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Dybbroe, Betina

Work Identity and Contradictory Experiences of Welfare Workers in a Life-History Perspective

Betina Dybbroe [*]

Abstract: *»Arbeitsidentität und widersprüchliche Erfahrungen in der Lebensgeschichte von Sozialarbeiter/innen und Krankenschwestern«.* Transformation of the welfare sectors challenge professional identities of care and welfare workers in Scandinavia. At the same time welfare and care workers take part in these changes and are changed in the psycho-social setting of the workplace. This article presents research about care work in Denmark with a focus on subjective processing of work identity, applying a psycho-societal theoretical and methodical approach. A life historical and experiential understanding of Alfred Lorenzer's cultural theory is applied to understand societal transformations, here in the work place and of professionals in relation to their present scene of work and in relation to their life history. Two concepts are applied, interaction form and scenic understanding, because of their potentials for analyzing workers' experience. The analysis is based on a combined ethnographic and life historical investigation in nursing and involves a young nurse in scenes of the hospital, where gendered life history is re-enacted and present in a gendered work life with fragile possibilities of identification. Social dynamics interact with subjective dynamics in ways that illuminate not only habitual and creative orientations and practices of professionals in care, but also the contradictory transformations of the work, e.g. marketization and democratization in the work place.

Keywords: work identity, gendered work-life, life-historical subjectivity, psycho-societal, interaction form.

1.   Welfare and Care Work at Subjective Level

When welfare- and care work in Denmark are studied, organization, management, financing, political goals and instruments of control in welfare provision are often in the foreground of research. The aim of this article, however, is to

[*] Betina Dybbroe, Center for Health Promotion Research, Department of Psychology and Educational Studies, Roskilde University, Postbox 260, 4000 Roskilde, Denmark; Tibet@ruc.dk.

explore the changes in welfare provision at the subjective level, as seen through the experiences of welfare providers, as well as through their subjective processing of and identification with work. The theoretical assumption behind this is that welfare- and care workers take part in the transformations of welfare provision, and are not only subjected to these changes or enacting and "doing" welfare policy. Care and welfare workers experience and interpret changes, and influence and form these in relation to their work, and can form work in unexpected, politically unintentional ways. Furthermore the workplace is a psychosocial setting where subjective experiences, intersubjectivity and outer frames and actions are seen to be interconnected when we look into i.e. teamwork, relations between managers and staff, working culture etc. where the unconscious and psychodynamics are at play. This has been illuminated by psychodynamically informed research into changes of modernization in the welfare and caring sectors (Andersen 2003; Obholzer and Roberts 1994; Froggett 2002) but is to a large part silenced or even tabooed in the everyday life of welfare and care.

The changes in care as ideal and practice in Scandinavia have been substantial over the last 20 years (Dahl 2004; Wærness 2001; Wred, Henriksson, Høst, Johansson and Dybbroe 2008; Andersen and Dybbroe 2011a). Creating knowledge about these changes at subjective level could lead to greater acknowledgment of the importance of basing care and welfare work on subject driven knowledge *of and about* professionals and clients/patients in welfare and care work. The life historical subjectivity of the professionals must be reflected in relation to patients and clients as life historical subjects (Dausien, Hanses, Inowlocki and Riemann 2008).The present article reflects on work identity through the study of the professionals as life historical subjects, and discusses work identity as reflections and interpretations of work. It does not discuss the subjectivities of the clients or the researcher, although they are other factors that are relevant in the analysis of care and welfare work.

1.1 Meaning and Work Identity in Focus

There is a new interest in Scandinavia in meaning in work, from trade unions, professional organizations and management. From a managerial perspective, the intentions are twofold: to find new ways to create identification with work and meaning under market-oriented conditions especially in welfare provision, where the focus of the professionals traditionally is the client/ the patient. The intentions are to link workers more closely to corporate strategy, when hospitals, institutions etc. are becoming corporate entities in competition on a market. Professionals experience being given more tasks and individual responsibility, while at the same time being delimited by logics of "objective" evidence and standardization (Andersen 2005; Wrede et al. 2008; Dybbroe 2011). The evidence that we have about the effects on professional meaning and work

identities has been produced through practice near research into the experiences of professionals, into their orientations and opinions about work in care and into their reported actions as well. In several studies (Liveng 2008; Dybbroe 2008; Gleerup 2010), we see that professionals attempt to more eagerly identify with work through articulating their own ideals of quality, different from that of management, thus creating an even larger gap between theory and practice. Professionals experience themselves as "deserted" by management and the politics of care, and often react with symptoms of sorrow. They are caught in paradoxes set by work plans and care regimes, and at the same time by professional knowledge and the wish to "just get on with their work," as their practice near skills and professional insights guide them (Wrede et al. 2008).

