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## PEER-REVIEWED ARTICLE

### Counselling without boundaries: A thematic analysis of counsellors' experience of unconventional boundaries in the Hestia Overnight Hotel Counselling Service for survivors of the Grenfell Fire

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#### ABSTRACT

Hestia's Overnight Hotel Counselling Service for survivors of the Grenfell fire was set up in response to a disaster and therefore most of the 'normal rules' of counselling boundaries could not apply. There is a gap in the literature regarding counselling in times of disasters and the ethical dilemmas that come with it. The deficit on this issue is especially great in the UK.

Using a thematic analysis, this study explores how nine counsellors experienced working within unconventional counselling boundaries in this service.

Findings indicate that the challenges encountered, and outcomes experienced, fostered a questioning of many of the rules assumed about counselling and psychotherapy especially regarding boundaries. Furthermore, they seem to validate the common factors' view on the importance of the therapeutic relationship for successful outcomes, even within an unconventional framework.

The study raises some questions for counselling and psychotherapy practice, training, and research such as preparedness for disaster counselling, diversity in service provision, and developing further the concept of community counselling by a community of counsellors with a community of clients in community settings.

**KEYWORDS:** boundaries; common factors; community counselling; crisis counselling; disaster counselling; social psychiatry; therapeutic relationship; therapeutic setting; trauma counselling

## INTRODUCTION

### *Aims and rationale*

This study explores how counsellors experienced working with unconventional boundaries in Hestia's Overnight Hotel Counselling Service for survivors of the Grenfell fire.

### *Background*

The fire occurred just before 1:00 am on 14th June 2017 killing 72, injuring many more, and rendering survivors homeless. By September 2017, many survivors were being housed temporarily in hotels across West London. There were reports of increasing emotional distress amongst residents. According to the Grenfell Tower fire Wikipedia page ('Grenfell Tower fire', 2019, para. 48), 'On 26 July 2017... a local volunteer reported that there had been at least 20 suicide attempts in north Kensington since the fire, one of which had been successful'.

There seemed a desperation to provide an alternative service to conventional counselling and psychotherapy provision. Although the North and West London NHS (National Health Service) Trust offered a round-the-clock mental health service, there seemed hardly any engagement with it. The community was reeling with anger at, and distrust of, the local authority, which itself was staggering under acute criticism.

The Kensington and Chelsea local authority (Royal Borough of Chelsea and Kensington—Grenfell Recovery Scrutiny Committee, 2017, para. 5.18) subsequently commissioned a counselling service to be taken to the community, and at the times when they suffered most, hence 8:00 pm to 3:00 am daily. Hestia, an established local charity, was tasked with running the service.

### *The service*

Hestia recruited a diverse team of counsellors into the Overnight Hotel Counselling Service. Two counsellors were assigned to each participating hotel every night. They would typically set up in the hotel lobby/bar/restaurant and engage with residents who approached them. Most counsellors floated between hotels as opposed to being assigned to specific ones. Each counsellor had a scarf—a symbol of the service by which residents could recognise a member of the team (see Appendix). The service was scaled down in June 2018 and decommissioned in February 2019.

As one of the counsellors who worked on the service, I was interested in exploring how colleagues had experienced the work, and what, if anything, they had taken back into their

'regular' practice. Additionally, I hoped to discover what could be beneficial for the training and practice of counselling and psychotherapy, especially in responding to disasters wherein counsellors and services would need to be flexible and strive to engage meaningfully with individuals and community.

## **LITERATURE REVIEW**

Hestia's Overnight Hotel Counselling Service was set up in response to a disaster and therefore it was difficult for the 'normal rules' of counselling boundaries to apply.

### ***Boundaries in counselling***

According to the British Association for Counselling and Psychotherapy (BACP) (Kent, 2017), boundaries are agreed limits within which psychological safety is provided and which enable the client to experience the counselling relationship as a formal one.

Kent acknowledges that different modalities relate differently to boundaries, and outlines what seems to be the received wisdom regarding counselling boundaries, including offering the same time and place for sessions in an environment which is calm, distraction-free, and where confidentiality can be ensured. Additionally, she stipulates the need to avoid exchange of gifts during the therapy relationship.

Hestia's Overnight Hotel Counselling Service broke them all!

### ***Boundaries or barriers?***

Practitioners agree that boundaries are essential. However, there seems to be a spectrum ranging from those who advocate firm boundaries and those rooting for more fluid ones.

Totton (2010, p. 13) castigates rigidity in boundaries, suggesting that therapists are increasingly feeling forced into 'defensive practice and to work in ways that are not based on giving the client the therapeutic environment best suited to them but avoiding vulnerability to misconduct hearings'. This approach, he insists, is a barrier to effective counselling. He suggests that some of what have now become traditional counselling boundaries credited to Freud were merely guidelines for the protection and practical convenience of the practitioner and were not necessary for the 'safety' and 'treatment' of the client—reasons often given for very strict formal boundaries.

Agreeing with Totton, Mearns and Cooper (2005, p. 58) offer, 'such is the historical power of the analytic community that the norms around boundaries have become a tyranny which judges as deviant all but itself'.

