

A psychosocial exploration of bereaved children's experiences of exclusion from school: what understanding can be gained from a psychoanalytic perspective?

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Abstract

According to the Childhood Bereavement network, a parent dies every 22 minutes in the U.K. Despite this, there is little research into the impact of parental death on children and young people. This psychosocial study explores the experiences of children and young people who have been bereaved of a parent and who are subsequently excluded from school. Three participants of school age were interviewed about their experiences of these two events and the data obtained from the interviews was analysed using an individual, psychoanalytically informed case study approach, allowing for an in-depth exploration of the affect generated by the existence of dynamic, intersubjective, unconscious processes during the interviews. The data emerging from the transference and counter transference was explored and it was found that the ongoing presence of an attachment figure might mitigate some of the risk factors associated with the experience of parental death. It also seems possible that this population of children and young people are likely to be under identified in schools and when they are known to have experienced parental bereavement, school professionals struggle to understand and respond to their emotional needs. Consideration is given to the implications for the role of the Educational Psychologist in working with this vulnerable population of children and young people. The wider potential of psychoanalytically informed approaches to working with pupils and staff in schools is also considered.

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1.0 Introduction

The research aims to explore the experiences of school-aged children who have received fixed term and/or permanent exclusion/s from school following bereavement of a parent. It will aim to try and understand something of the experiences of this group of children from a psychoanalytic perspective and to give a voice to the children and young people within this population.

Consideration will be given to the prevalence of this occurrence in the school population in terms of children and young people who not only experience the death of a parent, but go on to be excluded from mainstream education.

Consideration is also given to the researcher's position in the study when working in the transference, in terms of the support needed to provide a capacity to undertake research involving transference as a methodological tool, as well as the implications that working in this way might have for Educational Psychologists who support this population of children and young people in educational settings.

1.01 What do the statistics say?

A Systematic Literature Review (SLR) was initially undertaken in order to get a sense of the number of children and young people who experience the death of a parent before the age of 16 (see appendix 1 for table summarising list of sources searched and results generated).

The following inclusion and exclusion criteria were applied to the SLR:

- all children of school age up to 16 years old were included
- all genders were included

- results generated were limited to the last ten years as recent statistics were sought for the purposes of this study

The search terms childhood AND bereavement AND statistics were used within these parameters. Broad inclusion and exclusion criteria were set and broad search terms were applied for this SLR given the specificity of the topic area but also the anticipation that statistics available on this population may be limited given the author's contact with bereavement organisations prior to undertaking this research. Subsequent searches after the initial search of the first database confirmed this to be the case. Issues such as gender were not considered as again, due to the uniqueness of the study area and its specific focus, a broader overview was aimed for and gender differences were not being explored. School aged children up to the age of 16 were included as the developmental stages within this age range are pertinent to the psychoanalytic ontology of this research.

Childhood bereavement charities and research conducted around the subject of bereavement in childhood, suggest that bereavement is a common experience among young people. Based on statistics obtained in 2015 from all the local authorities in Great Britain, the Childhood Bereavement Network (CBN) estimates that in 2014, 23,200 parents died in the UK, leaving dependent children (23,600 parents in 2013). This equates to one parent every 22 minutes. The CBN estimate that in 2014, these parents left behind around 40,000 dependent children aged 0-17 (41,000 dependent children in 2013). This equates to 110 newly bereaved children every day. According to Parsons (2011), by the age of 16, 4.7 per cent or around 1 in 20 young people will have experienced the death of one or both of their parents. To broaden the perspective and scale of the experience, it is worth noting that the United Nations Children's Fund (2005) reported that at the time of writing, there were over one hundred million children

around the world without some form of parental care. Fauth et al (2009) who used a nationally representative sample of 739 children in their study exploring the associations between childhood bereavement and children's experiences and outcomes in terms of mental health, conveyed that across the sample, 3.5% of children were reported to have experienced the death of a parent or sibling. Green et al (2004), as well as Winston's Wish, a bereavement support charity, report that at any one time, 385,000 children in the U.K between the ages of 5 and 16, are suffering following the bereavement of a parent or sibling.

Studies looking at the potential long term impact of childhood bereavement, (Akerman and Statham 2014), suggest that for some children, the impact of the death of a parent or sibling has an adverse impact on their mental well-being during and beyond their childhood years. Fauth et al in their study using data from the 2004 *Mental Health of Children and Young People in Great Britain* study (Green et al 2004), found that children who have experienced the death of a parent or sibling were more likely to have problems with anxiety and alcohol abuse. They were also more likely to have changed schools or been excluded from school. Winston's Wish reports that children are 60% more likely to be excluded from school after suffering a significant bereavement. In their secondary analysis of data from the Mental Health of Children and Young People survey, they did find a significant association between children having been bereaved and children having been excluded from school (3.1% of children bereaved of a parent or sibling had been excluded, compared to 1.8% of those who hadn't been bereaved). This group differed significantly ($p < 0.05$) from the non-bereaved group. There was a small scale study completed in Birmingham by Maureen Cooper (2002), who looked at the records of forty children aged 15-16 years of age, who were school non-attenders who had at some point, been excluded from school. She found that 63% of these children had experienced the bereavement of a parent. This study was not published but is

referred to in a document produced by the Childhood Bereavement Network (October 2003), it was not possible to obtain details of the study in order to view the methodology used.

Perusal of existing research in this area, suggests that there have been little or no published studies which have explored, or tried to make sense of the experiences of bereaved children who have being excluded from school following the death of a parent, despite concerning statistics such as those published by the Home Office (Berridge et al 2001) that the largest group of children excluded from school before the age of nine for challenging behaviour are those who have suffered a bereavement. Contact with Alison Penny (Principal Officer and Co-ordinator of the Childhood Bereavement Network and one of the authors of the Fauth et al study), also suggests there is a paucity of research in this area. She reported that it is often raised as an issue by health and education services *'but the actual published literature is thin on the ground'* and it has been *'a distinct gap in the literature for a long time.'*

2.0 Literature review

A second Systematic Literature Review (SLR) was conducted in order to obtain papers and texts exploring childhood bereavement from a psychoanalytic perspective. The following inclusion and exclusion criteria were applied:

- all children of school age up to 16 years old were included
- all genders were included
- Date parameters were not set as psychoanalytic literature of potential relevance to this study may date back as far as the end of the 19th century

Searches of databases were undertaken via Ebsco in June 2015 and again in August 2016 (see table below for SLR parameters and appendix 2 for table summarising SLR results):

| Database sources searched | Terms used within each database |
|--|--|
| PsycINFO | <ul style="list-style-type: none"> • mourning AND school AND exclusion • bereavement AND parent AND psychoanalytic • loss AND parent AND psychoanalytic • children AND mourning AND psychoanalytic • loss AND mourning AND psychoanalytic |
| PEP archive | |
| Psychology and Behavioural Sciences Collection | |
| PsyARTICLES | |
| PsycBOOKS | |
| Ebook collection | |

Again, broad inclusion and exclusion criteria were set and broad search terms were applied for this SLR given the specificity of the topic area, but also in order to capture the breadth of psychoanalytic perspectives on loss and mourning which necessitates going back to Freudian literature on the subject dating from the late 19th century. Issues such as gender were not considered as again, due to the uniqueness of the study area and its specific focus, a broader overview was aimed for, but also, the study was not intending to explore potential gender differences in loss and mourning from a psychoanalytic perspective. School aged children up to the age of 16 were again included in the SLR as the developmental stages within this age range are highly pertinent to the psychoanalytic ontology of this research.

There was considerable overlap between the results. Loss AND parent AND psychoanalytic generated the largest number of articles and largely encompassed the results of the other searches. The results consisted mainly of texts and papers exploring the theme from Freudian, Kleinian and attachment perspectives with some consideration of how these theoretical

underpinnings are applied today when thinking about the impact of loss on the developing child. A few papers were generated comparing different psychoanalytic perspectives on loss and mourning. References of relevance within the articles and books selected for the literature review have also been used, in particular, Cohen, Sossin and Ruth (2014) which contains reference to a large number of studies and papers in the field of childhood bereavement which were then obtained for the purposes of this review. The searches generated no research relating to the experiences of children who have been bereaved of a parent and then experience exclusion from school at some point in the future.

2.01 Results of SLR

A rich and diverse body of psychological literature and research exists in the area of childhood bereavement. Within the psychoanalytic and attachment literature, there are many existing theories relating to the experience of loss and mourning in children, with various theorists, researchers and/or analysts taking differing stances. However, as the author of this study aims to demonstrate, there are some cross cutting themes and accord between them that can facilitate one's thinking and understanding of the experience of parental bereavement in childhood.

Therefore, for the purposes of this study, the area of focus is to be largely explored through a psychoanalytic lens, as it offers a way of understanding how libidinal object loss can lead to defences against mental pain that are maladaptive and potentially result in adverse outcomes such as poor mental health (Keenan 2014) and poor educational performance (Akerman 2011). A psychoanalytic lens has been chosen for this study as grief theories in relation to children first emerged from this field, beginning with Freud's consideration of losses at each stage in a child's development, which Melanie Klein then developed, introducing theories of how early

experiences of other types of loss (such as weaning and the oedipal stage), impact on how children later mourn the death of someone close to them (see appendix 3 for an outline of the different perspectives of Freudian and object relations theorists, in terms of their theoretical standpoints and defining of defence mechanisms that are of relevance to this study). Later ideas, notably Bowlby's development of attachment theory, also contributed a great deal to the understanding of a child's experience of the death of a parent and factors impacting on the healthy formation of new attachment figures and achievement of well-being later in the child's life. Leader has expressed concern that modern day human responses to thinking about and responding to loss have become '*reduced to biochemical problems*' (Leader, 2009, p.7) and so less consideration is given to exploring the intricacies and structures of mourning and he argues for these concepts to be revived in order to look beyond '*surface features of behaviour*' in order to truly understand and engage with a person's experience of loss and its impact in order to support them effectively.

*What are the roots that clutch, what branches grow
Out of this stony rubbish? Son of man,
You cannot say, or guess, for you know only
A heap of broken images, where the sun beats,
And the dead tree gives no shelter, the cricket no relief,
And the dry stone no sound of water.*

(Eliot, 1990, p63)

The pain of loss can be experienced as touching everything as T.S Eliot so painfully describes in *The Wasteland*, so that not just the external world is experienced as bleak, cold and hostile, but one's internal world too.

This review will begin with consideration of the processes and definitions of bereavement, grief and mourning within the psychoanalytic literature, before moving on to consider Freudian theory regarding mourning and defences against psychic pain. Loss and mourning from an object relations perspective is then explored as well as Melanie Klein's work on the adoption of manic defences in the face of loss, before moving on to consider Winnicottian theory in relation to mourning and the facilitating environment. Attachment theory and its relevance to the area of study is then considered and there is an overview and critique of early studies within the psychoanalytic and attachment literature pertaining to the experiences of parental loss in childhood. This chapter will end by exploring recent developments in the psychoanalytic field regarding children's capacity to mourn.

2.02 Processes and definitions of bereavement, grief and mourning in the psychoanalytic literature

There is some overlap of these constructs in the psychoanalytic literature. Sossin, Bromberg and Haddad observe on their examination of the literature, that the terms are used with some inconsistency across the existing body of literature. However, there is general agreement that an individual;

'calls upon the process of non-pathological (uncomplicated) mourning to restore psychic equilibrium following the loss of a loved one' (Sossin, Bromberg and Haddad in Cohen, Sossin and Ruth, 2014, p.4).

Pollock (1960) provides discernment, describing that grief can apply to the loss of a mental representation, whereas bereavement can be understood as the type of grief that applies to the loss of a loved one.

The process of mourning has been widely explored in psychoanalytic literature in both adults and children and all theories in the area see mourning as being central to a person's development, recognising that the process of developing always involves gains and losses and that something needs to be 'given up' in order to move forwards in life's journey because;

'as the child progresses from one developmental phase to the next, he gains in development but he loses libidinal elements of the past' (Akhtar, 2007).

Freud's theory of development centres around the libido, a drive for gratification of the body which at different stages in the child's development becomes focused around specific aspects of the body, with the oral stage being centred around the mouth and pleasure taken in sucking, the anal stage occurring when the child is learning bowel control and the phallic stage presenting around the age of three, when the young child becomes curious about their own and other's bodies (Freud, 1905). Freud maintained that these preoccupations persisted into adulthood and as Frosh explains, Freudian developmental theory gives an account of the different ways the sexual drive is organised, with the later stages being *phallic* and *genital*, as the sexual organs become more the foci of sexual life;

'...what varies is the physical location of sexuality and the social form it takes' (Frosh, 2012; p.50).

The Oedipus complex and desire in the child for the parent of the opposite sex was deemed integral to normal and healthy development and whilst psychoanalysts may disagree about the timing and exact nature of the Oedipus complex, many perceive negotiation of this phase of early development to be very important to the later development of a person's psychological well-being and formation of healthy relationships, in that by the end of this phase, there is the formation of the superego following a period of mourning and moving on in development (see Mitchell and Black, 1995 for consideration of neo-Freudian perspectives and critiques of Freud's theory of psychosexual development which is beyond the scope of this discussion). Akhtar (2007) describes that in psychosexual terms, this could be thought of as the '*oral-phase mother*' being relatively lost to the child when the child moves into the anal phase and how Freud then pondered whether if in this process;

'...identification is the sole condition under which the id can give up its objects' (Freud, 1927).

Following the fears and navigation of the phallic/oedipal phase, Freud described the school aged child as entering a latency phase during which;

'...there was a desexualisation of the child's interests and libidinal energy was directed to social, intellectual and other skills development through the mechanism of sublimation,'
(Freud in Milton, Polmear and Fabricius, 2011, p.35)

that is, before the tasks of adolescence present during which the growing child is faced with the loss of 'the parents of childhood' and development of one's own mind and identity.

Freud's early model of the mind depicted the conscious mind as the tip of an iceberg, whilst the unconscious mind was a less accessible place where primitive wishes and impulses were kept and only revealed to oneself and others in terms of what was useful and acceptable to one's consciousness (Milton et al, 2011, p.35). Freud (1923) went on to develop a more complex 'structural' model of the mind, encompassing the id, ego and superego which represented important (largely unconscious) mental functions, with the id being the drive to fulfill physical desires and impulses, the superego representing the person's internal conscience and moral demands and wish to protect those one loves from one's less caring and more ruthless side and the ego, the part of one's mind concerned with adapting to and mediating between the demands of the id, superego and what is required by the external world, leading to the taking up of a variety of defense mechanisms by the ego in the process. This structural model came to be used by Freud in his quest to understand the symptoms presented in his patients and in this case, for understanding healthy and more pathological reactions to loss.