In qualitative social and care research the work identity of care workers in relation to modernization schemes in these sectors in Scandinavia has been in focus in recent years. This reflects a deep concern because of the central role of professionals in the Scandinavian welfare societies, and because democracy in these sectors seems weakened (Andersen and Dybbroe 2011b; Wrede et al. 2008; Dahl and Eriksen 2004). Research seeks to support ways in which care workers can preserve autonomy and learning in spite of the pressure on professionalism. In educational and profession studies into the caring professions (Kreisler, Laursen and Moos 2004; Billett, Fenwick and Somerville 2007; Ellström, Ekholm and Ellström 2008; Hjort 2003; Bradbury, Frost, Kilminster and Zukas 2010), the capacities, competencies, ethics and orientations of care workers in relation to work are in focus. From an educational viewpoint, new knowledge is created that may enhance learning and learning environments, in addition to developing new practices in relation to the contradictions and tensions between professionals and the organizations they work in. In research into the work environment in the welfare providing sectors in Scandinavia (Borritz 2005; Szebehely 2006; Tufte and Borg 2007; Elstad and Vabø 2008), there has also been an interest in studying the engagement and practice of workers and how these are affected by political change, as well as by more specific structural changes in institutions, in working environments and in management.

The case analysis in this article is based on two investigations about changes in the health sector and in professional nursing (Andersen, Dybbroe and Bering 2004; Ahrenkiel, Dybbroe and Sommer 2008). The design involved ethnographic observations in workplaces, life history interviews, focus group interviews, action research workshops with the research participants and a national survey.

2. Subjectivity and Cultural Change

The theoretical framework behind the research projects is critical theoretical and the concept of work identity is based on the critical theoretical concept of subjectivity (Leithäuser and Volmerg 1988). Subjectivity in this framework is not another concept to replace the abstract concept of social agency, because it relates to more than the outer social world, as a never-ending result of a life-long socialization process of individuation, and as related to the inner world of humans. The life historical, the psychodynamic and the bodily dimensions of subjectivity are equally interesting in relation to the research here presented, and they will be in focus in this short presentation prior to the case analysis.

The theoretical inspiration is taken from the German cultural psychologist Alfred Lorenzer (1995 [1970], 1972, 1997 [1979], 1980, 1986; Lorenzer and Orban 1978), and for introduction to Alfred Lorenzer see the introduction in this HSR Focus (Olesen and Weber 2013).

2.1 The Socialized Body and Feelings

Lorenzer bestowed bodily experiences with great significance as base or even physiological drives in creating specific expectations towards the world, not with specific substance, but as specific patterns, specific ways of connecting to the outer world and inserting intentionality. He observed the tentative efforts of the child as formed and related to bodily as well as later verbalized experiences. In this way Lorenzer's theory of socialization can be seen as an experiential learning theory based on materialist understandings of the influence of the actual lives of subjects, coupled with a materialist focus on subjectivity, also as body (Lorenzer 1980). The subject is seen as constantly creating his/her life history and transforming the outer world, and yet Lorenzer pointed to how the different spheres of life and their logics become a bodily part of the subject.

Paradoxes and antagonisms as they appear in everyday life, i.e. between separations from parents and unwanted reunions with parents for the little child, or between the rationality of wage labor that demands detached efficiency and the rationality of family life that demands engaged attentiveness, become mediated through socialization and express themselves through bodily acts as well as later in life through cognitive structures of language. This means that the way something is learned and experienced influences forms of interacting with the social world, and expectations to the world and one's own life. However, experience and learning are always inherent in the way subjectivity is constantly being reconstructed. It is always a possibility to transform these forms of interaction when challenges in the life course and life history are met with transformative action that is new and experimental for the subject (Lorenzer and Orban 1978; Lorenzer 1997 [1979]).