Similarly, Wosket (1999, p. 164) suggests, 'boundary relaxations and extensions, might, on occasion, prove therapeutically beneficial and provide a greater experience of safety for the client than would rigid boundary enactment'. She gives examples of occasions when therapists broke conventional boundaries for their clients' greater therapeutic good, with positive outcomes. My experience with the Overnight Hotel Counselling Service seems to confirm this position.

However, Ingham (2010, p. 27) insists, 'well-observed boundaries are the life-blood of therapy' and 'the most valuable thing about what we offer is a fixed frame'. Responding to a vignette by Totton (2010), Ingham insists that 'doing things because they feel like a good idea is the first step on the path towards a more serious violation of the therapeutic position'. He concludes that as a rule of thumb, counsellors should simply stick resolutely to the frame and always put it first.

Similarly, Mitchell (2009, p. 16, citing Cloud and Townsend, 1992) offers the purpose of boundaries as helping to 'keep the good in and the bad out', a position affirmed by Clark (2016).

This viewpoint, in my opinion, seems to overlook the possibility that relentless execution of strict boundaries could do more harm than good, in that they become barriers to forming a constructive therapeutic relationship. For instance, my experience suggests that the refusal of a hug offered by a client in Hestia's Overnight Hotel Counselling Service could have been harmful if the client experienced it as a rejection of and/or a judgement on them. Johns (2020, p. 16) concurs, 'withheld contact can be just as abusive as unwanted contact'.

### ***Striking a balance***

Armstrong (2015) recognises this tension between holding firmly to strict boundaries such that they become barriers and relaxing them to suit the context. This sentiment is shared by Jinks (2012). Extending this opinion, Mearns et al. (2013) state that well-used boundaries could facilitate an equal relationship and help the client to feel increasingly empowered. Agreeing, Jordan and Marshall (2010, p. 350) suggest flexible boundaries can bring 'mutuality to the therapeutic frame'. This flexibility, in my view, rings true for the Overnight Hotel Counselling Service.

### *Counselling response to disasters*

The Merriam Webster online dictionary defines disaster as ‘a sudden calamitous event bringing great damage, loss, or destruction’ (n.d., Definition 1). The literature uses ‘disaster’ and ‘crisis’ interchangeably (Al-Dahash et al., 2016).

In addition to the above definition, findings were sought from other researchers regarding counselling response to previous disasters. Dass-Brailsford (2009) explores practical, medical, social, and psychological responses to Hurricane Katrina and other disasters in the USA. However, there is hardly any discussion of traditional counselling boundaries in those accounts.

In another study, Cooper et al. (2018) comment on how, following a disaster, normal arrangements become fragmented. They conclude that boundary issues during disasters are more complex, with privacy being a major difficulty—just like with Hestia’s Overnight Hotel Counselling Service.

Similar complexities were reported by Dale (2016) who pioneered a counselling and listening service in Machynlleth, Wales. It was set up in response to 5-year-old April Jones’ abduction, later presumed murdered by a local man. Dale shares some similarities with my experiences as part of Hestia’s Overnight Hotel Counselling Service, such as inaccessibility to and/or unsuitability of available statutory services.

Hospitality was key for Dales’ Listening Point, raising ethical dilemmas around boundaries. She explains that it was a different experience from traditional counselling, with an emphasis on visibility, which was experienced as being therapeutic for those who did not engage directly with the service—another similarity with the Overnight Hotel Counselling Service.

### *In summary*

The counselling and psychotherapy literature contains abundant comments on boundaries which focus on traditional settings. There is some literature on counselling as a response to disasters, although with very limited UK experience.

Missing from the available literature are accounts exploring counsellors’ experiences of working within unconventional boundaries in a traumatogenic environment, leaving a gap I hope to fill. I hope this study will contribute to the training of counsellors and psychotherapists in preparing for disaster counselling. Additionally, I hope it might raise some interesting questions for counselling practice generally.

## **METHODOLOGY**

For this study, I assumed the ontological stance of a critical realist. Describing this position, Braun and Clarke (2013, citing Madill et al., 2000) offer that a real and knowable world sits 'behind' the subjective and socially located knowledge a researcher can access. They suggest that this standpoint lays claim to the existence of some 'authentic' reality to produce knowledge that can make a difference (Stainton Rogers & Stainton Rogers, 1997, in Braun & Clarke, 2013). It is this 'knowledge that can make a difference' that I hope will be a product of this study.

Epistemologically, I assumed the position of contextualism, described as 'the human act' in context (Tebes, 2005, in Braun & Clarke 2013, p. 30). To obtain some useful understanding of the human experience in this context, I interviewed counsellors for their unique personal experiences of working on Hestia's Overnight Hotel Counselling Service. Therefore, this study is underpinned by a phenomenological philosophy.

This type of inquiry lends itself to a qualitative approach which is not focused on numbers of respondents but on the quality of information they express, using open-ended or semi-structured interviews and their subsequent analysis (McLeod, 2015).