2.03 Freud-mourning and defences against psychic pain: denial, projection and identification with the lost object

It is well understood and considered within the psychoanalytic literature that mourning takes many forms with which the ego must contend including but not only, the actual death of a loved one. Freud acknowledged the difficulty and pain that this reality testing evokes as it does in the young infant in their first confrontation with the other and so facing the limit of his capacity to exert full control over his own experience;

Reality testing has shown that the love object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object. This demand arouses

understandable opposition-it is a matter of general observation that people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them' (Freud, 1917, p.244).

Houlding (2015) describes that this reality testing is not a 'once and for all' process but involves ongoing negotiation within the mind in terms of accepting or denying knowledge as it presents itself.

Freud then postulated that typical development confronts the child with repeated libidinal-object losses that activate some elements of mourning that need to be worked through. This working through is considered in Freud's discussion of *fort-da* (1920, p.14-17) in which he describes his grandson's repetition of throwing a spool and retrieving it whilst remarking 'gone' and 'there' as an attempt at mastering loss and reunion with his mother. This mirrors some of the process of dealing with actual object loss through death as a person will often report expecting to see their loved one many times until the ego finally accepts the loss of the object externally. As Houlding acknowledges;

'mourning the loss of a loved one involves a loss of interest in the world and sad preoccupation in the subject, which no one would consider pathological. The length of time required to mourn is accounted for by the slow detachment of each of the memories bound up with the lost object. Each memory and expectation must submit to reality testing' (Houlding, 2015).

Reaching an acceptance of this new reality is likely dependent on how previous experiences of loss and mourning have been navigated.

It is unsurprising that this course can be challenging and that depending on experiences of earlier losses, reality testing can result in an experience of a new world that is too painful to perceive, resulting in the deployment of defences against what cannot be faced, leading in the long term to stalled development and perhaps depression (Freud's melancholia). As Freud stated;

'In mourning, it is the world which has become poor and empty, in melancholia, it is the ego itself' (Freud, 1917, p.246).

Freud describes that the melancholic deals with the loss by identifying with the abandoning object, the shadow of which falls upon the ego setting one part of the ego itself against the other. Ogden (2002) describes how this leads to both relief and torture where loving hate and hateful love are favoured instead of no object relating at all.

Prior to Freud's paper, Mourning and Melancholia (1917), very little linking was made between a person's mourning and presentation of melancholia (depression). In Mourning and Melancholia, Freud explores the reactions of his patients to the loss of a person and in doing so comes to consider *'why do some people respond with the affect we call mourning, which will be overcome after a certain time, while others sink into a depression?' (or 'melancholia' as it was termed in Freud's day).* Freud concluded from his contact with bereaved patients, that unlike normal mourning which involves consciousness, pathological paths of mourning were more connected with the unconscious given that the patient *'cannot consciously perceive what he has lost'* (ibid, p.245).

Freud explained through his experiences of working with bereaved patients, what he described as the slow and painful work of mourning and consistent with his drive theory, he described a process by which energy (libido) becomes gradually withdrawn from the lost love object and slowly available for investment in other relationships. He speaks of the internal struggle between opposing impulses, one towards accepting the loss and the other towards attempting to deny it and that time is needed for the task of reality testing to be carried out and that when this work has been achieved;

'the ego will have succeeded in freeing its libido from the lost love object' (Freud, 1917; p.252).

Freud postulated that this was necessary as there was only a fixed amount of libido available and so in order to be able to invest emotional energy in a new object, the old, lost object had to be let go in order to free up the libido to invest in this new relationship.

Freud (1917) and Abraham (1927) both differentiated normal grief from pathological grief, with Freud emphasising the need to fully engage with the difficult emotions that may arise, including guilt and anger, which must be acknowledged and worked through if the person is to be able to open themselves up to forming new attachments to others. Failure to do so, could lead, according to Freud, to melancholia in which there is *'a lowering of self regarding feelings to a degree that finds utterance in self-reproaches and self-revilings and culminates in a delusional expectation of punishment.'* Freud observed what he described as the denial of the perception of the loss of the object and in his analysis of one of two brothers who had experienced their father's death, described the following consequences for the patient's ego of the denial;

The patient oscillated in every situation between two assumptions: the one, that his father was still alive and hindering his activities, the other, opposite one, that he was entitled to regard himself as his father's successor' (Freud, 2001, p.156).

This demonstrates the splitting of the ego in pathological mourning, creating a situation whereby two contradictory attitudes are set up with regards to the perception of the reality of the external loss, one which is accepting and the other denying. It was Freud's analyses of patients such as this that enabled him to develop his hypotheses in Mourning and Melancholia.

2.04 The nature of childhood grief and mourning

There are varied and opposing views in the psychoanalytic literature regarding whether a child is deemed able to engage in the psychic tasks of grief and mourning. In Mourning and Melancholia, Freud stated his belief that very young children did not have the capacity to mourn, believing that only as a child developed into an adolescent did they acquire the ego capacity to grieve, a view shared by Deutsch (1937) and Wolfenstein (1966), as well as his daughter Anna Freud and Dorothy Burlingham, who although being among the first people in the field to recognise that children displayed a grief reaction on separation from their mother, they perceived mourning to be confined to the transient time from losing the mother to the time when the child is ready to accept comfort from a new person (Freud and Burlingham in Bowlby, 1960). Wolfenstein (ibid), presented a large number of cases as evidence of unresolved mourning in children where fantasies of their parent still being alive somewhere and returning one day persisted as suggestive of an incapacity to mourn until they have

negotiated successful separation from parents during adolescence. Nagera concurred with these views concluding from his studies that children have;

'a short sadness span' and a low capacity for the tolerance of acute pain' (Nagera, 1970, p. 372).

It was only later on in Freud's work that he began to give some acknowledgement of the presence of grief in young children as well as adults, when he described his observations on watching a child's reaction to the absence of its mother;

'As soon as it loses sight of its mother it behaves as if it were never going to see her again' (Freud, 1926, p. 169).

Freud's position and explanations of many aspects of the mourning process were and still are, considered to have resonance and experienced as helpful in supporting bereaved persons, as well as therapists working with the bereaved who are struggling with the reality of their loss. However, this perspective of mourning was very different to that of Melanie Klein and other object relations theorists who placed less emphasis on the severance of internal ties with the deceased, although as Sussillo (2005) reflects, Freud did move towards a deeper relational sensibility in later writings as he experienced his own personal losses and explored and experienced the reactions of many more patients to losses in their lives and recognised the impact of object loss on both young and old;

'It can be observed equally easily in children and adults, in normal as in sick people. If one has lost an object.....one often compensates oneself by identifying oneself with it so that here object choice regresses.....to identification' (Freud, 1933).

Sussillo (ibid), describes Freud's growing interest over the years of his life in object relations and the need for a sense of continuity with primary lost attachment figures, evident in his sharing with a patient the loss of his daughter several years earlier to which he pointed to a locket on his watch chain remarking 'she is here.' Bowlby reflected that;

'Although at first Freud believed the process (of identification with the lost object) to occur only in pathological mourning, subsequently he came to regard it as a principal feature of all mourning' (Bowlby, 1980).

2.05 Mourning and object relations theory

A fundamental difference between the Freudian and Object Relations schools of thought is that object relations psychoanalysts such as Melanie Klein did not view developmental stages as occurring in a sequential manner as Freudian analysts did. Klein added to Freud's developmental theory in proposing that there are two major positions that are taken up in the infant's mind and described the fluctuations between the depressive position (characterised by feelings of loss and guilt for one's love object/s) and the paranoid-schizoid position (characterised by splitting the world into all good and all bad) to be a normal part of human development. She stated that one oscillates between these two mental states throughout life to a greater or lesser extent depending on the circumstances one faces and how as an infant, one's early splitting of mother into the loved, good mother and the hated, bad one was worked

through in order to achieve the depressive position and so a realisation of one's own psychic reality and external reality (Klein, 1975, p.427). As Segal states;

'Reality testing exists from birth. The child 'tastes' his experiences and classifies them as good or bad.....when the infant becomes more fully aware of his own impulses, good and bad, they are felt by him to be omnipotent, but concern for his object makes him follow closely the impact on it of his impulses and actions.....in favourable circumstances, the mother's reappearance after absence, her care and attention, gradually modify the infant's belief in the omnipotence of his destructive impulses' (Segal, 1973, p.73).

This enables the ideal and persecutory objects to come together in the depressive position resulting in a more integrated superego where injury to the object then gives rise to feelings of guilt and a desire to repair. Segal (ibid), speaks of exposure to new feelings that were unknown in the paranoid schizoid position, the experience of mourning for the good object that is felt to be lost and destroyed and the guilt at feeling the good object has been lost through one's own destructiveness. This experience of 'depression' then mobilises the infant to want to repair his destroyed object, to make good the damage and give his lost object life again. Failure to repair leads to despair which when experienced repeatedly can lead to the taking up of manic defences and a retreat to the persecutory world of the paranoid-schizoid position as one's feelings of hatred and their destructiveness become too much to bear.

Klein (1940) suggested that mourning involves a temporary manic-depressive phase, that abates when in '*normal mourning*,' the reintroduction of '*good objects*' helps to lessen the intensity of the anxiety accompanying object loss.

Segal speaks of the enrichment of the ego through the process of mourning, as through restoring and recreating the object internally, it is increasingly owned by the ego and can be assimilated by it and contribute to its growth (ibid, p.93). Milton, Polmear and Fabricius consider the process of mourning of actual object loss from a Kleinian perspective in relation to a patient who has lost her father;

‘.....Marjorie is at first in an angry and persecuted (paranoid schizoid) state, seeing things in a cardboard cut out way, and allied with righteously good people against totally bad people. As she mourns, she is able to relinquish the simple view of things that initially buoys her up, and see the sadness and complexity of the situation. Her guilt and self examination lead on to repair of her internal world; she is finally able to hold on to the memory of her father inside her in a loving but realistic way’ (Milton, Polmear and Fabricius, 2011, p.40).

Here, the process of reparation, in which destructive fantasies that have been unleashed by the loss become increasingly contained and a positive relationship with the internal lost object is reestablished. It is this rebuilding of the inner world that constitutes successful mourning from a Kleinian perspective and in achieving this, the person experiences an enrichment of their life in being able to better appreciate other people and life experiences. There is a greater trust in and love for one’s internal objects because of their survival and demonstrated ability to be good and helpful. Baker (2001) describes the transformation of object relationships in mourning and posits that mourning is not a process of detachment but one of transformation in creating an internal relationship that allows an ongoing tie with and internal representation of the lost love object but also room to invest in new relationships and activities. Susillo (2005) considers how Klein captured the feelings of almost unbearable pain, guilt and fear that comes

with normal mourning and reflects on the task of mourning as one of being able to bear the intense anguish of loss so that loving affect is reawakened for the lost loved in order that reintegration, a rebuilding of one's inner world and so a return to the original depressive position can be achieved.

Klein described 'normal mourning' as when the early depressive position with all its anxieties, guilt and feelings of loss and grief are reactivated when;

'..the subject goes through a modified and transitory manic-depressive state and overcomes it, thus repeating, though in different circumstances and with different manifestations, the processes which the child normally goes through in his early development,' (Klein, 1975, p.354)

but having experienced the actual loss of a person, one can draw on the 'good mother' inside themselves to cope with this loss.

Klein (1940) placed great emphasis on depression and mourning in infancy and described how the child goes through states of mind comparable to the mourning an adult experiences, as they experience losses such as being weaned and reaching the oedipal stage of development and that this early mourning is reawakened whenever grief is experienced later in life and so in this respect her perspective was in alignment with that of Freud.

However, Klein in a departure from ego psychology, did not perceive the goal of mourning to be detachment of libidinal ties from the love object but rather;

'...a process of reparation in which the destructive fantasies unleashed by the loss are contained and a positive internal relationship with the lost object is reestablished' (Klein in Baker, 2001).

Klein described how the loss experienced in the external world leads to the stimulation of the person's fantasies that good internal objects have been lost as well and that the bad internal objects then dominate (Klein, 1940). In Klein's model, the bereaved person is striving to hold on to something from the past rather than striving to let it go as Freud suggests to be the primary task of mourning. Baker (2001) argues that this provides the basis for a broader reconceptualisation of object relationships after loss has occurred.

2.06 Klein and manic defences against loss and mourning

Klein described manic defences to be;

'...a set of mental mechanisms aimed at protecting the ego from depressive as well as paranoid anxieties.....manic defense attempts to deny the ego's perilous dependence on its love objects and the danger with which it is menaced from its internalised bad objects' (Klein, 1935, p.277).

Omnipotence, denial and idealisation are three components of manic defense (see appendix 3 for further explanation of these terms), omnipotence being used to control and master objects without genuine concern for them, denial aimed at erasing the awareness of dependence upon others and idealisation retaining an *'all is good'* view of the world and of oneself which defends against guilty recognition of having hurt others (Akhtar 2007, p.103).

Klein then describes the potentially adverse impact of failing to mourn for fear of being unable to reinstate the lost love object which can result in inhibited emotions and feelings of love being suppressed and hatred increased, the '*paranoid schizoid position*' whereby the person organises themselves psychically in a pathological manner by splitting off intolerable feelings such as guilt, fear and anger, which are denied as they are felt to be persecutory and are instead redirected at others.

2.07 Winnicott: the facilitating environment and mourning

There is commonality in Winnicott and Klein's thinking in relation to perceiving attainment of the depressive position in emotional development as an achievement that is necessary for future well being and relationships (Winnicott, 1955). However, Winnicott's later thinking diverged from Klein's in that he placed more emphasis on the maternal '*facilitating environment*' and the impact of this on the emerging self and future object relationships, than on the person's conflict between love and hate (Winnicott, 1965). His ideas concerning the beginnings of mental life and the emergence of the self are evident in his famous statement '*there is no such thing as a baby, there is a baby and someone*' (Winnicott, 1964; p.8) and the importance of this someone (the mother) being '*good enough*' and fitting in with her infant's needs, expressed through spontaneous gestures so that the infant has an experience of being held and can move away from '*magical omnipotence*' towards a state where he can begin the developmental work of differentiating '*me from not-me*' and the inside from the outside (Milton, Polmear and Fabricus, 2011). If the mother manages to withstand the baby's psychic attacks and can provide an experience to the baby of being predictable and reliable, then this leads to a transitional space where a shared reality can be mediated and the child often navigates this new shared reality with the support of '*transitional objects*' to manage increased separation from the mother. Through this holding by the mother, the true self can develop.