The affective side of subjectivity is obviously a part of Lorenzer's theorizing, but not so much in focus as in recent psycho-social theorizing, naming it an "affective turn." Nancy Chodorow is a theorist who has focused on feelings and the affective side of subjectivity. The conceptual understanding of feelings and the affective is that it encompasses the inner reality of subjects, in addition to the outer present social reality they are relating to (Chodorow 1999). The ontological presumptions behind this are twofold, i.e. that the unconscious and psychodynamics of the individual social being, as well as group life, are socially active and affect each other continuously. And furthermore that there is an embodiment taking place through interactions and inter-subjectively when feelings present themselves manifestly. Lorenzer's theory introduces the inter-action form as the link that combines the horizontal situatedness of the subject and here also in inter-subjective spaces and situations, with the vertical life historical trajectories of subjects. Past feelings become enacted and revitalized in present interactions in new scenes and inter-subjectively. Past experiences will come to life in work, and present experiences will be formed through one's life history. Life history in the work place is more than the background carpet or base of resonance for the care worker, it also appears as present phantasies, feelings and expectations in and about work.

Inter-subjectivity, mediated through feelings, is also part of forming work and the work identity. Work identity expresses skills and is related to the working environment, but is also formed and appears through the dynamics of the transference of thoughts, wishes, fantasies, and senses of the self and others in the workplace. Seen from this perspective, work identity is both related to the inner world of subjects and to the setting, others, the situation, and to wider societal dimensions, such as hierarchies of power and knowledge.

2.2 The Interaction Form: A Life Historical Concept

The Lorenzerian conceptualization is deeply interested in the material dimensions of the definite forms taken by human life in various social and historical moments. In the broadest sense, the conditions for socialized forms of interaction of subjectivity, and for the creation of the subject are societal relations of power between different spheres of life, between institutions and between subjects. Contradictions in society are met by the individual, and will be symbolically expressed and represent themselves in distorted and blurred ways, not least in transforming ways through individual interpretation.

The concept of the interaction form (Lorenzer 1986) is life historical, and situates subjectivity within the history of the subject and the larger history. Though based on specific forms, the concept is an abstraction of life-historical socialization that form and even regulate the way in which life is experienced for the individual. In this Lorenzerian sense, a life history is not limited to an individual life history, and as constructs or narratives, these individual life

histories are not the object of our research (Lorenzer 1997 [1979]). The effective object of research are the mediations of the social and the processing of the social, as these can be analyzed by applying the concept of life history, interaction form and scenic understanding within Lorenzerian theory (Lorenzer and Orban 1978).

As a characteristic of interaction forms (Lorenzer 1995 [1970]), the scenic dimension of experience is always there. When language enters into the life of the subject, the interaction forms enter into language and are transformed by the encounter with the outer world, but will always remain scenic as a matrix for experiences for the adult as well, although this does not imply that the interaction form clearly expresses the life-historical perspective of subjects, when first formed or in the present situation. Experiences of interaction with the social world are transformed and disturbed, and even distorted, through cultural and educational processes. When analyzing subjectivity within the concept of the interaction form, it necessarily includes a critical perspective on the subject, in addition to the representation of past experience through interaction forms, in present situations (Lorenzer 1972). We attempt to understand the way experiences in the present resound with the life-historical experiences of the subject, but in a specifically socially structured way that has a conflicting content.

Following this thinking, work identity can be seen as a balance between what the individual senses and experiences, and what is expected in relation to the outer world, which will be based on interaction forms of early socialization and will be continually processed throughout an individual's life history (Lorenzer and Orban 1978). Language and usage represent these different forms of socialization and the scenes and situations they are linked to. Through interview texts, forms of lived life are present as latent historical traces, as well as being present as translations of the social conditions and structures in existence at the time of the narration (Lorenzer 1995 [1970]). They are memory traces based on historically-shaped interaction forms, which are accessible to us through language.

This materialist and historical understanding of life history connects the subjective life history to the wider social world and, in this case, to the transformation of working practices and working life. The transformation of work and the transformation of workers are interconnected, and it is possible to describe or analyze a specific work as practice also through including the life-historical subjective meaning of work.

