger boundaries around herself, just so long as those boundaries were seeped in empathy and good intention.

She was not absorbing the team, not thus re-experiencing herself as a loveable person, and this implied to me a difficulty with the contact boundary between them and she. They were meeting her, but not getting through to her. And this is the difficult dilemma when working with people with Caroline's experience of life: to change the complex re-enactment we have to get under her skin, be invasive,

and that is of course itself a re-enactment. It is a difficult line to walk, potholed and booby-trapped, but one that she walks all the time; and it is certainly true that for therapeutic development to occur the professionals often have to go through an emotional process comparable to the one that they are facilitating.

Very often it is the system that has to change, not just the client. Indeed, in these dynamic experiences, the client should be recognised as the container for the systemic issue and the catalyst of its exposure. The client is simply the person who has been *identified*. This perspective offers the client a true respect and sense of equality: *it is about all of us, so we will go there with you*.

We decided that the manager of the home would sit down formally with Caroline, and discuss their concerns, expressing that the team found it painful to watch her living with so little regard for herself, and had decided to offer to clean her room for her once a week, that she didn't have to contribute anything if she didn't want to, and was this ok with her? We had agreed that if Caroline refused this offer, then the manager would need to head in the direction of insistence.

As it happened, she readily agreed. A couple of weeks later, I met with the team again. Caroline had been diagnosed as having diabetes, and the team were forced to confront her eating habits, to challenge what she chooses to put in her body rather than simply what she externalised into her bedroom. The latter was a question of neglect, whilst the former was a more complicated pattern of self abuse, of perpetuating her quickest route to self-hatred; weight and appearance.

It is difficult to intrude upon such a vicious cycle, for its nature is to draw attention to its plight yet keep people away; both principles painful and depressing, but both needing satisfaction despite their incompatibility. Around and around in circles, the constant state of tension warding off the desperate feeling of emptiness as it feeds itself, maintaining its structure at all cost. Stepping into this torrid sea can require considerable courage, self-awareness, and willingness to flail and fail.

A strong argument in situations such as these is that the client, as an individual person with rights, can make the same choice as any other individual in the community; every heavy drinker, smoker, bad eater, and so on. However, my view is that, whilst it has been terribly important to come to notice the *person* rather than the *patient*, it can be as easy and as compromising to see only the person, and thus neglect the *client*.

It didn't seem to me that Caroline was making any reasoned choice, rather just continuing compulsively on. We had to intervene. But how? Aside from having a 24 hour guard defending the integrity of the fridge, the cupboards, the pantry, what could be done?

One staff member joked that they should put padlocks on all the relevant doors; the joke being that the residential services have moved on from this habit, this punitive restriction on the access, by perfectly able people, to their own food, bought with their own money. To padlock fridges and cupboards would be to fly in the face of a well established and appropriate philosophy of care. There were all sorts of reasons springing into my mind why we couldn't even consider such a move for a person such as Caroline. But I also noticed that I clearly hadn't dismissed the notion entirely, or else why bother having negating justifications spring to mind at all? So I considered the possibility.

I imagined Caroline as a young girl, her habits and behaviours unchecked. I shuddered to imagine what picture the parental reflection had painted. I imagined the need to fill that space, and to concentrate a feeling of abuse into a sandwich and push it into my face in the hope that some reaches my belly. I tried to feel a loveless life, one in which I had to dodge bullets in the quest for a moment in which I might relax, be myself, or perceive a world of experience wider than that already known.

I felt the need to recreate an adult life from this appalling childhood, in the charged and desperate hope that the abusers might learn to nurture me, and thus take back the responsibility that I carry around for their lives. No empathy and no boundaries. No anchors, nothing trustworthy, nothing intended solely for my own good.

I could not have tolerated the team treating Caroline as a child in all levels of her life, but I realised that on this level she needed some senior intervention. She simply could not stop herself.

I knew that the team would have a terrible conflict about taking this step, that it would leave them feeling awful about themselves and their work. But for her to take a difficult step, they had to also. The only way they could guarantee to her that they wouldn't want to abuse her childhood was to go closer to the edge of abuse, but to do so with empathy and conflict. But first I had to take my difficult step, in order that I might facilitate them taking theirs, and then her taking hers. I was frightened to make the suggestion that we lock up the food.

The guy who had made the joke got a big laugh from it, big enough to imply to me that the idea was ludicrous to them, perhaps even deeply offensive, and I felt as concerned as I would if it was chemical restraint that I was recommending. But the longer the idea stayed with me, the more I intuitively accepted it, despite not having found a clear rationale to explain myself. Finally the idea came out. It didn't strike the ground hard, as I had feared, but seemed to fill the room with hot air, with charge. Fighting the will to launch into a quickly contrived explanation, or an equally hasty retreat, I sat still and quiet, waiting for the charge to settle or snap. The fact that such an abrupt charge solidified the room implied to me that

my suggestion had tapped into conflict rather than outraged rebuttal. And if they were in conflict, I wanted them to stay there awhile; to keep me company.

Negative responses came, but not with an explosion or a torrent, but rather as one might dip toes into disagreeably cold water on a painfully hot day. They wanted to stop her, but didn't feel good about the feeling. As I explained though, from a facilitator's point of view, what better collective emotional response could there be, when depriving a person of a civil liberty, than a strong objection to doing so. It was crucial that they maintained their empathy, their connection to (what I hoped would be) one side of Caroline's own conflict of *I need to be looked after* versus *I will not be told what to do*. Their empathy would be the sensitive hand that guided her, that would be receptive to any serious or prolonged objection that she felt.

The cupboards and fridge were locked, though the other clients were given a key each so that their independence was not traumatised by Caroline's medical issues. Contrary to our worse fears, Caroline accepted these new protocols with no difficulty whatsoever; indeed, the first reports were that she seemed pleased.

Now two years later, Caroline has lost several stone in weight. She still likes a bottle, but is not anywhere near so explicit about it. She buys and wears nice clothes, generally succeeds in not spilling so much food on them, and presents herself well. She is happy to have her room cleaned, but in fact begun contributing almost immediately. Her room has been decorated. She has been on her first holiday in years, enjoyed it, survived it to the end, and didn't argue with anybody. And she has made contact with her two children again, one of whom is also in residential care due to a serious mental health issue. Caroline has maintained contact with him, but her daughter was unable to cope, and has cut contact for now.

At the time of writing, Caroline is well.