Winnicott described the adoption of manic defences and the emergence of a false self if there is a failure of the facilitating environment in order to;

'deny the depressive anxiety that is inherent in emotional development, anxiety that belongs to the capacity of the individual to feel guilt and also to acknowledge responsibility for instinctual experiences and for the aggression in the fantasy that goes with the individual experiences' (Winnicott, 1935, p143-144).

Winnicott outlined four aspects of manic defence; the denial of internal reality (a rejection of bad objects but also a psychic exiling of good internal forces and objects), flight to external reality from internal reality (daydreaming which places fantasy as an intermediary step between internal and external reality), suspended animation (omnipotent control of the bad internal objects which in turn stops all good relationships from flourishing) and a reversal of depressive feelings. As Winnicott stated;

'...the denial of inner reality involves a repudiation of internalised bad objects, but it can also send the good internal forces and objects into psychic exile' or an internal situation arises whereby 'omnipotent control of the bad objects stops all truly good relationships' (Winnicott, 1935, p.133).

Akhtar asserts that the deployment of manic defences such as those outlined by Winnicott, are;

'...typical of individuals who dread sadness and are unable to mourn. They gloss over disturbing events with astonishing ease, keep busy, avoid aloneness, are fun loving, have a

large circle of friends and are easily excitable.....manic defence is a frequent manoeuvre against pain and suffering associated with child object loss' (Akhtar, 2007, p.104).

Winnicott and Klein also regarded the achievement of the depressive position as one which enables the child to experience grief and sadness as a response to loss, whilst a failure of this leads to depression. However, Winnicott did not perceive this to be as problematic as Freud did stating that;

'...the depression is a healing mechanism, it covers the battleground as with a mist allowing for a sorting out at a reduced rate, giving time for all possible defences to be brought into play and for a working through so that eventually there can be spontaneous recovery' (Winnicott, 1954).

Winnicott suggested that the term mourning should be reserved for use in processes where the outcome is favourable, a view that Bowlby vehemently disagreed with, advocating that the term should be used in an integrated manner to;

'denote a fairly wide set of psychological processes set in train by the loss of a loved object irrespective of their outcome' (Bowlby, 1960).

Winnicott perceived mourning to be possible in the very young and posited that *'it is especially easy for us to belittle the effect of loss on the young' (Winnicott, 1996, p.38).*

Winnicott describes the presentation of some of the defences (as described above), that may be deployed if the child is not supported to grieve and adopts instead;

'...a liveliness that deceives everyone except the child....perhaps the child is given no time to pay for this real underlying grief and hopelessness, so that a false personality is built up, one that is jocular and shallow and infinitely distractible.....when we find a child unhappy and withdrawn we can surely do more by a sympathetic holding operation than by jogging the child into a state of false liveliness and forgetfulness' (ibid, p.38).

Winnicott (ibid), spoke of a child's *'natural tendency to recover from the loss'* if there is the presence of a supportive, holding environment that acknowledges the child's grief and painful feelings, giving time for the child to recover from the loss and as Winnicott suggests, the guilt the child may feel despite the impossibility of having played a part in the death of their loved one.

2.08 Bowlby: attachment and continuing bonds

It is perhaps the theory of attachment which has most connection with mainstream EP practice from within this literature review (Geddes, 2006, Bomber, 2007, Butcher and Gersch, 2014, Neerose and Cahill, 2014). As Rackett and Holmes state within the context of their practice as EPs;

'.....educational psychologists are very well placed to work in the area of perinatal and infant mental health, promoting attachment through early intervention.....through offering consultation, training and clinical interventions, educational psychologists can be key players in ensuring that there are optimum conditions for a secure attachment relationship to flourish. We can help construct a better start for the next generation' (Rackett and Holmes, 2010).

Attachment theory began with the seminal work of John Bowlby (1958, 1959, 1960) whose principal idea was that young infants have a predisposition to form attachments and to seek interaction with their caregiver, where that person then becomes a '*secure base*' for exploring one's environment and can be returned to for safety and comfort.

Bowlby's ideas were commensurate with the object relations school of thought in seeing the child as innately predisposed to relate in love and in hate to its primary object and a move away from Freudian drive theory whereby the feeding relationship is viewed to be governed by libidinal and aggressive drives with attachment being secondary to an instinctual, oral driven satiation process.

Although there was growing acknowledgement by previous analysts and thinkers that children did present some capacity to mourn the loss of and to grieve for their loved one, it was the works of Bowlby (1960, 1969, 1973, 1980), Erna Furman (1974) and Robert Furman (1964) that resulted in a significant shift in perceptions of a young child's capacity for mourning. From his work with very young children, Bowlby concluded that even very young children grieve and mourn, contending that in order to be able to mourn, a secure attachment prior to the loss must have been achieved, along with information being shared about the loss and participation in family grieving processes as well as access to the comfort of the surviving parent (Cohen et al 2014). Bowlby (1960) felt that infants as young as six months of age have attained sufficient object constancy to mourn whilst Furman (1964) argued that this object constancy was achieved later in the third or fourth year of life enabling mourning to happen then. Bowlby stated that Robert and Erna Furman presented evidence through their studies that demonstrated a young child has;

'no more difficulty conceiving of death than has an adult and whether he does or not turns on what he is told' (Bowlby, 1980, p276).

Bowlby emphasised that if a child is helped to understand that the dead animal or person will not come alive again and that it is natural to be sad about this, he will have received an understanding and explanation that conforms with his experience and perceive his sorrow to be understood (ibid, p.274-275). This experience of being understood and having one's feelings attended to is what Wilfred Bion referred to as containment (Bion, 1963, p.6-7) or what Winnicott described as the *'holding environment'* (Winnicott, 1971, p.150).

Bowlby (1980) applied his theories about attachment to the experience of bereavement and asserted that when a loss occurs, grief is a normal, adaptive response, as the *'affectional bond'* has been broken. He argued that young children not only grieve, but for much longer than was previously supposed. He observed that in children whose grief reaction became prolonged, this often presented as denial and the inability to *'give sorrow words.'* In stark contrast to analysts like Freud, who perceived the continuing presence of anger to indicate that grief is running a pathological course, Bowlby (1979) felt it to be an integral part of the grief response as the person exerts great effort into attempts to recover the lost object. Bowlby's attachment theory (1969) placed emphasis on the young child's searching and yearning and a persistent quest for relation with the lost parent. After reviewing the existing research on bereavement and mourning, he concluded that children as well as adults show signs of continuing thoughts and fantasies about their lost love object and that this is not pathological but compatible with a normal mourning process;

'Failure to recognise that a continuing sense of the dead person's presence, either as a constant companion or in some specific and appropriate location, is a common feature of healthy mourning has led to much confused theorising' (Bowlby, 1980, p.100).

Given Bowlby's study of attachment and development of attachment theory, this view is unsurprising in recognising the persistence of attachments after loss.

2.09 Early studies of child bereavement following parental loss

There are very few studies in the psychoanalytic and attachment literature pertaining to children and young people who have experienced the death of a parent. Most of the published literature contains accounts, mainly of single case studies whom the psychotherapist has been engaging in a therapeutic relationship with, where they reflect on their learning and experience of this work through a psychoanalytic lens. As Peretz reflects;

'Most of the literature on bereavement in childhood is based on observations of disturbed children who are in psychotherapeutic or psychoanalytic treatment. These case reports offer valuable clinical information regarding psychological symptoms and processes, but it is difficult to know the degree to which these children in treatment are representative of all bereaved children and the extent to which individual reactions may be idiosyncratic.

On the other hand, random samples of bereaved children that provide more methodologically reliable data do not offer the same depth of information. In addition, relatively few use control groups, making it impossible to know what the base rates of particular behaviours or symptoms might be in the general population. Where controls are used, it is often unclear whether they are matched for age and sex' (Peretz, 1985).

Whilst Peretz's reflections were made some thirty years ago, perusal of the literature suggests this his observations are very relevant to the breadth of studies conducted since then.

In considering previous studies of relevance to this study and its psychoanalytic perspective on the impact of parental loss in childhood, one must revisit the seminal research conducted by Erna Furman (1974) over a period of fifteen years from 1957-1972, in which she, along with her colleagues at the Cleveland Centre for Research in Childhood Development, studied twenty three children who had lost a parent through death, identifying some of the influences on children following the loss of a parent that could adversely impact psychic development such as problems with superego development, identifications and heightened conflict. She emphasised the importance of the surviving parent's ability to support the child's 'realistic and detailed inner representation of the absent parent' in order for the child's development to continue favourably. Furman considers the complexity of factors involved in determining what course a child's mourning may take remarking that;

'We can never say before treatment that the death of a parent as such was traumatic'
(Furman, 1986, p.192).

Furman considers that complex developmental and ego-strength factors as well as the external circumstances at the time will all determine the degree of trauma experienced and influence the path mourning will take. Furman perceived that early loss may evoke the recurrence of the early infant's terror states and anxiety relating to fear of annihilation.

Following conclusion of, or during therapeutic treatment of '*orphaned patients*' (Furman, 1974, p.4), Furman and fourteen of her fellow analysts and child therapists involved in the

treatment of these children, shared the data they had kept of their cases. Furman remarks that case presentations were made and due to close professional cooperation during the years of treatment, the analysts were familiar with almost all of the cases presented and whilst she does not state this overtly, there is some suggestion of an endeavor to enhance the validity and reliability of the study. She states;

'We had attended the case presentations in seminars and had participated in the discussions which always followed. The data thus had already become the main basis of our thinking' (ibid, p.4).

Furman goes on to acknowledge the impact that the participants' experiences had on the researchers in that they realised they had 'forgot' some of the children selected for the study, emphasising the need to '*...recognise and prevent untoward emotional influences' (ibid; p.5).*

The group met monthly over a period of eighteen months during which the data from every case was presented, discussed by the group and compared with other cases in terms of similarities and differences in the child's presentation and theoretical perspectives offering further understanding on the child's presentation over time were added to the records. All the children were attending five times weekly therapy sessions. A report was then submitted to the Cleveland child analytic group for consideration before publication, which would take the form of case studies. Furman acknowledges that some cases were omitted due to the large numbers involved and there is no indication as to how the final sample was selected other than ensuring children representing a broad developmental range were selected. Furman is open and reflective about the strengths and limitations of the study;

'In some areas we were satisfied with the validity of our conclusions, in some we were keenly aware of their tentative nature, while in others we have been able only to point to the need for further psychoanalytic investigation.....in sharing our data and thinking with others, we do not aim at a comprehensive, exhaustive presentation, but rather at a contribution to the understanding of the effects of a parent's death on his children'
(ibid, p.9).

Bowlby (1969, p85-96) described four phases of mourning:

- (i) Numbing, that can last anything from a few hours to several weeks during which there may be outbursts of intense distress and/or anger shown by the child or adult.
- (ii) Protest and a non-acceptance of the loss with attempts at retrieving the lost object by angry demands and crying. There is a yearning and searching for the lost object that often lasts several months or sometimes years.
- (iii) Disorganisation of the internal structure as a result of awareness of the loss, often accompanied by feelings of despair.
- (iv) A reorganisation of the internal structure that comes with acceptance of the loss.

Bowlby devised this model of mourning based on the children he observed in world war II as well as other children he subsequently worked with, noting that there was frequently oscillation between and a non-linear pattern to progression through, the four stages. Bowlby considered anger to be a critical component of grief in its relation to yearning for the lost object and that the discharge of this anger plays a very constructive role in the process of mourning and is indeed necessary in order to reorganise and accept the new reality, however he viewed its persistent presence to be problematic when it manifests as ongoing self blame.

Bowlby described four types of pathological response to mourning in adults that can also be present in young children; (i) anxiety and depression, with persistent, unconscious yearning to recover the lost object, (ii) intense, persistent anger and reproach towards objects including the self, (iii) becoming absorbed in the care for someone else who has also suffered a bereavement and (iv) denial that the object is permanently lost, often resulting in the splitting of the ego. He also defined two main variants of pathological mourning; chronic mourning which he characterised as an unusually intense and prolonged emotional response with persistent anger and self-reproach accompanied with depression as a prominent symptom or conversely, an absence of any conscious grieving (Bowlby, 1969, p.23-37).

Most of the data gathered by Bowlby on very early childhood loss (below the age of five) are not specific to bereavement but are based on observations of institutionalised children who were temporarily separated from parents (Bowlby, 1960, 1961). It is not clear if the children's responses in these studies were based on parental loss itself, on the multiple other losses associated with removal from the home environment, or the unfamiliar and sometimes chaotic circumstances associated with institutional placement. Because these children were not followed over a very long period of time, neither is it known whether pathologic or disturbing reactions endured (Peretz, 1985).

2.10 Recent developments in the psychoanalytic field regarding children's capacity to mourn

Following on from the work of Bowlby and Furman, psychoanalytic theory has increasingly recognised even very young children's capacity for mourning as researchers and theorists have recognised their capacity for self awareness and sensitivity to the environment and caregiving provided (Kaufman and Kaufman 2005, Beebe, 2006 and Tronick and Reck, 2009). Hung and

Rabin state that *'under all circumstances, childhood loss becomes incorporated into personality, identity and one's world view'* (Hung and Rabin, 2009).

Howarth (2011) considers that most researchers studying parentally bereaved children perceive the loss as a series of stressors given that not only is the child dealing with the loss of their parent, but also the impact of potential changes in socio-economic resources, changes in place of living, increased responsibility, reduced time with the surviving parent who is also undergoing their own internal and external adaptation and reduced contact with some family members and friends. It is unsurprising then, that the adjustment is so difficult for some children who go on to struggle with depressive illness, social difficulties and achieve below expected levels at school, as well as difficulties in adjustment that persist into adult life.

Tykra et al (2008) conducted a study in which 105 adults completed questionnaires and interviews, in order to determine whether the death of a parent in childhood was linked to depressive and anxiety disorders later on in adulthood. They also included a group of adults who had experienced parental separation or 'desertion' as well as a control group whose parents remained married/living together during their childhood. They conducted a range of statistical analyses and concluded from their results that parental death in childhood may indeed be a significant risk factor for future depressive and anxiety disorders. There are some limitations in terms of the entire sample being taken from one local community and so generalising findings should be cautioned against. Self reporting scales were also used to obtain data about the participants' symptomatology in relation to depression and anxiety which can be somewhat unreliable and this isn't triangulated with other sources (such as medical history) which would seem important given the conclusions arrived at by the authors of this study.