2.3   Methodology and Language

Language and usage can give signs and hints as to how specific current scenes and actions are related to former experiences, scenes and actions. In using the concept of the language game, Lorenzer distinguishes between sign, symbol and cliché. Interaction forms appear verbally through both symbolizations and

de-symbolizations which are separated from experience. Desymbolizations will appear in language as clichés or as silencing of experience, though even clichés may be omitted or repressed (Lorenzer 1970, 1972). Signs in language, which are necessary for communication, are linked to present scenes and situations, as well as in the way in which experience is communicated in specific settings. The way that a person combines and uses clichés, symbols and signs in relation to specific experiences and subjects, and the content this conveys, are part of what are being studied.

Lorenzer widens and "doubles" the concept of the language game by seeing it as a way in which individuals regulate action related to individual structures, which is simultaneously related to social forms of interaction and social structures. For analytic purposes, Lorenzer suggests a tripartite scenic conceptualization that first begins with the logical scenic reconstruction of what is being said, and second, with a psychological scenic reconstruction of the forms and remarkable ways these things are being talked about. The third scenic conceptualization is an analytical reconstruction of interaction configurations, patterns of reactions and background scenes (Lorenzer 1986; Bereswill, Morgenroth and Redman 2010; Salling Olesen and Weber 2012). A significant methodological approach in analyzing language is therefore to also try to comprehend present expectations in communicative situations as being linked to experience, in open as well as deformed ways. The effort is to include them in analysis in their symbolized and de-symbolized forms. The anticipations and presuppositions about the scenes and situations, and the contexts the subject is in, are always open for analysis. According to Lorenzer, the presuppositions of reality, and how to face it, are always conscious- and reality-oriented – not directly, but through internalizing external demands, mediating them with inner images and imagination. Lorenzer states that: "for adults, throughout life, it is the tension between sensuous experience and consciousness that forms the basis of desire-oriented life practice" (1980, 177).

The analysis of subjects in social and humanistic research is then not only descriptive, but also critical, focusing on as yet non-integrated experiences, as well as a reality-oriented handling of current conflicts and paradoxes. The researcher is not a therapist intervening into peoples' lives. When I apply the Lorenzerian approach it is to understand social dynamics and subjective forms of social transformation, but when I want to give cultural voice to socially silent or hidden voices I turn to critical ethnographic methods. The case I will bring in this article is a result of an analysis using this approach and can illuminate how psychic and social dynamics interact, thereby yielding insight into the identity work of care workers in a close relation with conflicts and processes in the workplace. This specific case story has been chosen to show some of the central tensions and contradictions that can be seen as being interpreted and processed by care and welfare workers in the health sector in contemporary Denmark. To choose a rich case with a clear articulation can be illuminating in

identifying the general dynamics and complexities of the researched subjects or themes.

3.   The Case of Nanna

Nanna is a young nurse, not yet 30, with five years of working experience. Her professional identity has been forged in the high-tech, intensive-care heart unit, as well as in the close communication she has with patients and their relatives. She interacts dynamically with her work, patients, colleagues and organization, and is taking an active role in the transformation of the health sector – and yet she has her duties, her tasks and her life outside to consider.

Even so, there are other aspects of working life in which Nanna does not find it so easy to act in new ways toward the conflicts and imbalances she experiences. She is confused about how she should understand the importance of her professional work when following a strike against bad working conditions, management forced the employees back to work:

> I think *it* ought to be valued as highly as *they* actually do, when *we* are in a crisis ... *I* mean then *we* are really indispensable ... *we* shouldn't strike, because *that* won't do in relation to *our* patients, because actually *you* are really, really necessary in order to make *this* run. But on the other hand, [we] shouldn't be so necessary that *you* need to get any money for *it. That's* a lot of bullshit! (Dybbroe 2008, 63)

From a Lorenzerian life historical perspective this is an experience and articulation of what is partly just sensed *as* a present scene though it may constitute several scenes in the present as well as of the past. The scenes exist in the present in the form of meetings on the ward, with management, etc., in which many interests and voices are experienced as arguing about the strike. The representation of a dialogue includes voices central to Nanna's identity in the workplace: those of her managers, her colleagues and herself. The voices can represent different sides and experiences of Nanna and at the same time different historical protagonists around her now and life historically. The discussion between the voices exist as a tension between what she senses and feels and at the same time as hopes and expectations in relation to her work, that might make her act in new ways.

She is in an inner conflict as well as in outer conflicts and they interact in a way that show us something about Nanna's situation and the situation of the working collective. In the language mix-up the only full sentence is the strong, final one, "*That's* a lot of bullshit." This refers to all that she has said in the prior narrative, with a result that the conflicting voices in the scene become part of what Nanna rejects. The previous sentences all show a drift from one voice to the next, thereby helping to keep the dimensions of the conflicts together for Nanna.