I chose thematic analysis (TA) as a method because of its theoretical and procedural flexibility. McLeod (2011, p. 146) describes it as 'flexible, straightforward and accessible.' Additionally, TA is a good fit because, as gathered from several sources, it allows the phenomenological world view of participants to be heard empathically and used constructively while giving room for the researcher-participant's own experiences, reflections, and interpretations.

### ***Participants***

Nine counsellor-participants who had worked at least four months in the Hotel Counselling Service took part in the study. Interviews lasted between 45 to 75 minutes each. Six of the interviews were conducted in person while three were done through Zoom online videoconferencing. The tool of choice was a semi-structured questionnaire because of its flexibility—fully structured might limit the richness of participants' experiences whilst unstructured could risk missing the point. Ethical approval had been sought and received from the University of East London (UEL). Consent to participate was sought and received from participants and no significant risks were identified.

### **Process**

On completion of all interviews, they were transcribed and read repeatedly for familiarisation. There were no pre-existing frames of reference as an inductive system was adopted involving a 'bottom-up' approach to the analysis. Therefore, whilst reading, I made notes of significant ideas and repeated motifs on the margins of the transcripts. These helped generate codes from the dataset on subsequent readings. From these codes an initial set of themes was developed. The codes were critically reviewed against the dataset in order to ensure that they did not merely describe what had been said, but captured the essence and underlying meanings that were being communicated—a latent approach to thematic analysis.

After several iterations, a final set of themes was settled upon, of which the four most important were selected for this study.

### **Researcher**

I was a counsellor on the Overnight Hotel Counselling Service. My attitude to boundaries is more fluid than some colleagues'. I acknowledge the inevitability of my own philosophy influencing the interpretation of the data. Ongoing reflections in my research journal helped me monitor my responses to the process and supported my attempts to bracket my biases. Vitally, I maintained my own personal counselling and supervision, using those processes to work through difficulties that arose.

## **FINDINGS**

The research identified eight themes. For this article, I have chosen to present the four which I believe offer the most important learnings from the project. These themes are captured in the words of participants:

'It was challenging'

'It worked!'

'Grenfell happened because people weren't heard'

'I owe the way I practise now to that experience'

These responses were split into subthemes as shown in Table 1.

**Table 1. Subthemes of responses**

<i>'It was really challenging'</i>	<i>'It worked!'</i>	<i>'Grenfell happened because people weren't heard'</i>	<i>'I owe the way I practice now to that experience'</i>
Boundaries? What boundaries?	Questioning rules and assumptions	...A parallel process?	'I loved the experience'
The broader environment	What is counselling /psychotherapy?	...Or an existential touchstone?	Personal growth and professional development
Counsellor vulnerability		'People were grateful'	
		'This was therapeutic'	

The following section explores these themes and subthemes. Pseudonyms have been adopted for each participant, who were all counsellors on the project. Where I have paraphrased parts of a lengthy quote, this is shown within a pair of square brackets. 'Clients', 'residents', and 'survivors' have been used interchangeably.

***'It was challenging'***

Predictably, participants reported finding the experience challenging. Mae spoke for many when she said, 'I found that very challenging where therapists were actually used to working in a very traditional way'. Participants seemed to agree that the greatest challenge related to the nature of boundaries.

**Boundaries? What boundaries?**

Participants experienced conventional boundaries being crossed routinely. With the only clear boundary being the starting and finishing times of shifts, every other 'usual' counselling boundary was 'non-existent'. Hope said, 'boundaries were crossed, many, many times' from being asked very personal questions by clients (which many counsellors felt obliged to answer directly) to being invited by clients to their bedrooms (a request which some counsellors found challenging to navigate).



Inappropriate space for the work was considered a major difficulty. Words like ‘terrible’, ‘exposed’, and ‘unsafe’ were used to describe it. Many participants expressed their struggles with the environment and especially the lack of privacy, and confidentiality, that it fostered. Lorraine captured this when she said:

It was... difficult sometimes to actually practise. Sometimes you’d be talking to residents, and it’s a busy time of the year for the hotels, and it’s Christmas, and you’ve got people dressed up, and it’s all these opulence and luxury around. And people are drinking, and they’re drunk, and it’s noisy, and it’s coachload, after coachload, after coachload of people... It was challenging...

Along similar lines, Mavis said that the blurred boundary of physical space for the work prevented her from going further/deeper with clients. She said she felt like her hands were tied by it. For Sophia, a major challenge was being asked by clients to join in their celebrations. She explained:

Sometimes it’s someone’s birthday [and they invite you]... Celebrations was a difficult one, because you’re in their setting... they’re having the party right there in front of you, you know, you’re in their house, this is their home, the foyer is their space, you know, if they’re going to have a party, it’s going to be in the foyer... So that was another challenge.

The open-ended nature of the work was also a challenge where, conventionally, a session was a set 50 or 60 minutes at a pre-arranged time each week. Some counsellors expressed feeling overburdened by clients’ demands—sometimes finding it difficult to finish by the 3:00 am closing. For others, it raised their levels of anxiety and self-doubt. Charity recalled how anxious she was when she learnt what the work might entail and that there was no ‘assessment’ of clients as would have been the case in usual agency counselling work.