Kuramoto, Brent and Wilcox in their systematic and very extensive literature review of studies investigating the impact of parental suicide on children and young people, identified nine research papers which they described to provide;

'...modest yet inconsistent evidence on the impact of parental suicide on offspring psychiatric and psychosocial outcomes. More methodologically rigorous research is needed to inform and guide post intervention efforts for these survivors' Kuramoto, Brent and Wilcox, 2009).

Limitations commonly found in the studies were a lack of well defined constructs for presentations such as Post Traumatic Stress Disorder (PTSD), small sample sizes, an over reliance on retrospective reporting of which recall bias is a significant possibility and for many of the studies, the participants were only followed up to a maximum of two years after the death of their parent/s and so the long-term impact was not observable although some studies attempted to draw conclusions despite this. It was also notable that many of the studies did not attempt to account for or control for a family history of mental illness. Kuramoto, Brent and Wilcox conclude their review by calling for more methodological rigour in subsequent research which would also allow for cross comparisons to be made between studies.

Berg, Rostila and Hern (2016) in their Swedish national cohort study, investigated the association between parental death from both natural and external (suicide, accidents, homicide) causes before the age of eighteen years and the risk of developing clinical depression, taking into the account the age of the child when the death occurred and the gender of the child and the deceased parent, as well as demographic and parental psychosocial

factors. They concluded that where the death of a parent was from natural factors, there was a small increased risk of long-term consequences for psychological health, whereas children who lose their parent at a young age due to external factors, are significantly more likely to experience poor psychological health as a young adult. The authors of the study used information from national registers which gave them the parental cause of death, hospital data for the study population in terms of tracking admissions for severe bouts of depression. The authors also had access to information on parent education levels, parental mental health problems, criminality and any child welfare interventions that occurred. The authors undertook a range of statistical analyses and adjusted for social welfare benefits in the surviving parent (as an indicator of the post-death economic status of the family) and substance abuse, psychiatric disorder and major crime in the surviving parent; they stated that these variables may be regarded as potential mediators of the associations and could both precede and/or follow parental death. In these analyses, maternal death was analysed with paternal covariates and vice versa. This study appears to have a number of strengths in adjusting for a number of variables, using national registers to study an entire national cohort, as well as the use of hospital data relating to both the parents and offspring, although this is somewhat problematic as many cases of depression are treated in primary care and there is also the question of referral bias to consider. It is also important to consider that this study was conducted in Sweden where there is a relatively strong welfare state system and so as the authors acknowledge, their results cannot be generalised to societies where these benefits are not provided.

The view that parental death in childhood carries an increased risk of psychological ill health in adulthood, is not a view that is universally shared by all in the field. Herrington and Harrison (1999) argued that childhood bereavement is not necessarily a guaranteed path to major mental health risk factors in childhood or adulthood, whilst others observe that some

children display great resilience and capacity to adjust (Siegel, Karus and Raevis, 1996). Overall, there is a perception that there is more focus in the field about pathological rather than healthy grieving, especially when it occurs during adolescence (Miller, 2006). Schlesinger highlights the healthy and natural aspects of mourning;

'Loss is the single, universal and essential human experienceyet consider, this stark realisation is not pessimistic, for without the ability to appreciate loss it is not possible to experience gain. Loss or more precisely, the ability to recognise loss, to accept it and to let go, is the necessary condition for growth and maturation.....let us agree that mourning is a normal and adaptive reaction to loss' (Schlesinger, 2001, p.118).

Through further studies, it has also been observed and increasingly understood that the way in which a child's grief presents itself varies according to a wide range of factors but most notably developmental level, verbal expressive ability, capacity to understand loss, prior experience with loss, as well as dependence upon and reliability of the lost parent (Cohen, Sossin and Ruth, 2014). For example, preschoolers do not yet grasp the finality of death and often engage in 'magical thinking,' believing that they somehow played a part in their loved one's death or can bring them back to life or deny the loss believing their parent has just gone away for a time and will return (Bowlby, 1979, p.123). Traeger (2011) describes that bereaved children are likely to have difficulties concentrating and will likely experience a heightening of fears and worries, perhaps blaming themselves for the loss. It is well documented that by adolescence there is a fuller understanding of the permanence of the loss experienced but that loss at this stage of life;

'...creates a crisis for the adolescent's sense of self and for attachment/individuation processes even after the seemingly positive adaptations by the adolescent, life events may elicit reactivation of the mourning process' (Sussillo in Cohen, Sossin and Ruth, 2014).

What is clear from the literature over the past one hundred years, is the magnitude of the experience of losing a parent on a child and the seismic shift that takes place for the child internally and externally which varies according to the child's psychological resources as well as those of the people surrounding him. Cohen, Sossin and Ruth state that findings from those working clinically with children and adolescents as well as studies that have followed children's progress after disasters resulting in parental loss, find a consistent observation to be;

'.....how constructive an outcome is when a child and then adolescent proceeds to invest in and create ongoing and renewed connections to the lost parent' (Cohen, Sossin and Ruth, 2014).

Akhtar (2007) emphasises the difficulties many adults face in helping children to mourn because of their own struggles in tolerating well enough their own traumatising inner and outer life experiences. Spitz (1960) considers the objects left available to the child as *'auxiliary egos'* and the important impact of their capacity to help the child cope with object loss. Palombo expanded on the ideas of Furman (1974) and Pollock (1960) regarding the linking of the experience of bereavement to narcissistic loss. He considered how mourning is not just about detachment from an object representation but is also about a need to restore one's self esteem after the loss;

'Their feelings may range from humiliation at having placed themselves in the vulnerable position of needing someone to feeling that they had been specially chosen by god to suffer and bear the cross of bereavement for the rest of their lives....The blow to one's grandiosity may again lead to feelings of impotent rage at one's helplessness. Those to whom the lost figure represented an idealised, valued self-object would experience disillusionment and disappointment' (Palombo, 1981, p.11-12).

Despite the different stances adopted by psychoanalytic thinkers over the past century, there is the shared perception that mourning occurs in stages and that a reworking takes place internally that either enables the person to reconcile themselves with the loss of their loved one and to go on to establish emotional bonds with others, or grief follows a more troublesome course when the person struggles with the reality of the lost object thus affecting their future ways of relating with others and being in the world (Cohen et al, 2014, p.6). There is an increasingly shared understanding that adapting to inner loss through the mourning process is vital to ensure a sense of continuity and is not something that ever ends but requires ongoing work throughout the life span. Saldinger, Cain and Porterfield (2003) consider how even with knowledge of a parent's impending death, this loss can never be fully anticipated and that when it does come, it invites a crisis in both acute and long term adaptation. Hung and Rabin state that; *'...under all circumstances, childhood loss becomes incorporated into personality identity and one's world view' (Hung and Rabin, 2009).*

This seems especially resonant when contemplating the disruption that often takes place to previously predictable routines and in the case of young children there is often too, new caretaking contexts and ways of living to adjust to (Bowlby, 1982).

In summary; 'As psychodynamic developmental theory has undergone revisions in recognition of the very young child's greater awareness, self-other recognition and temporal perceptivity, so too has early childhood mourning been more widely recognised' (Cohen et al, 2014, p.6).

This review has considered different theoretical perspectives and studies within the psychoanalytic literature, regarding the processes of loss and mourning in children and the defenses that might be used when faced with the death of a loved one and in particular, a parent. The next chapter will now outline the methodology for this research study.

3.0 Methodology

3.01 Introduction

This chapter will firstly set out the research question and research aims of the study before outlining the ontological and epistemological position of this piece of psychosocial research. In the methodology section which then follows, the author will cover the sampling process undertaken, the procedure followed and the epistemological tools that were used to elicit the data. The method of analysis that was used will then be set out before the chapter concludes by considering issues in relation to ethics, trustworthiness and reflexivity.

3.01.1 Research questions

This research aims to explore the following questions:

- (i) What can be understood about bereaved children's experiences of exclusion from school from a psychoanalytic perspective?**
- (ii) What can be understood about children's states of mind following bereavement of a parent and subsequent exclusion from school?**

3.01.2 Research aims

The research aims to be exploratory but also emancipatory, in that prior to this study, very little consideration has been given to the experiences of parentally bereaved children who have also experienced school exclusion following the death of their parent. One aim of this study is therefore to give this population a voice in being able to communicate their experiences.

3.02 Ontology

This research is a qualitative, psychosocial study, adopting a quasi-realist ontology in recognising that there are other ontological positions and ways of exploring this area of study, but it is the field of psychoanalysis and the key methodological tool of transference (which underpins much psychosocial research), that has been chosen as a conceptual and methodological framework within which to situate this research. The value of using psychoanalytic theory to inform an epistemology as well as methodology is not newly recognised and was promoted by George Devereux who stated;

'one may postulate that psychoanalysis is, first and foremost, an epistemology and methodology. This is the chiefest of its permanent contributions to science'
(Devereux, 1967, p294).

Brakel argues that psychoanalysis intervenes in the mind at a biological level and she defends a reductive, physicalist ontology of the mind in light of growing neuroscientific evidence about the dynamic, biological unconscious. In addition, she postulates that;

'...psychoanalysis, despite its elegant theory, would benefit from philosophical sharpening of many of its concepts' and that the philosophy of mind could and should expand its domain to include the unconscious' (Brakel, 2013, p3).

She goes further in saying that there are many important topics that are better understood at the intersection between neurobiology, psychoanalysis and experimental philosophy.

As mentioned earlier, this study adopts a quasi-realist ontology in recognition that not only are there other ways of exploring the phenomena, but there is some congruence with other ontological positions such as that of social constructionism. It is evident that narrative and personal stories are important resources for psychosocial research (Woodward, 2015) and so there are significant similarities and overlap between psychosocial approaches to capturing data and that of a social constructionist approach for example, which would aim to explore the models of the social world that the participants have constructed to make sense of their experiences and how this is conveyed through language (Gergen, 2015). Psychosocial methodology also shares in some aspects of social constructionism in terms of recognising that how memories are stored has a physical component. Lehtinen et al (2016) argue that '*body memory*' forms the basis of one's existence, in that, as we do not have language to express pleasure or anxiety we experience in very early life, the body is used and so the body will later remember and repeat what has been learned in this preverbal phase. Lehtinen and colleagues describe this as '*implicit relational knowing*,' in other words '*the other person is what I feel he is*' (ibid, p.101). This notion of a physical component to thought and remembering is considered and explored in great depth by the neuropsychologist and psychoanalyst Mark Solms (2015) who promotes the potential of a neuro-psychoanalytical approach to providing a bridge between '*classic psychoanalysis and the neurological sciences*' whilst emphasising that these ideas are not new (back in 1979, Sulloway described Freud as '*a biologist of the mind*'), but built on Freud's work and perspective that the '*mind may be first and last a subject but it is ultimately embodied*' (Solms, 2015, p.3) thus recognising that mental life is inevitably tied to the physical body and therefore biology and that there can be no mind without body. Klein (1975) explained how the self is shaped out of unconscious defences against anxiety, starting at the very beginning of life, indeed both Klein and Bowlby emphasise the impact of

the quality of the early mother-infant relationship on later development and relating. As Boag, Brakel and Talvitie describe it;

'a main thrust of attachment research has been to show how emotional relationships in infancy, beginning with those to the mother's breast, face, body and voice in the first months of life, serve for learning, and as precursors and developmental bases for behaviour in later relationships. This is consistent with the understanding of Kleinian phantasy in terms of unlearned modes of representation that enable infants to make sense of their postnatal experience of persons.....' (Brakel and Talvitie, 2013, p.102).

They go on to link this to developments in neuroscience reporting that;

'....according to an increasingly influential view in neuroscience, human beings are born with their cerebral cortices as yet undeveloped, but with subcortical neural mechanisms, now thought to generate motivation and consciousness, intact and ready to function and wired for communicative expression in the baby's voice, face and hands.....in consequence the infant's cerebral cortices, and the nascent systems of conceptual thought and memory realised in them (short-and long-term procedural memory, semantic memory, episodic experiential memory) develop under the impact of experience' (ibid, p.103).

Hinckely (2008) outlines the initial view of memory as being that of a *'traditional information-processing approach'* where memory was seen as a process that took in information and stored it rather like a snapshot. As neurobiological evidence has developed, memory is now perceived as a reconstruction of previous experience and so highly dependent upon the context in which the original memory was experienced and stored.

Rohner's parental acceptance-rejection theory (2012, 2014) provides an evidence based theory on which over 3,000 studies exist today, that attempts to both predict and explain the major causes and consequences of interpersonal acceptance and rejection (especially parental rejection) across different cultures. Rohner asserts that;

'a seminal body of research is now emerging on the neuropsychological and psychobiological correlates of perceived rejection.....especially from research dealing with the genetic, neurological and physiological underpinnings of perceived rejection.....research shows clearly that the pain and suffering associated with perceived rejection is no mere epiphenomenon, but rather has a directly measurable impact on the physical and mental health and development of individuals' (Rohner, 2012).

This would seem congruent not only with Bowlby's theory of attachment and the development of an internal working model or mental representation which serves as a template for future relationships (Bowlby, 1973), but also evidence for Solms's physical memory and the notion that the unconscious brain is active and that complex cognition proceeds in the absence of consciousness. As he explains;

'biologically valenced (wished-for, feared, etc.) objects of past experience are rendered conscious by dint of their "incentive salience" which is ultimately determined by their biological meaning in the pleasure-un-pleasure series' (Solms, 2015).

Whilst neuropsychological research of this nature is still in its infancy, there is growing evidence of how different brain regions are involved in emotional processes. As Music asserts;

'In the last 20 years there has been an explosion of research about psychobiological processes and in particular, the human brain.....neuroscience has confirmed Freud's view that much mental processing occurs in nonconscious ways' (Music, 2011, p.84).

He goes on to conclude from his analysis of existing neuroscientific research and studies in neuropsychanalysis (Libet, 1985, Soon, Brass, Heinze and Haynes, 2008, Fromm and Shor, 2009) that;

'....such findings challenge whether we consciously make decisions in the way we think we do.....such research as well as findings from areas such as hypnosis, has shown that what drives us to act often occurs far out of consciousness' (Music, 2011, p.84).