In the language game, work is a "thing," an "it" and a "this," yet Nanna talks from the perspective of the nurses and the care workers as a "we." At the end of the story when she reproduces the phrases of management, work is estranged from Nanna through the verbal discrepancy between "you" and "it" when she constructs phrases of management. Nanna's account conveys ambivalence and the dilemmas of identification with her work. Which version of "work" should she identify with: the version that has high value for her personally, or the one suggested by the lowness of her salary? Or should she identify with the views of her patients? Is she part of the work or not, and if she is part of it, does she then become an object, as with patients and procedures, for management?

We must expect life historical dimensions of Nanna's socialization to be present in the language mix-up. Nanna's "strike" story conveys a strong experience of not being able to separate from this vital conflict and the positions of others, as she attempts to keep the conflicting voices together. In the current context, we must assume that this is related to the force with which double-sided and conflicting messages were in fact present in the hospital.

It is necessary for Nanna to create quality with patients, though in her experience, management, politicians and the public do not share this sense of responsibility. The patients are sometimes the domain of the workers, i.e. "your" patients. But can she take that responsibility and retain her subjectivity? Seen within this context, the distorted language conveys the experience of being threatened when she sees herself as being included in the objectification of the patients and the work and becoming an "it." Consequently, she rejects it and projects it onto the outer world, out into a "that."

3.1   Changing Gendered Scenes of Experience

In life history interviews focusing on work, it is common for the interviewee to use phrases and discourses that suggest identification with some of the important professional roles at hand. In our material, nurses always relate to the "drafts" available to them: the caring mother, the lady of the house, the mini-doctor, the saint/the lady with the lamp, the good communicator, the manager, the craftswoman and so on. At first glance, Nanna does not identify with these roles, though a closer look suggests that identification in relation to typical roles is in fact taking place:

It's usually *nice girls* that become nurses ... well I do consider myself a nice girl, but I am also quite *coarse*, you know *I trample* on people, and they *fall* straightaway. And of course I apologize if I have molested them, but you know, I haven't got that, I don't know if it's because I don't have that feeling of *things* ... . I really have that with the *patients*, there I am really very, but if I have an opinion about something, then I say it ... but nurses are *nice girls* who say the *right* things and smile at the *right* places ... and that's never really been

my style, it's probably true, I am not really the epitome of a nurse (Dybbroe 2008, 60).

In representing herself, Nanna once again enacts a dialogue between several voices taken from several scenes of everyday life, which then becomes an illumination of how earlier paradoxes between subjective sensing and cultural interpretations can form the current way of experiencing. She refers directly to the perspective of the profession, or rather the educational institution, to her teacher's and supervisor's opinion about her way of becoming a nurse. She processes their critique about not fitting into the role of nurse, but then she argues against it in "Nanna's" voice, before ending her short story by concluding that the outside world, the teachers and all the others are right in their critique. However, the little communicative sign in the text, "*probably*" helps to keep this conclusion at a distance from Nanna's other experiences.

Enveloped inside the story is an alternative experience of what "being nice" means, with the sentence, "I don't have that feeling of *things,*" seeming to represent one experience of what it is that she "hasn't got," i.e. what is missing from her identity as a real nurse. This sentence is mystifying because the word "*things*" seems to symbolize a more complex phenomenon, one that can be distinguished from "*patients.*" In relation to the present scenes (both that of the interview and her experience of work), Nanna states that she is "really very" with patients, something that appears to have a positive meaning in the context of the interview, which focuses on nursing work, the health system and so forth. In contrast, "*things*" seems to refer to everything that is not directly related to patients, but instead is related to "*smiling*" and "*saying*" (the right things). In the interview, Nanna is involved in creating distance from these "*things,*" instead identifying with her work with "*patients.*" But what are we to make of understanding Nanna's being, "really very"?

The clichés she uses, "nice girls," and the mixed up proverb, the "right" things and places, do not carry the meaning they have as communicative signs in the present, but instead carry different meanings and experiences. This usage represents experiences that Nanna has been more cut off or estranged from before, but in relation to change around her. They are related to her sensed experiences, but are represented in a frozen form that hides their experiential background, they are clichés.