Some participants expressed frustration at not being able to practice counselling ‘as per norm’ while others acknowledged that the unique needs for the service necessitated a unique response. This understanding, they said, helped them get on with the work. Faith summed it up: ‘the challenge is in that sitting in not knowing what is right... [because of the absence of conventional boundaries]... but going with it at the same time’.

### **The broader environment**

Contributing to the challenge was the broader environment which included hotel staff and guests, commissioners, other service providers, and even taxi drivers.

Some participants found hotel staff cooperative while others found them rude and judgmental—at least, initially. Common to all participants was the experience of emotionally supporting hotel staff and random hotel guests while on shift. An instance was reported where hotel staff passed off a suicidal guest as one of the Grenfell residents, leaving the counsellors feeling exploited.

Counsellors said that they found the pressure and interference from the council and commissioners difficult. According to James, they kept ‘wanting to change and refocus and reframe [the service] from week to week, from month to month and develop other things and change other things’. This seemed to have added to the sense of chaos that felt all pervasive.

Participants also expressed discomfort with the politics and rivalry with other service providers with which they sometimes had to contend. Others shared experiences of continuing the work by emotionally supporting their taxi drivers all the way home.

### **Counsellor vulnerability**

Not surprisingly, participants reported feeling vulnerable. Arrangements were such that counsellors needed to have an open stance in a public place so that clients could approach and engage. However, this also attracted unwanted attention. Lorraine explained:

It happened a couple of times that myself and a colleague were asked what we were doing in the hotel and why we were there for so long... to be asked that question, you kind of wondering what they're inferring. Because we had seen other pairs of women sitting and looking for male company. Why am I trying to be so delicate with what I'm saying? So, we were wondering if we've been compared with that? Or if they felt like we were going to do something bad or illegal... We felt judged.

Many counsellors reported struggling with exhaustion and feeling the need to power through until they became too ill. Some reported experiencing symptoms of vicarious trauma during the work and a few others said, even a year afterwards, that they were still in the recovery process and sometimes were still severely triggered.

### ***'It worked!'***

Participants were eager to point out that despite the challenges, the service worked—many residents engaged with it. Some who did not directly use it signposted others. Some residents communicated to the agency that they slept better knowing that the service was there every night.

### **Questioning rules and assumptions**

The fact that the service worked despite its challenges seemed to have caused participants to question many rules and assumptions they held about counselling and psychotherapy. James said:

It was really challenging of boundaries, and it was challenging in a very positive way of existing boundaries within therapy. It makes us ask... [whose purpose is the boundary serving?] And the challenges in boundaries, like that of contact, were really useful to reflect on as a therapist... the meaningfulness of these boundaries, and why we make them...

For Sophia, hugging clients was okay provided the relationship remained professional. The challenge, she said, was in ensuring that clients recognised it as a professional relationship. She insisted that sometimes a boundary should be breached in order to honour the relationship, citing an example:

I did a New Year's Eve shift. And a few of the survivors were like, come on, let's have a shot for the New Year, you know, and I said, you know what, I, I wouldn't, I don't drink. But I thought to myself... if I drank, would I take a shot with them?... Yes, actually, I think I would have because there was something about the relationship that was built between us, that meant that I wanted to celebrate that too, and to take a shot and to say goodbye [to the end of that year]... And it can mark a moment of connection, it can mark a moment of, you know, a relationship there innit? There's something that we've done together, you know, we've taken a shot and we've marked a memory, and this is New Year's Eve, you know...

Receiving and giving gifts was a struggle for many participants initially. However, in exploring the phenomenology of gift giving and questioning the meaning and purpose of boundaries, many participants eventually came to view good boundaries as those flexible enough to accommodate sociocultural differences and individual preferences. Mae explained, 'they want to... give you food, they want to give you presents, but on the other hand, it's also part of their culture that they share these things'.

For Mavis, it was important to respond to clients' need for physical contact while being sensitive to cultural norms. She explained that although she was very relaxed compared with conventional counselling and psychotherapy, there were certain boundaries in place that were always upheld, for instance, she said, the offer to share a joint was always declined.

Many participants gave various instances of how they took responsibility for negotiating and communicating their personal boundaries with clients, and how well it seemed to work. Nevertheless, Charity cautioned:

I think some clients might have found it more, more helpful to have had the fixed boundaries, I think. There were certain clients that wouldn't... so, the guy that I used to share meals with probably wouldn't have found that helpful... [because he would drop in at different times on different days]... But I think there are certain clients that... might have found [conventional counselling boundaries] more helpful.

### **What is counselling/psychotherapy?**

Questions around what actually constitutes counselling/psychotherapy rippled through the dataset. Charity explained:

Even though it wasn't always kind of counselling as we knew it... for example, the gentleman that we used to share a meal with, he would just say certain things every now and again... and he'd say it in quite a matter of fact way, but it was like he needed to get that out... But it was very much like sitting and having a chat. It wasn't necessarily traditional counselling...