In light of the above evidence and theoretical positions within the fields of psychoanalysis, neuropsychology and sociology, the importance of the role of the dynamic unconscious in the analysis of the data from this study provides a very important means through which to make sense of the data elicited. As Froggett and Wengraf reflect;

'..narrative and biographical research methodologies are generating the kind of empirical data that can benefit from psychoanalytically informed analysis and provide fruitful sites of enquiry for those authors who are now posing the conceptual problem of linking the subjective, the social and the societal' (Froggett and Wengraff, 2004, p.95).

Brakel (2010) makes the distinction between first order knowledge and belief, that is, believing what one knows and second order knowledge and belief, an unconscious knowing,

knowledge without (any sort of) belief or similar to Bollas' (1989) exploration of *'the unthought known'* and the notion that one can know without knowing what it is that one knows, the very essence of the task of a psychotherapeutic relationship whereby, the hope is one comes to know and be able to use what has previously been kept un-knowable to enhance their life. Boag, Brakel and Talvitie argue for a radical view in epistemology and philosophy, where;

'knowledge, rather than belief, is the fundamental epistemic mental state in that the primacy of knowledge can go beyond making the unconscious conscious towards what must be kept unknowable becoming known' (Boag, Brakel and Talvitie, 2015).

Bion (1984) makes the distinction between knowledge and learning, with 'K' denoting knowing and 'O' denoting not-knowing. Bion located learning as withstanding the tension between K and O, with O standing for the reality of the moment and its truth, which can 'become' but cannot be 'known' (French and Simpson, 2000, p.25). Clarke and Hoggett emphasise that whilst Bion's ideas give particular prominence to the value of 'O' over 'K,' 'O' needs to be understood in its relational opposite to 'K;

'K' is knowledge that, while forming a necessary and mostly sufficient foundation for existence by way of notions and assumptions, also limits us by its limited and inherently partial nature' (Bion in Clarke and Hoggett, 2009, p.64-65).

However, it is evident that learning occurs if in attending to the truth in the moment, there is also an attitude of attention to the processes that arise in the tension between what is unknown and what is known. Bion's understanding of the difference between learning from experience

and needing to know is one example of how reality is always mediated through the constructions that are involved in comprehending it and that objectivity can be pursued through the researcher's use of oneself as an instrument of subjective knowing. As Holloway explains;

'the psychoanalytic understanding of objectivity is helpful in recognising that the objective use of subjectivity is a challenge involving knowing the difference between myself and the person or situation I am trying to understand. Projective identification often refers to relational dynamics where this is not achieved, where it suits one or other party to lodge unwanted aspects of self in the other. Once this is recognised, it is possible to build safeguards into research to help awareness of these threats to objectivity' (Holloway, 2008).

But how can unconscious knowing be proven to exist? As Solms (2015) puts it *'the id knows more than the ego admits'* and the notion that the brain knows more than it consciously admits can be traced back to the later works of Freud (1915) who after many years of studying unconscious mental processes, formulated that they were composed of representations activated by *'drive energies'* which he described to be *'spread over the memory-traces of ideas somewhat as an electrical charge is spread over the surface of the body'* (Freud, 1894, p.60). Solms argues that these two mental elements remain the foundational concepts of modern cognitive and affective science.

Watts and Stenner (2012) state that the psychosocial presents possibilities for exploring processes that include not only the outer world, but also the inner world and so the contribution of unconscious feelings, desires and affects. However, this is not without its

challenges and potential issues, not least the question of the role of the researcher in adopting this ontological perspective and the question of whether they might be imposing an understanding in their interpretation of someone else's unconscious life. However, as the researcher in this study argues, whilst this is something to be mindful of, this dilemma is not exclusive to psychosocial methodology. As Walkerdine, Lucey and Melody (2001) acknowledge, there are always subjective elements to the research process and psychosocial research goes some way in bringing these to the forefront. Holloway and Jefferson (2012) address some of the ethical concerns that might arise regarding the interpretation of a participant's life and potential lack of reliability in reaching conclusions based on a single study or life story in emphasising the particular attentiveness that is paid to the role of the researcher. As Woodward asserts, this reflection can be very productive;

'it is not only a caveat against over-interpretation on the part of the researcher.....the extent of self-reflexivity in the process of conducting research is a central question within the methodologies of psychosocial studies' (Woodward, 2015, p.56).

The author of this study argues that the strength of using a psychoanalytic approach to explore the research questions outlined above is in the possibilities it offers for conceptualising the dynamic interplay between the inner world and psyche of the participant and the social world and how one might then understand something of how the external world is represented and internalised. It also encourages open acknowledgement of the *'defended researcher'* (Holloway and Jefferson, 2012) in the process, who is acutely aware of being the bearer of her own history with her own biography and unconscious investments in the process. As Woodward (2015) argues, at least Holloway and Jefferson are aware of this and invite the researcher to be sensitive to and reflective about the impact of their role in the process.

It is important to state whilst the relationship between the researcher and participant is not the same as that between an analyst and analysand, there are clear parallels when one considers the epistemological tools of the psychosocial researcher (see below) such as transference. There is also the position of psychosocial researchers, as is the case in this study, locating themselves within the process of the research (Walkerdine, 1986), acknowledging as the analyst does that there is overlap in relationships such as in the process of countertransference, where feelings that seem to be experienced by one person are transferred to another. Holloway and Jefferson summarise the use of psychoanalytical methods as resting upon;

'a psychoanalytic ontology of the non-unitary, defended subject-the psychoanalytic insistence on the importance of the dynamic unconscious-the idea that subjects are constituted relationally and engage continuously in processes of identification, projection and introjection,' (Holloway and Jefferson, 2013, p.x)

and so demonstrate what they call the *'complex socio-cultural-historical-personal sphere of experience'* (ibid, 2013, p.xi). Of particular importance is the attentiveness to the relationship between researcher and participant where there is emphasis on the researchers as a bearer of their own history and how this might interact with that of the participant.

The use of transference in psychosocial research

There is acknowledgement that whilst the transfer of psychoanalytic work and in particular the use of transference, from the clinic to the field of psychoanalytic social research can open up new fields of enquiry, it is not without its challenges and there is a need for careful

consideration of how it is to be deployed, as well as clarity and awareness on the part of the researcher as to how they are using transference as a methodological tool. As Parker reflects;

'Psychoanalysis faces a problem that arises from its apparent success as an interpretative paradigm. The problem is that what was once thought to be particular to clinical practice has become universalised, and this by way of a surreptitious infiltration of psychoanalytic explanation through the human sciences so that it functions as an interpretative matrix and confirms the shape of a world it expects to find instead of changing it-and this problem may be even said to afflict those who use psychoanalysis with radical intent' (Parker, 2015, p.43).

Parker refers to the work and writings of Holloway and Jefferson (2000) and Clarke and Hoggett (2009) in particular, as examples of researchers and authors in the field who adopt this 'radical' approach to the use of transference in psychosocial research. He outlines two aspects of the use of transference by Holloway and Jefferson, namely transference of a significant past relationship on to present relationships of relevance to the study and the second aspect being the researcher's attention to their own feelings or 'counter-transference' in coming to understand the significance of what is being communicated, or what Holloway refers to as an instrument of 'intersubjective knowing' (Holloway, 2015, p.19).

There has been some disagreement and contention among those interested in and researching within the domain of the psychosocial, around how transference should be defined and used outside the clinical space. Frosh and Baraitser (2008) are in agreement with Parker's perspective (ibid) that by using an object relational perspective on transference which is necessarily rooted in early infant experiences and their impact on present relations, there is a risk of eliciting predictable accounts and drawing determinist conclusions from the findings, that comes from a stance of top-down, expert-knowledge, always seeming to know best, or

indeed, better than the researched know themselves. Frosh and Baraitser go on to make what they perceive to be very important distinctions between how transference and countertransference are set up in the clinical encounter and between researcher and research participant;

'....it has to be said that the practice Holloway and Jefferson describe looks only schematically like the kind of exploration of unconscious material characteristic of psychoanalytic reflection on the countertransference in the clinical situation. What the researchers do is notice how a participant made them feel (protective, critical) without the necessary limitations of the analytic session and the contract that would allow one to understand the validity of this response. Vince (participant) does not come to them for help-does not feel something is wrong, does not have a sense that the researcher can offer him anything, does not set up that particular transference on which the whole analytic encounter is based.'

Frosh and Baraitser go on to consider the drive of the researchers in wanting to find something out about their participants and so needing to think about their own feelings and responses as being their *transference* and not *countertransference* thus the '*conditions of emergence*' being far removed from how they manifest in the analytic context '*as to make their affiliation with psychoanalytic terminology strained and potentially misleading.*' Frosh and Baraitser call for a rethinking of how psychoanalytic ideas are defined and applied outside the consulting room.

Holloway (2008) refutes some of the above claims about her use of psychoanalytic ideas in her own research and in particular the critique made in relation to adopting '*an interpretative practice that seems always to know best*' and she asserts that '*it would be impossible to take psychoanalysis (of any persuasion) seriously and not conclude that this can be so.*' She goes

on to consider that developing relationships with research participants is more complex than Frosh and Baraitser acknowledge, arguing that participants, as well as researchers, often want something from the research process. Holloway then goes some way to address the claims made regarding the use of transference and countertransference outside the clinical space in the following statement;

'I am also of the opinion that transference and countertransference dynamics can be felt and noted. How the researcher's experience of these dynamics is then used to get a sense of the participants in a piece of empirical research is a matter not only of the validity of interpretation and methods to try to secure this sense but also of a research ethics that must take into account unconscious intersubjectivity and not be based on assumptions of unitary, rational self-transparent subjects.'

Holloway makes it clear that whilst she is not working clinically and has no formal training as a psychoanalyst, the dangers of working in the transference outside the analytic space are overstated by many who do not draw on the experience of applying transference in a research context and in relation to the various research questions being asked.

The researcher of this study will use transference as defined from an object relations perspective and will consider further in section 3.06 the important ethical and trustworthiness issues to be borne in mind when using subjectivity as an instrument of knowing in research (see also section 5.07 for consideration of how the researcher's professional context has facilitated a capacity to work in the transference).

3.03 Epistemology

In light of the above, a move away from the overly optimistic perception that the human participant can be viewed as an '*autonomous, rational, monadic entity*' is required, with a move towards a viewing of research subjects as '*an embodied, emotionally driven and culturally contingent being, entangled in a complex web of meanings and relations*' (Clarke and Hoggett, 2009, p.41).

As Holloway and Jefferson put it, the subject/participant is thus motivated by unconscious investments and defenses against anxiety and in interaction with the '*defended subject*' the researcher both evokes and interprets the dynamics of the interaction including the researcher's contributions, as data (Holloway and Jefferson, 2013, p.77).

With this in mind, the researcher of this study aims to explore this reality, that is, that there is a dynamic unconscious at play within and between the defended subject and defended researcher that can be used as data. This relational process or '*dialogue of unconscious*' (Ferenczi, 1994) can be understood through the psychoanalytic tools of transference and countertransference. In Freud's work, transference was defined as a process of displacement of impulses and phantasies, which emerge during the process of analysis and which are then transferred from the original person to whom they relate in the analysand's life on to the analyst (Laplanche and Pontalis, 2006, p455). The transference is experienced as something new but without the person knowing, it is actually a repetition of an earlier experience transferred on to a new person, in this case, the analyst. Klein described transference as a process in which current emotions were projected into the relationship with the analyst as a means of dealing with anxiety (Spillius et al, 2011, p.515-519). As stated above, because the analyst is not simply an impartial listener, the analysand's story is interpreted and in successful circumstances, transference leads to containment, as the analyst becomes a mirror

to the analysand. Holloway and Jefferson describe that these projections of emotion may be felt and identified or dis-identified with (countertransference) by the analyst or in this case, the researcher (Holloway and Jefferson, 2013).

Other concepts that may be used as tools to illuminate '*unrecognised knowing*' (Holloway, 2015, p.22) that occurs in the interaction between the researcher and participant are reverie, containment and projective identification. Bion's concept of containment (Bion, 1984) starts with the concept of *unconscious intersubjectivity*, where emotions constantly pass between people, developing the notion that when an idea is too painful to tolerate due to the feeling associated with it, the defence of projection is deployed to get rid of the feeling into someone else. That person then experiences this through empathy, however, if it is too painful for that person to bear then it is gotten rid of or its painfulness is denied, perhaps through expressions of reassurance. However, if the person in receipt of these projections is able to contain the pain, it can be returned in a '*detoxified form*' and faced as an aspect of reality (Hollway and Jefferson, 2013). Melanie Klein describes an aspect of projective identification concerned with the modification of infantile fears (Spillius et al, 2011, p.455-456) whereby the infant projects its bad feelings into the good breast where, over time, they are modified and re-introjected in a way that the infant can tolerate. Bion (1962) described the idea of a container into which unmanageable feelings are projected, thus it can be seen how containment works through projective identification and how;

'emotional experiences dynamically attaching to objects, move back and forth across the psychologically porous boundaries of individuals, as unconscious intersubjective dynamics.' (Bion in Holloway, 2015, p.112-113).

This containing state of mind has a further quality, described by Bion as '*reverie*' (Bion, 1984) referring to the analyst's receptivity to the analysand's unconscious experience as a mother is receptive to her infant's experience and so provides a holding (Winnicott, 1965) or containing function, eventually resulting in the introjection of previously unmanageable feelings in a modified form that can be tolerated and known. This concept of container-contained recognises that people learn through identifications with objects and is therefore a core idea at the heart of psychosocial epistemology in the researcher being able to use their subjectivity as an instrument of knowing (Holloway, 2008).

3.04 Methodology

3.04.1 Sample

The intention was that the data would be obtained from a purposive sample of four to eight children, both male and female if possible, of school age, who have experienced the death of a parent during the period before exclusion from school and are living in a family context which includes their surviving parent. In addition to this criteria, children would not be approached to participate in this research unless a minimum period of six months had lapsed since the death of their parent. This decision was made on the basis that the researcher will have no ongoing relationship with the child or young person following the interview process and so interviewing a participant so soon after the death of their parent may contribute to further feelings of abandonment and loss, as well as a lack of the containment that would be more available in an ongoing therapeutic relationship. This was also discussed with the Child Bereavement Network who, based on their knowledge and experience of working with parentally bereaved children and young people, perceived this would be an appropriate time lapse along with the other measures being used in the study to safeguard against acute distress and/or harm. The

exclusion/s from school may have been for a fixed term period or permanent. The sample would be identified and selected from Pupil Referral Units and if necessary, from the wider school population within local authorities.