The proverb is the most interesting in the text, as Nanna confounds two common Danish proverbs: to "trample onto someone's toes" and to be someone who people "fall for straight away." The confusing language Nanna uses can be dismissed as a simple slip of the tongue, though can be seen as significant communication in a Lorenzerian approach. The significant substance can be a paradoxical experience of identifying with being coarse, straightforward and a non-girlish person who hurts people, while at the same time Nanna experiences herself as being close to patients and other people. She conveys that she feels they like her very much, and that she is an intimate and close type of

person. The linguistic mix-up expresses her complex experiences and ambivalent process of integrating these. Since these experiences are activated in the current context of the interview, her mix-up can be understood as a form of identity building set against the background of the factors represented in the rest of the narrative – the feeling of things, the smiling, the saying – all of which are part of a world that does not accept Nanna's paradoxical experience of closeness to others.

3.2   Experimental Practice of a Defended Subjectivity

Nanna experiences a pressure to conform to the role of the nurse and the nice girl, which she experiences as excluding her own approach to the extent that she cannot even express this during the interview. Nanna speaks through a life-historical interaction form that juxtaposes closeness and hurting others in relational conflict, though at the same time separating them as opposites.

Nanna identifies "expressing one's opinion" as "coarseness" and as being synonymous with not being a nice girl and a proper nurse. In this way, Nanna's story builds on an inner conflict between cultural interpretations of nursing culture and occupational identity, in addition to her experiences of relating to others in her life history. The "nice girl" is a gendered stereotype that strongly impacts on Nanna. As a nurse today, she refuses to be a "nice girl," although from other scenes in her life history, she experiences being "nice/very" as an intimate and good carer and girl. She preserves her dignity and identification in a dialogue with outside culture, thus reflecting the obvious role of nurses in the context of the hospital as patriarchal institution and system. The symbolism of the ward as a home, where the chief physician is the father and the workers are the daughters, can be considered to be a socially-structuring missing link. This can give social meaning to the cliché of the nice girl being used many times in an interview with a professional in her 30s. The patriarchal nature of the health care system is analyzed in some gender research (Connell 2006) but in Nanna's case it is an experiential, strong and life historically open point of reference in many parts of the interview, thereby underpinning the presence of societal gender relations as life historical background figure in Nanna's story.

In another part of the interview Nanna recounts an open professional argument that took place after a doctor had strongly corrected her in front of a patient whom they had been working with. Nanna experienced that the doctor expected her to submit herself to his authority, which was beyond acceptance:

> He had simply put me in a situation which was deeply disgraceful ... where I confront him with it and say to him: you will never do that again in front of a patient, I will simply not allow it, I think it's so filthy ... And the point was taken, so actually it did better the relation with that doctor greatly (Dybbroe 2008, 62).

Her action against the male doctor can be understood as an experimental practice, not least because it was new for Nanna to exclude the cultural nursing ethos of "the nice girl." Nanna afterwards found that the requirement could be changed, or maybe it was that it was just not there in the form she had expected. As a learning experience, it was an experimental practice that transcended her "normal" practice. Experimental practices seek to create a new balance between the desirable and non-desirable sides of a challenge that threatens subjectivity. Acting in a new way requires that one finds the inner energy to do so, as this sort of practice and experience can transform professional identity, and seems to have done so for Nanna. The story is one of her biographical turning points in her story, a significant experience of her own separation from the work scene, which has influenced her practice and her work identity, confirming that she is not " the nice girl," and that this can be turned into a defense of the patient, i.e. being "really very" nice. Nanna's ability to transform the relevance of gender into the context of the hospital is only possible because she employs her life history as a context, drawing on her experiences from spheres outside of the hospital. Nanna is creative in relation to her work role, and not just somebody fitting into a prefabricated professional role. Nonetheless, this is hard work, and she is in a constant conflict with the "*things*" around her that she does not have a feeling for – or does not want to identify with.

4. Conclusion

In this concluding part I will highlight the relevance of interaction form as analytical tool for understanding the interplay between contradictory social dynamics in modern care and welfare work, and the ambivalent life historical experiences and expectations of subjectivities of young professionals. Nanna's language shows how conflicts within the health sector evoke, mirror and reform (at one and the same time) life-historical scenes and ambivalences. The voices in the narratives both hide and show how she herself experiences her work. The identification with the nice girl in nursing is experience and yet negated. It is socially structuring and framing Nanna, and builds into the contradictory gendered socialization that is already part of Nanna's way of anticipating the world and acting, i.e. is part of an interaction form. When trying to process these social conflicts, the language with which Nanna expresses her professional identification breaks down into fragments reflecting inner paradoxical experiences as well as outer paradoxes of the hospital scenes.