Most participants shared similar anecdotes, and all confessed to questioning what they had previously assumed about boundaries and 'doing therapy'. Mae summed it up: 'was this therapy? Yes, it was therapy—just because it's not prescribed in a particular way doesn't mean it's not therapy'. Sophia said she attempted to work it out collaboratively with clients:

For me, it was important for the residents to understand counselling that was taking place was new, we had no blueprint, we'd never tried this. And I think for me, honesty was the best policy because even in terms of like, Okay, so this is counselling, what's counselling then? And, you know, I said to them... this is new for me [too]... So, we're going to work at this together, we're going to have to figure out what counselling is together... I've made it into a joint bit of work for the both of us so they felt like they were counselling themselves as much as I was...

It seemed when all was stripped back, counsellors drew on their inner resources, and, according to James, learnt that the more important boundaries were psychological, and that the healer was within. He said:

The only thing you can bring is you and the healer that is you, all the skills that you've learned you need to use them to secure this, this moment that might be five minutes or might be two hours... good therapists should be able to shed themselves of their boundaries, and of those trappings that give them the boundaries, and create them themselves psychologically...

### ***'Grenfell happened because people weren't heard'***

Participants expressed anger, hurt, and strong opinions about the Grenfell tragedy and indignation at how survivors were dealt with in the aftermath. James put it bluntly: '[The tragedy] of Grenfell happened because people weren't heard. And then their experience in the aftermath was again not being heard'.

Mae shared that initially there were trust issues from residents probably because of having encountered other organisations who seemed to continue the culture of ignoring them. Other participants flagged how clients had felt treated like numbers by statutory services and unheard by their council. Charity elaborated:

A lot of the Grenfell survivors at first, when we said we were 'counsellors', they thought 'councillors' with 'CIL', council members, and they were really untrusting, and they were like, 'we don't want to talk to you', you know? And then we'd try to explain, 'Well, no, we're not that sort of... we're counsellors who could listen to you... we're just here for you to be heard...

For Lorraine, working in that setting brought up issues of social injustices and their impact on individuals and communities.

### ...A parallel process?

Participants seemed reluctant to share their own experiences of feeling unheard during the project. This reticence arose probably through their appreciation of the constraints on the agency and so did not want to appear critical of it. Nevertheless, with an assurance of anonymity and the prospects of providing a learning experience for the profession, many eventually lifted their self-imposed censorship.

When they opened up, it became apparent that some counsellors sometimes felt unheard, unseen, and unwanted/excluded. Some felt disrespected, distrusted, and disempowered by the disorganisation and chaos that seemed to pervade the service. These feelings seemed to mirror clients' own experiences.

Mavis shared that certain issues that happened on shifts never made it to group supervision, probably because of the mutual distrust between counsellors and the agency: an apparent parallel to the experience of Grenfell residents and the London Borough of Kensington and Chelsea. Faith explained:

[It was almost like] we lived without a supervisor. And then you don't even know whether, whatever you bring there is a safe enough... because there were people who used to work, and they end up not coming for whatever reason, we don't know what is that?... So, it was stressful, like not to know what decision has been made and why... So, the treatment wasn't respectful...

### ...Or an existential touchstone?

Did such a parallel process facilitate in counsellors a greater empathy for their clients? Most participants recognised something in clients' experiences that resonated with theirs. For instance, Mae had experienced a fire at night while living in a tower block, and, just a few months prior to Grenfell, Hope had moved into temporary accommodation because of a fire in her flat. Sophia elaborated on her own existential touchstone as she worked with a group of clients:

They were young, they were angry. They were pissed the fuck off. They were, sorry, excuse my language... But they were angry, angry, angry young people... I needed them to be open to the idea of talking... I think there was something about me... just welcoming the anger.... I needed them to know that their anger isn't scary, and that, that anger had a place... and allowing our voices to be heard... for me, that was important. I wasn't there to judge them on their anger. I was there to hear their anger. I was here, I was there to provide and create a safe space for their anger...

Sophia went on to explain that her motivation was the support she had received when she had battled rage as a young person due to her own traumatic experience.

Most other participants also shared how they personally identified with clients' experiences, worked the human connection with them, and by the end had come to feel integrated in the community. Grace said, 'This is my community'. Sophia went further: 'These

were my people; they are my people. *They are me; I am them*. That could have been me in that building. That could have been my family in that building’.

This deep and personal connection to the material and clients, probably accelerated by an absence of conventional boundaries, seemed to work for clients, despite the ‘chaos’. Counsellors seemed to have been working consistently with advanced empathy, engendering relational depth, and proving the common factors’ view on the importance of the relationship for successful therapeutic outcomes (Duncan et al., 2004).

### **‘People were grateful’**

Participants offered their experience that client feedback typically was of appreciation. Grace said:

They were grateful. Once they accepted who we were, and once they felt they could trust... there was a lot of expression of gratitude... that at a very, very difficult time in their lives, they found complete strangers who would sit with them in the middle of the night, sometimes in very awkward places, not to undo what has been done, but to be present in the aftermath...

James said that clients not only appreciated being heard when they needed to speak but also that they valued the effort counsellors made to try to understand.