Children of school age were chosen as perusal of the literature and research databases, as well as discussions with bereavement support charities suggests the loss of a parent has a significant impact across childhood and can lead to adverse outcomes across the age range, such as exclusion from school (Fauth et al, 2009, Childhood Bereavement Network, 2011, Akerman and Statham, 2014).

The participants would be seen either in school or if currently excluded, in their current educational placement, for example a Pupil Referral Unit, as Local Authorities have a legal duty to make alternative educational provision for excluded pupils (Department for Education, 2014). The participants will not be seen outside their current educational provision.

3.04.1.1 Sampling process

Participants were sought from three local authorities within the U.K. Initially, within one local authority, the primary and secondary aged Pupil Referral Units (PRUs) were contacted, as well as all the mainstream primary and secondary schools in the borough and the Youth Offending Service (YOS). Whilst many professionals initially communicated there were likely to be potential participants for the study, on further exploration of pupil data in the settings, they were unable to identify children and young people who met the criteria. In eight cases, this was because although there were children and young people who had been bereaved of a parent, they had not

subsequently received an exclusion from school. In total, two children were identified from a primary and secondary mainstream school setting as meeting the criteria to be potential participants in the study. However, when the surviving parent was approached in both cases, they did not want their children to be involved and communicated that they were concerned about the potential impact on their emotional stability. In both cases, the surviving parent conveyed this was because the meeting was a 'one off' with no further input provided from the researcher other than feedback on the outcome of the study. Their concerns continued after being made aware of the opportunities to meet with the researcher following the interview, as well as regular, follow up contact by the researcher to check on their well-being and that of their child and explanation of the possibilities regarding signposting to further support within the borough or via national bereavement charities if there were indications that this was needed.

A second local authority was approached via the Child and Adolescent Mental Health Service (CAMHS) which provides support to the local Pupil Referral Units and to young people and their families who are known to the Youth Offending Service. Again, professionals perceived there would be potential participants within the settings they supported, but no children or young people could be identified at the time the study took place.

The third local authority had a number of alternative provisions for children excluded from school and the headteacher who presided over all the settings was contacted. In this case, eight pupils of primary and secondary school age were identified as meeting the criteria for the study. Another pupil identified himself as being eligible

on hearing about the criteria from another young person taking part. Of the nine potential participants identified, three took part in the interviews. Of the five who didn't take part, one young person was unable to participate on the days the interviews took place due to acute mental health needs, two young people changed their minds about wanting to participate and two young people had very low attendance at their educational settings and were not followed up as potential participants.

The three participants who took part in the study interviews were all male and ranged from eight to fourteen years of age. Two of the participants were currently attending alternative educational provisions following permanent exclusion from school and one participant was in the process of reintegration back into a new mainstream primary school following permanent exclusion from his previous school. All three participants had been bereaved of a parent prior to exclusion from mainstream education.

3.04.2 Procedure and epistemological tools

It is important to emphasise that the data to be captured is best understood as data of process rather than content. As Clarke and Hoggett argue;

'If affect is truly a definition of an essential function of how the individual thinks-feels in relation to her environment and if this can only be perceived in movement...then we can never properly analyse the content of data without taking into account the constantly changing and multi-layered, moving aspect of that data' (Clarke and Hoggett, 2009, p.82).

As this is a psychosocial study that aims to explore '*below the surface*' in order to try and understand the experiences of the children and young people participating in this study, the ontological and epistemological position of this research indicates it is appropriate to use tools that enable connection between researcher and participant as a '*process*' with the emphasis on activity, action and transition rather than '*content*' with its inactivity, passivity and stasis (Clarke and Hoggett, 2009, p.82). Therefore the researcher used the following tools to elicit the connection and interaction between the researcher and participant (but not exclusively and with each participant, as the aim was to have a range of tools that would support access to the unconscious which would be unique to each child/young person); Talking Stones (Wearmouth, 2004), Kinetic Family Drawings (Burns and Kaufman, 1970), the Children's Apperception Test (Bellak and Bellak, 1949) and the Thematic Apperception Test (Murray, 1943). It is also the intention to begin each meeting with a participant engaging in a period of '*problem-free talk*' as advocated by solution focused brief therapy (De Shazer, 1985) in recognising that attempting to understand a '*problem*' is not a step towards resolution and that beginning with the perception that there is a problem implies underlying pathology or '*deficits*' (Lethem, 2002). A period of problem free talk also recognises that children and young people are often apprehensive about meeting people, in particular, professionals such as Educational Psychologists, as the common perception is that there *is* a problem and perhaps it is them and so it provides a way of helping the participants to feel more at ease. This is also an approach that is widely used in the non-therapeutic context of the EP role.

3.04.2.1 Beginning the interviews

As Lethem (2002) puts it, Solution Focused Therapy's non-blaming attitude, together with problem free talk and exception gathering, serves to widen the perspective, reminding all concerned that there is more to the child, parents and teachers than the problem and it is also a model that is widely used by Educational Psychologists to begin their work with children and young people. Whilst this could be viewed as a defensive manoeuvre in itself on the part of the researcher and avoidance in working with what is brought into the room from the onset and its how it evolves relationally between participant and researcher, it recognises that the sample for this study are likely to be children and young people who have met and frequently meet with a number of professionals where at times, there may have been ambiguity and anxiety about the adult's motives, such as the role of the social worker in the family's life for example. A 'problem-free' opening will be used therefore, to enable the participant to feel comfortable and to experience some containment, whilst also providing an opportunity to openly share the intention of meeting. However, the researcher will be attending to the unconscious dynamics at play within and between the researcher and participant in attending to the transference and countertransference from the outset and to how the participant relates through this beginning.

3.04.2.2 Talking stones

Talking stones is a technique designed to enable children and young people to invest their own meaning in concrete objects which have '*no intrinsic meaning themselves apart from their stone-ness*' (Wearmouth, 2004). As Wearmouth suggests, stones do not make the same demands as face to face conversations and interviews and so allow the participant to project their own meaning on to the objects. Despite there being little

to no further studies on the efficacy of or providing a critical review of this approach in terms of outcomes for children and young people and whether it achieved the aims of self advocacy for disaffected students as desired by its creator, this tool was selected as a good epistemological fit for this study in being a flexible approach which allows for the possibility of research participants in this study being able to articulate feelings about themselves in relation to others and their experiences at home and at school in ways that may not have possible before. Most importantly, the tool provides a vehicle through which *'knowing'* and *'not knowing'* might be tolerated and explored in a way that allows for the key methodological tools of transference and counter transference to be actuated.

3.04.2.3 Projective tools

The Thematic Apperception Test (TAT), (Murray, 1943) and the Children's Apperception Test (CAT), (Bellak and Bellak, 1949) are projective methods for eliciting and interpreting stories told about pictured scenes. The CAT uses pictures depicting animals figures in human-like situations to elicit stories from children between the ages of 3-10 years. Teglassi (2001) outlines that the CAT was designed to elicit content pertaining to universal issues as seen from a psychoanalytical perspective of child development and to clarify children's problems around issues such as eating, relating to parental figures as individuals and as a couple (oedipal feelings, the primal scene for example), as well as issues around the fear of loneliness, sibling rivalry, mastery and aggression. The TAT is a test that considers the responses of the person to the pictures they are shown of ambiguous human figures through the narratives they tell, which might reveal their underlying concerns, motives and the way in which they view the social world. The TAT is currently reported to be the most researched and

widely used projective test (Teglasi, 2001). It is considered suitable for use across the life span, but in particular with persons from the age of eight upwards.

Of the limited reviews and further studies of the use of the CAT with young children, a review by French, Graves and Levitt (1983) concluded that whilst the initial thinking behind the introduction of the CAT that young children would identify more with animal than human figures, subsequent research did not corroborate this hypothesis, indeed much of the data favoured the use of human figures. Eagle and Schwartz (1986) have also suggested that the CAT may 'pull' for regressive interpersonal interaction and possibly an inhibition of imagination with children's stories being limited to the picture description. This would seem incongruent with a psychosocial methodology which seeks to move away from content and 'knowing' to process, particularly as Teglasi acknowledges that the CAT '*pulls for specific themes*' (Teglasi, 2001, p.263). However, Teglasi as well as others, have considered the use of CAT animals figures to be advantageous because of gender neutrality (unlike the TAT) and cross-cultural applicability (Kline and Svaste-Xuto, 1981). As Teglasi acknowledges is the case for both the CAT and TAT, the usefulness of specific thematic cards depends on the child or young person who is being assessed. It is important to clarify at this point, how and why the CAT and TAT will be made available to participants for the purposes of this study. A fundamental assumption of all projective methods is the pervasive influence of the unconscious on perception, thought, behaviour and motivation (See Bargh and Morsella, 2008, Duckworth, Bargh, Garcia and Chaiken, 2002). Teglasi (2001) asserts that the projective hypothesis bears a striking resemblance to current definitions of the unconscious as comprising qualities of the mind that influence conscious thought and behaviour through processes outside immediate awareness. In line with the

methodological, ontological and epistemological stance of this psychosocial study, whilst attention will be paid to the content of any narratives produced, the emphasis is also on the process and communication via the unconscious dialogue that unfolds between researcher and participant.

3.04.2.4 Kinetic Family Drawing (KFD)

The Kinetic Family Drawing is also a projective technique underpinned by psychoanalytic theory (Freud, 1938) and object relations theory (Klein, 1952) as well as social learning theory (Bandura, 1963) and cognitive theory (Piaget, 1952). The child or young person is asked to draw a picture of themselves and their family doing something together (Burns and Kaufman, 1970). Burns and Kaufman in explaining their design of the test state '*It is generally agreed that the unconscious speaks through symbols*' (ibid, 1972, p.vi). They do however warn against hypothesising the expression of any single symbol and the need to weigh the alternate and seemingly incompatible interpretation.

3.05 Method of analysis

There is a considerable body of literature on the topic of using case studies methods in research with significantly different perspectives on their use (Mitchell, 2000, Flyvberg, 2006, Yin, 2009, Thomas, 2011). The data obtained from the interviews undertaken in this research, will be transcribed and then analysed using an individual, psychoanalytically informed case study approach, in order to offer an enrichment of interpretive understanding to the narratives produced from the interviews. This is in keeping with the ontological and epistemological stance adopted by the researcher in beginning from the position that unconscious processes infiltrate the narrative accounts given by the research participants and so '*interpretive*

strategies that aim to uncover these unconscious processes will be needed' (Frosh, 2010, p.200). A *'psychoanalytically informed'* method has been chosen in recognising that the use of psychoanalytic methods and concepts in this study is not the same as their use in clinical psychoanalysis (Hollway and Jefferson, 2013, p.150).

A psychoanalytically informed case study analysis allows for an in-depth exploration of the affect generated by the existence of dynamic, intersubjective, unconscious processes during the interviews that is not solely captured by analysis of the transcripts alone but also the researcher's reflexive field notes and by listening to excerpts of the interview recordings that will be referenced during the case study analysis of each interview. As Holloway describes in her analysis of audio recordings alongside transcripts;

'.....listening to the participant's voice means more than listening to the audio record. It requires attention to the initial research encounter in which researchers can use their own relationship to the scene to register the ways that they are emotionally affected by it. The situation in which a string of words emerges to represent experience is always intersubjective (even when there is no one present to hear them, there are other imagined recipients, present in the speaker/writer's imagination). Thus the relation between participant and researcher needs to remain central. I have emphasised the intersubjective action of emotion in generating meaning here and this is often registered in an embodied fashion, initially beyond words. To access this requires putting the whole of one's subjectivity at the service of understanding the interaction. This is what I mean by 'using the researcher's subjectivity as an instrument of knowing' (Holloway, 2009).

As Gaitanidis (2011) posits, the writing of psychoanalytic case studies should attempt to *'reveal the specific contours and qualities of its primary object-i.e. the unconscious'* whilst acknowledging that it is not possible to transcribe everything that the unconscious reveals and that the conventional, traditional approach to writing psychoanalytic case studies allows for analysis that does not promote the *'illusion of clarity and completeness'* but acknowledges;

'the fundamentally incomplete, fragmented and inexpressible aspects of the dynamic unconscious that is not openly grappled with in other more discursive psychological methods of data analysis where it is argued that it is the study of outward activity and available discourses that should be the primary focus rather than 'hypothetical, and essentially unobservable, inner states' (Frosh, 2010, p.201).

Psychoanalytically informed case study analysis has been chosen in aiming to go behind the text (recordings and derived transcripts) as the positions constructed by the participants through their talk are taken to be indicators of their anxieties, defences and particular ways of relating that developed in infancy and continue to recur in their lives, as they do for the researcher, in an aim to link the *'out-there'* with the *'in-here'* in terms of exploring the experiences of parental bereavement and subsequent school exclusion on the participants. As Holloway and Jefferson reflect, psychoanalytic clinicians work primarily with case studies and the psychoanalytically informed interview is a useful model for qualitative research due to examination of the researcher's subjective involvement in the process which will help shape the way the interview data is interpreted (Holloway and Jefferson, 2013, p.30). It is important to note at this point however, that a recurring critique of psychoanalytically informed psychosocial research is whether there is sufficient attention paid to the 'social' and whether this is overlooked in focusing on psychoanalysis and the individual. As Holloway and

Jefferson argue, this may be due to a misunderstanding of the purpose of the individual case study and they state that;

'...working with cases of individuals is not to neglect the social, which is always implicated in psychic life, but adds a level of understanding impossible to achieve without attention to the particularity of such cases' (Holloway and Jefferson, 2013, p.145).

Cavalletto captures the decision made by the researcher of this study to use a case study approach in making the argument that *'...the psyche dynamically alters that which society imposes upon it'* (Cavalletto, 2012, p.262). This is not to say that the aim of this study is to look for generalisability across the individual case studies as psychosocial research aims to overcome the binaries of individual (realm of psychology) and social (realm of sociology) and to use individual cases to explore theoretical ideas about the relations among our core concepts. The extent to which the ideas prove to be robust will determine the extent to which they are generalisable. Holloway and Jefferson make the point that one is often asked *'how typical is your case?'* to which they respond *'if one is interested in typicality, statistically based enquiry, not the case study method, should be the method of choice'* (Holloway and Jefferson, 2013, p.147).