We can understand Nanna's way of processing professional identity through two interaction forms, which we may call: 1. simultaneous negation of and conformation to gendered relations between subjects, and 2. capacity and intentionality to keep conflicting experiences together. When Nanna tries to separate

herself from conformation to socially gendered relations to others, while simultaneously preserving a conformation to gendered social relations as a clue to social acceptance, this is not a cognitively reflective action, but instead illustrates an approach to the social world. In this form it unites experience on a verbal as well as non-verbal and sensuous level, and also constitutes part of Nanna's wish-oriented practice about being able to move inside and outside the socially gendered female identity, while avoiding it at the same time. Here, this is not present in an abstract form, but takes life and forms agency inside the workplace, specifically in relation to the gendering of nursing work.

The second interaction form is about how to cope with holding together and yet separating conflicting feelings and experiences in the social world at the manifest level. The different and conflicting voices appear, and create confusion and difficulty in reflection. At the same time, these conflicting voices are sought to be kept together in order to create a coherent identity, presently work identity, even though this turns out as a threat to subjectivity.

Through the case, we see how the situation with the health sector, with new contradictory frames and demands of work, is sensed as a plastic and noisy scene of conflicting expectations, and is experienced as fragmented voices attempting to define the space for action and work for the nurse. This tells us something about work, about existing forces and about logics that are paradoxical, although it also shows that the subjectivity of the nurse is part of the context, and not separated from it. The nurse draws on gendered socialization in a way that helps her to separate herself from the scenes of work, because her scenic understanding of practice with colleagues in a health work setting is gendered in a different way than the forms of gendered teamwork and conduct in a hospital.

The nurse uses her ability to connect social dynamics that are recognizable in these scenes and in her scenic understanding (Lorenzer 1972), and in so doing, she also processes her subjective expectations towards work. Her expectations are that the conflicts may exclude some experiences and logics, and that a possible dead end with this will not make it possible to work, or find meaning in work. Yet, she is not always able to see which experiences and logics are "in" and which are "out" – unless she connects them to the gendered experiences. Subjectivity is threatened in the case of Nanna, which has implications for work identity, but the threatening and challenging situation in the present also offers a possibility to regain and develop a work identity for her – and probably many others. She is able to experientially reflect life historical past experiences of social gender in education and training and link them to her present situation and interactions in the workplace. This can help create a learning environment.

Nanna provides us with an example of how maintaining professionalism and preserving the experiential knowledge formed in the workplace involves both managing and creating conflict in the present. For Nanna as a life-historical

subject, the experiences of the hospital hierarchy, gender dimensions in the workplace and conflicting social demands all serve to socialize her into hospital culture and the culture of modernization. However, in a paradoxical way they also create forms of resistance. Nanna's story makes it visible how problems of the professionals are aggravated when met with double-sided messages from management, while at the same time including their "working networks" and the interests of the patients, the relatives and their colleagues. The different understandings and meanings of their work can therefore become incompatible. Taking responsibility for the patients in a professional way may mean doing work of high value, even under inadequate conditions and frames, but this may also imply working with an orientation and rationality of care and necessity that is not seen from the outside as being professional, and is certainly assigned a low value. This type of paradox threatens professional identity and nearly "implodes" and overheats identity, which is a quite different dynamic and effect than what has been seen in many studies as psychic wear out or burnout.

The case indicates how experience and knowledge from the life history of the individual nurse are brought into the workplace as the subjective context for learning and identification with work. New demands, challenges and circumstances must fit into this context, be rejected or change the individual's experience of how to relate to her work, her work culture and even to herself as something that is part of this work, working culture and framing (Lorenzer 1997 [1979]; Dybbroe 2006; Olesen 2007). In the workplace, nurses meet a specific working context with which they interact, in the process creating and recreating work itself as both a creative activity and laboring, reproductive process. The subjective experience of work will contribute to a horizon of expectations for the individual nurse, hence forming her approach to work, learning and the workplace.

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