### **‘This was therapeutic’**

In parallel, participants expressed appreciation for this study. Some said that a ‘debrief’ at the end of work would have been validating. Faith said that she found the reflective process instigated by this research was therapeutic.

Many expressed the view that it was useful to have a shared space in order to reflect on the work and process some of their experiences. In some cases, participants’ views on certain aspects of the work changed during the course of the interview. For example, as the process went on, Mae’s initial criticism of counsellors giving gifts to clients softened as she began to recognise the probable benefits to clients. Similarly, her position with regards to counsellors floating from one hotel to another changed in the interview process as she recognised the strengths of that model.

Lorraine said reflecting on the work for this research brought to her awareness just how involving it was, and its immense impact on her personally and professionally.

### **‘I owe the way I practise now to that experience’**

Participants said the experience was painful in many ways, and probably for the same reasons, stimulated growth. Lorraine said she owes the way she practises now to that

experience, which, she said, shaped her as a professional, boosted her confidence, and enhanced her desire to make counselling as accessible as possible.

Sophia said she has taken the flexibility she experienced on the project into introducing new ways of working that enhance client autonomy, not just in private practice but also as an employee. She said:

[I've learnt that]... counselling is not bound to one room, it's not bound to 50 minutes, yeah, it's not bound to weekly-weekly sessions... [in my present employee role] my work with Grenfell has enabled me... to introduce ... single session therapy... and in a model which allows us to now see patients in a one-off session for 90 minutes [and] gets us to work with them in a way that allows them to really focus on the current issue...

She explained that in this model, after the initial stand-alone session focusing on the here-and-now issue(s), clients were given two weeks to consider what they wanted thereafter. Her experience has been that some report back that the single session was sufficient while others choose to take up the offer of additional sessions. She explained that this model was 'allowing people to exercise their autonomy in a conscious way... Grenfell gave me the idea... working in the hotels and being so fluid'.

### **'I loved the experience'**

Lorraine said being part of the project filled her with pride in her professional choice. Mae said she felt humbled by the experience and that it was the most meaningful job she had ever done. Faith said she found it gratifying. James said he felt proud of and tremendously inspired by the clients and the work with them. For Grace:

It was... an absolute honour to work with the women and the men who stepped forward... that will be something I'll take with me to my grave... It was a special time, it was difficult, it was cold, it was uncontained, it was puzzling, bewildering, tragic, sad, unbelievably sad. But it was an honour... It was an honour to be called upon and to be in the position to say, Oh, I can do this... I can try... I don't know what we're doing. Freud didn't talk about a hotel. Melanie Klein didn't talk about a hotel for seven hours. I can try. We can try...

The sense of having responded to an important call was very present. Mavis said: 'You know, the thing is, as far as I'm concerned, the call went out. We responded; we did the best we possibly could under the circumstances'. However, Charity wished more could have been done:

I found myself disappointed... because I really wanted to help, and I feel like... even now I feel like... I did what I could because I did... I worked with the people that I was presented with, but I feel disappointed that I couldn't help more...

Nevertheless, that sense of gratification seemed undiminished for she added, '[But] there's a certain level of pride that I was able to help some... I felt really proud that I could be a part of [the project]'.

### **Personal growth and professional development**

Participants reflected on how they have grown through this experience. Charity said that working on the project boosted her confidence as a person and as a therapist, and that it was the beginning of her developing a better relationship with uncertainty.

She said her relationship with boundaries has evolved such that she has learnt to tighten boundaries and be relaxed with them. This sentiment was expressed by many, including Hope, who, having accepted and committed herself to the idea of ‘some flexibility in boundaries can be beneficial’, reported struggling with the tension of implementation in her private practice.

Additionally, Hope said she has grown to appreciate her own uniqueness and has developed an improved confidence in her ability to work with a diverse range of people. For James, growth has resulted in a change in professional direction towards teaching, training, and active collaboration with professional bodies.

## **DISCUSSION**

This section seeks to critically compare the available literature reviewed with some of the experiences of counsellors on Hestia’s Overnight Hotel Counselling Service.

### **How it worked**

Two counsellors were assigned to each participating hotel every night. They would typically set up in the hotel lobby/bar/restaurant and engage with residents who approached them. Most counsellors floated between hotels as opposed to being assigned to specific ones. Each counsellor had a scarf—a symbol of the service by which residents could recognise a member of the team. Appointments were not made for residents in advance with the counsellors. Rather, residents approached the counsellor(s) when they wanted to engage with the service.

Sometimes both counsellors listened to and interacted with a group of residents—in family groups and/or friendship/community groups. At other times, individual residents would ask for a one-to-one with one of the counsellors. Some hotels offered the service a separate space (for instance, a boardroom) for such encounters. In those hotels that could not offer the separate more private space, the counsellor and resident would go find a relatively quiet space to meet for a little while, with the other counsellor attending to any other resident/group of residents. It was all very informal.