3.06 Ethical considerations and trustworthiness: ethics and the use of subjectivity as an instrument of knowing

There are undoubtedly strong ethical implications to be borne in mind throughout the entire process of undertaking psychosocial research, from the research design to the analysis and interpretation of the data, with care for the subject presenting as the primary ethical challenge (Holloway, 2006). As we acknowledge the existence of both defended subject and defended researcher (Holloway and Jefferson, 2013), the researcher must be mindful throughout that

statements and ideas are not always transparent and that more often than not, we do not know what makes us act as we do in the research and so there are considerations such as the researcher's own emotional responses right from the decision to undertake research in this area and how this might influence and impact on the researcher-participant relationship and responses within it as well as pertinent questions that will provide points of reflection throughout the process. For example, should one make interpretations whilst conducting the interviews, indeed is one able to control the making of interpretations as a human researcher interacting with a human subject and if not then the use of a reflexive log and consideration of how the data will be made available to participants will be of utmost ethical importance.

However, although psychosocial methodology presents with a number of ethical concerns, there is also the potential benefit that ethics are naturally of central concern in using a different ontology of the self;

'Psychosocial research enhances the ethical dimension of knowledge production by revealing the projective dynamics of the researcher-researched relationship and utilising it for the purpose of deeper understanding (Clarke and Hoggett, 2009, p.38).

It is understandable however, that considering knowledge belongs to the participant/s as much as the researcher, to withhold any findings or to extrapolate knowledge from the research process, could be deemed to be exploitative. This separation may be seen as ethically justifiable in being separated out of concern for the well-being of the research subjects. As the psychosocial subject is one that avoids painful learning by mobilising various defensive manoeuvres, the pursuit for truth inevitably raises ethical concerns in terms of to what extent the research findings should be communicated to the participants and how this might be

achieved? If defences are enabling the participant to achieve psychological stability, what might the impact be of risking the sharing of the researcher's interpretations outside a therapeutic framework within which to contain the participant's responses so that they might be processed and worked through? The evolving ethics of psychosocial research acknowledges there are no easy answers to these questions, but as Holloway and Jefferson reflect in their consideration of the concept of recognition;

'The experience of recognition has a bearing, then, on our understanding of risk of harm in the course of this kind of research. Recognition is not about reassurance, if that is based on avoiding the distress and therefore unreliable in telling the truth. It depends on the feeling that the other can be relied upon to be independent, to reflect back a reality which is not compromised by dependence or avoidance. To strive after this as the basis for an ethical relationship in research is to pursue the values of honesty, sympathy and respect' (Holloway and Jefferson, 2013, p.99).

It is from this ethical stance that the researcher of this study will proceed in recognising both the right of the participant/s to defend against painful truths by avoiding learning about them and as Clarke and Hogget put it; *'the dignity to survive and live with the burden of knowing'* (Clarke and Hogget, 2009, p.44).

Permission to undertake this research will be obtained from head teachers of the Pupil Referral Units and other schools that may be involved. An information sheet (see appendix 4) will be presented to these parties, along with copies of consent forms (see appendix 4), to ensure they are fully aware of how the study will be undertaken. At the end of the research process, written findings will be disseminated to these parties via face to face feedback meetings.

The parents/carers of the children and young people selected will be given the opportunity to meet with the researcher as will the children and young people themselves, before they consent to any involvement. During this meeting, the purpose of the research will be shared and the method of obtaining the data will be made clear, taking into account the children and young people's age and understanding (see appendix 4 for differentiated information sheets according to age and understanding). The parents/carers and the child/young person will then be given an information sheet and consent form. If they are happy to go ahead, the interview will be arranged and there will be a further opportunity to confirm or withdraw consent by checking that parents/carers and the child or young person are still happy to proceed. Participants are able to withdraw at any time during the study and this will be made clear to staff, governors and parents/carers in the face to face meetings, as well as in the information form and with the child/young person again just before the interview takes place.

In order to reduce the risk of harm or distress that may occur during the interview process, all participants will be given the opportunity to debrief after the interview and parents/carers will be given contact details where they can reach the EP should concerns or questions arise some time after the interview has taken place. Signposting will also be available should a participant or their parent/carer express a need for further support. During the interview itself, the researcher will establish a signal that each participant is comfortable with, that indicates if they wish to stop the session. The researcher will also check at ten minute intervals that the participant feels okay to continue the session, reminding them that it is fine to carry on or not carry on and that they can use the signal if they wish.

The researcher will establish a contact person in school that each participant is familiar and comfortable with, who will be made available should any participant show or indicate distress during the interview session. The participants will be made aware that this person is available to them should they want to see them and they will be the person who escorts them to and from the interview session. If a participant becomes distressed during the session, the session will immediately end and the preferred adult in the school setting will come to the interview room. The participant will be offered the opportunity to talk with the researcher and/or the preferred adult. The student's parent/carer will also be contacted and made aware of their child's distress. They will be able to contact the researcher and request to meet them if they wish. The participant will also be offered this opportunity the following day (by the preferred adult) to meet the researcher again as an opportunity to debrief if they so wish. In all cases where this occurs and the interview is stopped, the researcher will check the following day with the preferred adult if the participant has attended school and how they are. They will then make checks after one month and three months to establish how the child is in terms of their emotional well-being. During this time period, it will be made clear to the participant/s, parents/carers, preferred adult in school and the head of the school, that contact can be made with the researcher if there are any concerns following the interview session. If concerns prevail after three months, the researcher will signpost to appropriate services.

In all cases, where the participants complete the interview sessions with no overt signals of distress, there will be checks made by the researcher with the preferred adult in school after one month and three months to establish how the child is in terms of their emotional well-being following the interview. During this time period, it will be made clear to the participant/s, parents/carers, preferred adult in school and the head of the school, that contact can be made with the researcher if there are any concerns following the interview session.

Again, if concerns prevail after three months, the researcher will signpost to appropriate services.

It is also recognised that for the surviving parent, the participation of their child in this research may cause distress. When a parent/carer initially expresses an interest in their child participating in the research, the researcher would meet with the parent/carer prior to any possible consent to involvement, for a discussion about the study, but also to offer an opportunity for the parent/carer to talk with the researcher about any concerns or questions they have either in relation to their child taking part and/or how they have been managing since the bereavement. If consent is then given and their child participates in the interview, the researcher will offer a follow-up session within two weeks of the interview taking place, where they can check in with the parent/carer to see how they are. Should there be indications that they are experiencing distress, the researcher will explore with them opportunities to access further support such as signposting them to local bereavement counselling services/seeking a consultation with their GP. This information is also outlined on the parent/carer information sheet.

One of the aims of the research is emancipatory, to give this population of children a voice that is missing in the literature and research. As well as the potential risks involved which will be minimised as far as is possible using the precautionary measures outlined, participation in the interview session may benefit the participants of this study directly if they have not had an opportunity to explore their thoughts and feelings about exclusion from school and/or the death of their parent prior to the exclusion.

It may be also empowering to the participants to know that whilst remaining unidentifiable, their views and experiences will be heard in a wider sense through dissemination of the findings to their school, other services in the area and national charities.

3.06.1 Standard of debriefing of research participants

As a practicing Educational Psychologist undertaking research, the British Psychological Society (BPS) guidelines pertaining to the debriefing of participants at the conclusion of a research study will be adhered to:

Psychologists should:

1. (i) Debrief research participants at the conclusion of their participation, in order to inform them of the outcomes and nature of the research, to identify any unforeseen harm, discomfort, or misconceptions, and in order to arrange for assistance as needed.
2. (ii) Take particular care when discussing outcomes with research participants, as seemingly evaluative statements may carry unintended weight.

(BPS Code of Ethics and Conduct, 2009, p.20)

The main findings will be presented to the head of the school and the board of governors. A summary of the findings from the interviews will be individually shared with parents/carers and the children and young people who took part in the study and they will

be asked for any comments they might have. This will be done on an individual basis and will offer the opportunity for further debriefing and support if needed.

A summary of the overall findings of the research will be available on request. All participants and their parents/carers will be reassured that they will not be identified in any report or publication. Anonymity and confidentiality will be ensured by not naming the local authority where the study takes place, not naming any schools or alternative provisions, assigning pseudonyms in place of the participants' names and not including other personal details that could make the participant or any persons connected to the study identifiable.

Data obtained from this study will be stored in accordance with the data protection act and data storing procedures for the Tavistock and Portman NHS Trust and following guidelines by the British Psychological Society. Once the study has been completed in entirety, the data held on audio equipment and any storage device will be destroyed. Interview transcripts are completely anonymised and are included in appendix 5. However, audio recordings will not be made available as the participants' names are used and this cannot be changed.

3.06.2 Trustworthiness

It seems important to state that in challenging the boundary between researcher and participant or 'subject' and 'object' in this reflexive, psychosocial study, there is a need to provide alternative grounds for the validity claims of the findings. Clarke and Hoggett in their exploration of psychosocial research methods in practice offer the

following challenge to the idea of scientific knowledge as a true representation of reality;

'In a postmodern conception, the understanding of knowledge as a map of objective reality, and validity as the correspondence of the map with the reality mapped, is replaced by the social and linguistic construction of a perspectival reality where knowledge is validated through practice' (Clarke and Hoggett, 2009, p.33).

In addition, the author of this study recognises the participation of both researcher and participant and how what is brought to the encounter is reciprocal and relational and the ensuing knowledge interpretative and relational. Park refers to this as the 'epistemological turn,' that is;

'..the shift in the legitimating strategy of social science: from the primacy of validity and reliability as criteria for scientific knowledge towards the primacy of authenticity and transformative capacity as criteria for knowledge-in action' (Park, 2001, p.86).

Of particular note in this study is its catalytic validity in that this is a population of children and young people whose voices have not been heard in the past according to the existing literature in the area and so it offers the potential to make their experiences known about and further understood by Educational Psychologists as well as school professionals which could lead to improved outcomes for this population.

Trustworthiness and issues of credibility, transferability and dependability are considered further and in depth in the discussion chapter under '*5.08 Psychosocial methodology: were issues of ethical consideration and trustworthiness successfully attended to in this study?*'

3.07 Reflexivity

Although the author has no personal experience of parental bereavement or school exclusion, as a practicing Educational Psychologist over the past ten years, the author has had direct experience of working with clinical cases which includes children and young people who have been bereaved of a parent and then excluded from school.

In addition to qualifying as an EP via a psychoanalytically informed training course at the Tavistock Clinic, the author has accessed and continues to access supervision in her place of work, but also receives regular supervision at the Tavistock Clinic post qualification, from a child and adolescent psychotherapist which supports and develops her capacity to use a psychoanalytic understanding when working with children and young people who have experienced trauma and loss. This support also continues to provide the author with a broader capacity to work in the transference with children and young people when appropriate and helpful. Indeed it would not be possible or ethical to do so without supervision from an appropriately qualified and experienced professional, where the author's own position in relation to the work and what she brings from her own history is carefully explored. As well as building the author's skills to understand and work with this population of children and young people using a psychoanalytic lens, psychoanalytically informed supervision has been particularly helpfully during the course of undertaking this research.

Reflexive field notes have been kept throughout the process to check the author's thoughts and feelings as they read the literature generated from the SLRs, met the participants and analysed the data obtained, in order to keep in check the author's thinking and emotional responses to the material. Research supervision also provided a space where this could be explored and whilst significant efforts have been made to minimise contamination of the research data and reported findings, the author also acknowledges her position as a defended researcher who cannot be entirely objective during the process but perceives that this awareness will also serve to keep in check what emotional data belongs to her and what belongs to the participants in the transference and countertransference.

This chapter has outlined the ontological and epistemological position of the research, as well as the methodology used, before considering issues in relation to ethics, trustworthiness and reflexivity. Analysis of the data obtained from the interviews will now follow.

4.0 Data analysis (see appendix 5 for interview transcripts)

Three case studies will be analysed using the methodology outlined in the previous chapter. In the following analysis, the case studies will be discussed in general terms, data elicited in the transference and counter transference will be discussed and issues of reflexivity will be attended to.

4.01 Case study 1: Daniel, aged 8 years

Daniel had just started the process of reintegration back into mainstream education when he was interviewed for the study. Daniel is one of six children and the only child of both his parents. Daniel's parents separated shortly before his mother became pregnant with him, when she reportedly indicated that she was unsure about continuing with the pregnancy. Daniel's father expressed his desire to have the baby and his parents then resumed their relationship. Shortly after Daniel's birth, his mother was diagnosed with severe Post Natal Depression (PND) and at around the same time, Daniel's father left the family home with him and they moved into a hostel. Daniel returned to live with his mother for quite some time before she became very ill with breast cancer when she then moved into her parents' home to be cared for, followed by hospice care until the end of her life. During this time, Daniel lived with his father and some of his half siblings. Daniel's mother died shortly before his seventh birthday.

During the year following his mother's death, Daniel was excluded from school a number of times for physically and verbally aggressive behaviour towards pupils and staff, which eventually resulted in a permanent exclusion.

Daniel's father was described by staff at Daniel's current school, to be 'the stability' in his life since he was very young. Daniel's father expressed worries about his own health and the

possibility of something happening to him and the subsequent impact of this on Daniel and his siblings. He suffers from poor mental health and dependency on cannabis. Daniel's father and school staff both described Daniel to be 'never still' and 'always on the go.' He has recently been referred to CAMHS for an assessment, as staff perceive he displays behaviours indicative of Attention Deficit and Hyperactivity Disorder (ADHD). School staff shared that Daniel 'shows some insight into his challenging behaviour' in that he will talk about being unable to control his feelings but they have been unable 'to move him beyond this.'

Daniel received three months of counselling from the hospice following his mother's death. His father reported that it was helpful but is concerned that he is still struggling to manage his anger and aggression. At the time of the interview, Daniel had just returned from overseas as he had been attending his paternal uncle's funeral. I observed that on entering the school to undertake the interview with Daniel, there were pictures of a male member of staff in the reception area with flowers and cards surrounding the main photo. A member of the school office team informed me this was a longstanding member of staff who had died very suddenly the previous month.

Daniel was brought to the room where the interview was taking place by a member of staff he knew well. I noticed myself feeling surprised by the slight, quietly spoken and well presented little boy who came into the room and how incongruent his presentation was with the adult narratives I had heard. I began by getting a sense from Daniel about how long he had been at the school and what his experience of the school was like. He spoke freely but struggled to convey a coherent sense of the chronology of his schooling up until now. I thought about how the staff were also unsure of this and wondered if there was something of Daniel's experience

that couldn't be held in mind and thought about. Youell speaks of the intense feelings that are projected into teaching staff by their pupils and considers that if staff are;

'.....able to think about them and recognise them for what they are, they are halfway to being able to contain them.....if they are not aware of the mechanism or have been observing with minds and feelings switched off, they may feel overwhelmed and unable to think' (Youell, 2006, p.28).