### **Working towards a fit**

Counsellors complimented the agency’s efforts to create a service that strove to fit the clients, and so were forgiving of the difficulties encountered with the unconventional boundaries. They seemed to understand that effective counselling following a disaster may challenge the



received wisdom of a static therapeutic frame. This mindset is underscored by Fritz and Williams (1957) who assert that many problems of disaster management result from a lack of 'fit' between the conceptions of need of the victim population and of the agencies trying to help them.

Hestia's Overnight Hotel Counselling Service worked towards a 'fit' with the needs of the Grenfell survivors and towards offering a therapeutic presence (Geller, 2013). It was that presence which helped towards *Working at Relational Depth* (Mearns and Cooper, 2005) with individual survivors and the community. Feedback received during the service's operation suggested that working outside conventional counselling boundaries enhanced the quality of the therapeutic relationship. A good therapeutic relationship, apart from clients' own resources, is regarded as the most common factor in successful outcomes in counselling and psychotherapy (Duncan et al., 2004).

Understandably, working in this way was challenging for practitioners. In their study of postdisaster counselling following the 2011 earthquakes in New Zealand, Cooper et al. (2018, p. 433) presented many examples of 'boundary crossing including accepting gifts from clients, hugs and kisses at the beginning and end of sessions... and disclosure of personal information to the client'. Participants echoed encountering such dilemmas during the Overnight Hotel Counselling Service.

### **Diversity**

Linked with working towards a fit was the recruitment of diverse practitioners to serve a diverse client community. Feedback from clients was that they liked that the service was resourced with a diversity of counsellors. It probably helped with their perceived accessibility of the service.

Participants also said that they found the diversity beneficial. Grace said that it enhanced her empathy with clients' issues and frames of reference. For Hope, working in that diverse environment was positive because of the opportunity it gave her to work with a diverse range of clients and alongside a diverse range of therapists, which all helped her grow in her confidence in working with 'non-traditional' counselling clients. Most participants agreed with Hope that they learnt a lot about diversity issues from this experience.

If there had been opportunities for metacommunication in the team around diversity and difference and what peculiar challenges it fostered for some counsellors, it might have been even more effective.

### **Counselling as a part of, rather than apart from, community**

Many participants said they blossomed from being in community, although one said she sometimes struggled with feeling left out.

Traditionally, counselling prides itself in confidentiality, and privacy, with most practitioners working on a one-to-one basis with clients in 'protected' times and place. The Hotel Counselling Project was markedly different: a community of counsellors worked with a community of clients in public spaces, and, for a season, their lives were intertwined. Lorraine explained:

Being with [the clients and your colleagues] on New Year's Eve... and Eid and sharing those times with them, you're never going to get that with a client [in traditional counselling where]... you [might] bring your personality into it... you might share a bit of your life, you will share emotions in the therapy space... but you're in this kind of *siloed existence* with your client. You're in, it's that room, it's that hour. At most, you might have some other contact like the odd phone call, or email... But with these [Grenfell] clients, we got to know their lives, *being in their lives... woven* into it ... *enveloped* in this process...

Carrick (2014) explains how a crisis provokes dissonance, where the client's self-concept or life-picture is so severely threatened that their view of the world is shattered and needs rebuilding. Is there something about a community space that can bring an added dimension to healing and rebuilding? Zielinska (2020) explores the value of 'casual chats' in community settings, suggesting that a promotion of connection within communities would help 'combat the tide of human misery and disconnection in the Western world'.

For 'counselling as a part of community' to work, the counselling and psychotherapy profession will have to rethink its 'rules' on boundaries, and begin to see them as 'fences' and not as 'shields.' Sophia explained:

I [used to view] boundaries more of as a shield to keep the world away whereas now I see them as fences... not so much to keep the rest of the world away but to be... integrated in the world and what's around us... I described them as a fence because when you have your fence, you can see between, you know, you're still integrated with the world, you can still see, the world can still see you, the world can even hear you, but they can choose not to listen, you know, and vice versa. So, there's something about being integrated, so integrating counselling with the world itself in the world around us, rather than it being in a box ... a shield, hiding...

One significance of having a community counselling space is that it is a healing presence not only for those who directly engage with it, but also for those who know of its presence. For instance, Dale (2016, p.78) shares this feedback from somebody who, although never actually accessing her Listening Service, said: 'I am so glad you are there. Knowing that you are there, and that I can come or ring, means everything'. This comment echoes some of the feedback received from individuals who did not use Hestia's Overnight Hotel Counselling Service directly but communicated the comfort they felt simply by knowing it was present. Furthermore, they sometimes referred others to it. Zielinska (2020) shares a similar experience on her 'Talking Booth' project.

### Preparedness for disaster counselling

The question of how unprepared the profession is for counselling during disasters was raised by many participants. None had received specific training for disaster counselling/psychotherapy during their initial training. As well as this lack of training, there is a dearth of literature on the subject.

A consequence of this lack was that many counsellors struggled with cognitive dissonance. For instance, Faith shared how she struggled with a lack of assurance, a dissonance between her training/previous practice and working on the project, 'not knowing what is right and what is wrong'. Hope elaborated:

It would be nice to have clear protocol that the residents will know, that the residents [clients] will know, in place. But it was what, I know, it was what it was, it was so unique... [but I wish they knew]... about like, not to offer food for us, you know, or, like, I came earlier, I think twice I... consciously came earlier before the shift, so I can have my food, and then start the shift, and twice, the resident, the resident approached me and said, you know, 'The bill is taken care of'. And I couldn't, and I was like, 'No!', like, I was thinking everything in me was going like, 'Oh, my God, this is no!'... it's lovely, but you know, but it's just created... [inner conflict]... I was thinking, 'Oh God, is this okay? I'm working... [I'm supposed to be working, not being fed by my client]'...

She subsequently made alternative arrangements for her pre-shift dinner.

The lack of clear-cut policies and procedures was experienced as irritating and conflict-inducing within and between counsellors. In this respect, practitioner training and prior experience seemed somewhat of a hindrance in an ever-evolving situation where no blueprint existed. It would appear that many counsellors had so internalised the rigour of their training manuals especially around boundaries and one-to-one time-limited sessions that working in open-ended community counselling and in tandem with another counsellor was like learning a new language post-haste.

Participants expressed a wish that they had been offered short specialist training while working on the project. Nevertheless, they agreed that their prior practitioner training was useful, however inadequate it was specifically for disaster counselling. James said it was important to learn how to be critical in using training as a tool rather than letting it be a hindrance, while Lorraine shared a principle of the learning of the rules (boundaries) being necessary in order to know how to break them safely. Grace said that having prior training and experience meant counsellors were better able to look after themselves, even as they muddled their way through uncharted territory.

### ***Bottomline***

Hestia's Overnight Hotel Counselling Service shows what is possible: this novel project was largely experienced as successful essentially because it privileged working towards a fit with clients over enforcing conventional rules of boundaries. In so doing, it was able to develop a therapeutic relationship and community that was experienced as beneficial by clients.

Furthermore, although it was infinitely challenging, it nevertheless resulted in exponential growth and development for many practitioners.

How much more effective could it have been had counsellors received training for disaster counselling? With adequate training and preparation prior to disasters, and suitable support and (refresher/continuous professional development) training during disaster counselling, practitioners would probably have felt more assured while doing the work, and better able to keep themselves safer in it.

Additionally, it could benefit society if, even in ordinary times, counselling and psychotherapy practice strives to work towards becoming a part of, rather than apart from, regular human community in all its 'messy' diversity.

### ***Implications for training and practice***

A significant implication of this study is that it would be beneficial for training providers to make disaster counselling a key element in their course curriculum. Additionally, counselling professional bodies could develop resources that members could draw on should they choose to engage in disaster counselling.

Furthermore, as a result of this research, it seems worthy of consideration for statutory provision, counselling agencies, and private practitioners to be more open to the benefits of flexible boundaries.

### ***Limitations and implications for further research***

One limitation of this study is the dearth of literature on the subject. This also means there is scope for further research.

Another possible limitation is that I was a colleague on the project. This fact could have attracted certain colleagues and not others, and therefore inadvertently affected the content, but not necessarily the quality, of data that was gathered. However, this same fact may have made it easier for participants to trust me with their experiences. Additionally, in a fully qualitative thematic analysis such as this, researcher subjectivity is considered a resource (Clarke & Braun, 2018).

Nine practitioners out of forty-six responded to the invitation to participate. This was sufficient to explore and extract some meaningful learnings from their experiences. Nevertheless, these views and the researcher's interpretations of them may not fully reflect the general experience of all practitioners on the project.

Neither is it known the extent to which the findings in this study can be replicated in other contexts without considering the specific circumstances of those situations. Therefore, further research is essential, especially:

- To gain clients' perspectives of boundaries in disaster counselling as well as their experience of boundaries in more conventional counselling.
- To develop further the concept of community counselling (by a community of counsellors with a community of clients in community settings).

Additionally, further research focussing on the residents' perspectives and experience of this Overnight Hotel Counselling Service would be invaluable to the field of counselling and psychotherapy.

## **CONCLUSION**

This study set out to explore how counsellors experienced working with unconventional boundaries in Hestia's Overnight Hotel Counselling Service for survivors of the Grenfell fire. Counsellors found that although it was challenging as might have been expected, it worked for clients and was stimulating of growth for practitioners. It thus caused practitioners to rethink their practice and ask questions of concepts, theories, and 'rules' that had been taken for granted, especially those relating to boundaries.

The study has highlighted the importance of diversity within a counselling service which was tenacious enough to want to work with people by connecting with them as human beings, even when all the usual 'trappings' of a 'clinical' counselling environment were absent.

It has raised a question, which needs to be addressed, regarding the profession's preparedness for disaster counselling.

Finally, it has flagged the value of extending counselling from a siloed practice into unconventional community practice, although more research is necessary to develop this further.

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## APPENDIX

The Scarf—a symbol of Hestia’s Overnight Hotel Counselling Service by which the counselling team was recognised by residents.



## ACKNOWLEDGMENTS

This work is dedicated to the victims and survivors of the Grenfell Fire Tragedy—a disaster that should not have happened.

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## AUTHOR BIOGRAPHY



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