4.01.1 Kinetic Family Drawing (KFD) (see appendix 6 for Daniel's KFD)

Daniel was eager to draw himself and his family doing something together and he drew several family members linked together and suspended from objects in the room or hanging from someone's arm. Daniel said he liked to climb and jump across sofas and to be a ninja or a wrestler explaining that in the picture, his family are *'climbing around the house.'* In his picture, many of the adults, in particular Daniel's parents, are drawn much smaller than Daniel and his sister's boyfriend, who are the two largest figures in the centre of the picture. There is both a sense of fun and precariousness about the scene in depicting the playfulness Daniel spoke of whilst he drew, but the feelings evoked in the transference, communicating an anxiety about being dropped and uncontained, as well as many of the figures in the drawing seemingly hanging by a thread, most notably the baby in the picture who is holding on to a solid object as he is dangled in the air from his father's hand. Burns and Kaufman (1970) suggest that hanging figures are often associated with tension and that figures depicted higher up the page may be experienced as being more dominant which seemed to resonate with Daniel's description of himself as a *'ninja'*, a physically powerful figure, albeit one which operates covertly and so can't take up their authority and position openly and whilst acknowledging the presence of

'large people' in his family he stated that he is *'the noisiest one.'* Daniel's mother and father are at the bottom of the picture at a distance from the rest of the family and unlike the rest of the figures, they are not connected to another member of the family, there is also a large physical barrier between them. There is a sense in this picture of Daniel taking up a parental role in drawing himself as being of a similar size to his eighteen year old stepbrother. It was striking how Daniel described the scene and portrayed himself in it in comparison to the feelings elicited in the transference of fear and high anxiety. Daniel also spoke of getting a weight lifting set for Christmas *'because I want to get strong'* whilst describing a game he plays with Dad where he has to physically overcome him in order to get away. Waddell captures something of my experience of Daniel in the transference as she describes movement and a lack of visible affect as defences against mental pain;

'...to stride up and down, never to stop talking.....the 'second skin' phenomenon constitutes a form of primitive omnipotence and is felt to serve as a primary function....the 'second skin' can constitute a pseudo-independence, as if the individual were autonomous, while really psychically, if not actually, he is always seeking to stick himself to a surface in a way which is felt to be essential to ongoing existence' (Waddell, 2002, p.50).

4.01.3 Daniel's experience of his mother's death

Daniel responded calmly and in detail to many of my questions about the death of his mother and spoke of the visible distress he witnessed in other family members whilst not being able to feel it in himself;

'...and my family was really upset.....but I did not have a clue what was going on.....I knew my mum had died, but.....I didn't know why everyone was crying.....because I wasn't crying. I've done, I went to two funerals....three funerals and I don't think I've ever cried once.....at my mum's one, I was just sitting there like that and....then I just got up and just standing there looking. I was like, please, can we have the party now....but now I realise that, but my mum was looking at me laughing....because she knew I didn't know what was going on...and I was, because I was just looking around. And then when we came out, my sister would burst into tears. And I still didn't know what was going on, but, and then I can't remember. Yeah, when I was at Sarah's (Daniel's aunt) because Zac has DS (Nintendo gaming machine), Sarah let me play that for a bit like because me and Zac have these challenges...and we have to have invincibility on for one minute.....and then Zac came in and realised I died two times because I was like quickly, saw me pressing the button because saw Zac and just like he died two times...'

At one point, Daniel described that his aunt had said *'Daniel's just died..'* and then spoke of other people who *'busted out with tears'* when he said *'yeah, my mum's dead.'* Daniel sat still and calm with no visible change in affect as he spoke, which reminded me of the comments that staff had made about Daniel's willingness to talk about events at school which have led him into peer conflict but with seemingly little engagement with the affect of his actions. There was a sense of unbearable anxiety in the transference and I experienced myself to be carrying overwhelming psychic pain as he spoke, which felt like a projection of feelings of abandonment and falling apart that were intolerable to remain in touch with, evidenced by the telling utterances of *'Daniel's just died'* and *'Zac came in and realised I died two times.'* The dying two times, was particularly poignant in thinking

about Daniel's separation from his mother shortly after birth, followed by the permanence of his severance from her following her physical death and led me to wonder about the availability of containing objects both following his mother's death and in his early life. As Garland describes, having had an early experience of being contained in the face of primitive anxieties of being dropped, forgotten and abandoned or left to starve, the baby eventually takes in an internalised version of the mother's capacity to tolerate and manage anxiety (Garland, 2002, p.109). Daniel, in not being able to cry and mourn his mother seemed unable to tolerate the pain of getting in touch with the external world and the depressive position (Klein, 1975, p.271) as to do so would seem to risk intolerable affect for him that would seemingly lead, as Daniel seemed to reveal through his own words, to his own annihilation. Keenan (2014) conveys that children can perceive the death of their parent to be a consequence of a psychic attack on their part, which the parent could and did not survive, which is particularly the case if the parent is internalised as a fragile object prior to the death.

4.01.4 Daniel's experience of school following his mother's death

Daniel described briefly how school was before and after his mother died when he said;

'they helped me a lot because.....like when I was at school before, I wasn't hitting nobody.....but when my mum died, I just didn't like anyone at....I didn't like anyone. And when they used just say like something, for me, you know, get off my temper and hit them really hard....or something.'

This gave some insight into Daniel's internal world following his mother's death and how in some respects, the fragility of his internal object was compounded by her now

permanent absence from the external environment. As Garland puts it;

'The infant, who has in his mind, destroyed his mother out of frustration and hatred of frustration, will be internally strengthened by the appearance of an undamaged mother externally. In other words, one function of external reality is to disprove the horrors of the internal world through supporting the internalisation of undamaged and unpersecuting figures' (Garland, 2002, p.170).

It would seem that Daniel's early experiences of being separated from and experiencing the loss of his maternal figure at a very young age and now her actual death, in many respects have confirmed his worst internal terrors, making the external world a threatening, hostile place where he needs to do battle with those in it in order to survive.

However, Daniel shared that he had a friend and a teacher whom he experienced as being helpful to him after his mother's death and perhaps helped to challenge the internal perception that the external world was bleak and antagonistic;

'Yeah, Mark....my friend, I seen as I walked in the class, he saw my face down. And then walked up to my table, he said sorry about your mum. Yeah, and...that made me happy. She (teacher) helped me a lot because...I was like thinking about my mum a lot...but, and I wasn't on my, like my maths...and the time when my mum was alive, I was thinking about my maths...but she helped me a lot.'

4.01.4 Children's Apperception Test (CAT) (see appendix 7 for CAT picture stimuli)

Daniel was given the Children's Apperception Test (CAT) and was asked to tell a story about each picture with a beginning, middle and end. For the first picture, which depicts three young chicks seated around a table with a bowl each and a silhouette of a larger bird in the background, Daniel struggled to get a sense of the larger figure he identified to be 'the mum' and attempted to describe her but did not relate her to the chicks. He needed a lot of prompting to tell his story;

'I think they're eating dessert.....and.....and that's, that looks like a sister, that looks like an older brother.....or dad and that's the baby.....and then that's the mum. Yeah. It's really weird because she's different to all of them. She is, she has, she's not like in there because she looks a bit bigger. And she'slike, hasn't got arms going like that or.....something with like forks in the hands.'

There was little sense in Daniel's narrative of containing parental figures, there was a father who could be an older brother and a mother who's different to all the others and not 'in there.' Similarly, in picture three depicting a lion and a mouse, Daniel is unsure of the lion figure and his intentions;

'Hum. That lion is an old man....and I think he's the king....the old man just sits in his chair always.....waiting for people to arrive.....nobody arrives.....he looks a bit big.....he doesn't look like an old man does it.....I think he's got a little friend. Do you see where his friend his.....there.....yeah.....there's usually lions would eat, like smelled it and turned around and look at it.....going to eat it....no.'

A mother figure was identified in other narratives that Daniel told. In picture six, which depicts three bears in a cave, Daniel described that;

'Mummy bear is looking after the baby bear....I think they need food.....the mummy bear is looking through a window....looking for something for the baby bear. The baby bear looks a little bit hungry.'

In picture four, which has an adult kangaroo accompanied by two children, Daniel remarked *'the little boy is in the mum.'* Daniel physically leaned back on being shown picture nine, which is a darkened room with a young animal in a cot and an open door with light outside it, saying *'it's a bit scary.'* He told me;

'The kangaroo is get.....going to sleep....and she's in bed tucked in. Mum has left the door open.....and left it pitch black.'

I wondered about Daniel's comment about the kangaroo being inside the mum as saying something of his need to inhabit the object and not be separate from it in order to hold on to it and to get what he, the 'hungry bear' needs, in order to survive. Freud (1905) linked the fear of darkness to the loss of a loved one and separation from mother which seems indicative of what is being expressed through Daniel's storying in these three scenarios.

In the transference, there was a strong communication of fear and a struggle to link thoughts, linking seemed to be fraught with psychic danger. I was struck by the difference in the chatty, articulate little boy who had engaged with me before the CAT

was introduced and how he had spoken about his mother's death with little affect. It was only on listening back to the audio recording and looking at my reflexive field notes afterwards, that I realised in my experience of the countertransference, that the intense affect of sadness and fear in the room was partly my own response, not only due to the emotive nature of Daniel's experience, but also due to the resonance of this child for me personally, in terms of his age and gender, as well as a splitting off by Daniel, of painful feelings which were projected into me, as he could not stay in touch with them. I considered how calmly he had described his mother's death and he did not baulk at, or avoid any of my questions, the lack of observable affect suggesting that he did not seem able to stay in touch with any of his projections perhaps because, as Bisagni (2012) postulates; *'reality has become the person's own worst nightmare'* and can't be engaged well. Her assertion that mental confusion is common as a response to trauma which can upset the ability to perceive what is real, resulting in changes to the representation of what is usually perceived, also resonated in terms of Daniel's struggles in identifying figures in the CAT, when perhaps his capacity to adopt the defensive manoeuvre of projective identification was less 'successful' as the pictures generated affect in him that he struggled to completely discharge.

The CAT seemed to evoke strong feelings that were communicated to be unbearable feelings of abandonment and loss and addressing the terror of being left in the pitch black. This was particularly evident at the end of the interview when Daniel was reluctant to leave the room, looking back on a number of occasions and then staring through the glass on the other side once the door was closed. I was left with an overwhelming sense of having dropped and abandoned him, having left him falling and with little to get hold of. It was at this point that I was reminded again of the

precarity of Daniel's figures in the drawing he did and his hazardous identification with a ninja figure who needs to disguise his true self and who lives in continual fear of annihilation.

4.02 Case study 2: Paul, aged 14 years

Before I met Paul, it had not been possible to get much of a sense of his past experiences and whilst his mother conveyed she was happy for Paul to participate in the interview as he expressed a desire to do so, she chose not to meet with me and felt that Paul would prefer this and it would give him 'an opportunity to tell his story.' When I spoke to the staff working with Paul at the current alternative provision he attends, they described that he had made a lot of progress there and enjoyed good relationships with one or two members of staff. They were uncertain as to when his father died and where he had lived or been to school and struggled to find this information during the time the study took place.

Paul explained at the beginning of the interview that he had '*moved around a lot*' and in his recount of where he had lived and schools he had attended, the chronology was sometimes unclear. He explained that he was born in London and moved to a rural part of Southern England when he was five years old and during this time, his family moved house on a number of occasions, which also resulted in a change of school. Paul then moved to his current house in the Midlands just before he was due to transition to secondary school. Paul described that he got '*kicked out*' of school in Year 7 and was not placed in the alternative provision he now attends until Year 8, he has now been in attendance there for the past three years. Paul indicated that he might be moving back to Southern England again in the near future as the family want '*a fresh start.*'

Paul explained that his father died of a drugs overdose when he was about seven years of age. He was living with his family in Southern England at the time and Paul conveyed that he had discovered his father's body shortly after he died after managing to enter the house whilst the rest of the family were outside due to all the doors and windows being locked. Paul shared that there had been persistent domestic violence perpetrated by his father towards his mother. He now lives with his mother and his step father who is currently serving a jail sentence but is due for release in the near future.

4.02.1 Talking stones (see appendix 8 for pictures of the stones used, those selected by Paul and Paul's comments)

When Paul was asked to select a stone that would describe or represent his father, with almost no hesitation he selected one that he described as *'black one, full of evil'* and did not elaborate on this. I was interested in how Paul showed slightly more ambivalence when his father was first mentioned in the interview and when he described how he died commenting;

'Like obviously he was my dad so I had feelings for him, but I used to.....he was a drug addict and he used to beat my mum and stuff' and 'I didn't really have that feeling for him, but he was still my Dad, so.'

I became aware in the countertransference that I was carrying feelings of sorrow that were not evident in Paul. I wondered if these feelings spoke of a mourning that could not yet happen in relation to the father that Paul would have wanted to have. He conveyed in the

interview that *'my Nan and Grandad used to love him but they didn't know what he used to do'* and so Paul was able to communicate a sense of being able to address and acknowledge that his paternal figure was not 'good enough' (Winnicott, 1964) despite others' misgivings. Paul described in the interview how his father *'didn't like him'* and due to his hair colour at birth, had questioned whether he was in fact his son resulting in a paternity test which despite proving otherwise, was disbelieved by Paul's father. This engendered strong feelings of rejection in the transference that again, were notably absent in Paul although his narrative and the emotions in the transference suggested some ambivalence about his paternal figure and also a capacity to be angry at the paternal object. This seemingly defensive manoeuvre of projecting sadness and grief into me appeared to be helpful to Paul in that he was able to express his anger about his father's lack of emotional availability and investment in him and his violence towards his mother. As Garland postulates, anger is;

'a potent form of assertiveness, enabling the determination to rebuild someone's life after something devastating has happened. It is allied to potency and agency; without anger, all that remains may be passivity and a sense of defeat' (Garland, 2002, p.82).

This seemed to express something of Paul's position in being able to look to the future and think about what actions he might take to build a life for himself. This might also be Paul's way of holding on to the good object in his mind (representative of his internalised maternal figure and members of staff at his current school) to prevent their destruction.

Paul scanned all of the stones on the table in turn when asked which one would best describe or represent his mother before remarking *'I don't know like, I....I need a rock.'* Paul then gestured with both hands to indicate a large rock and a slight smile broke out as he added, *'I don't know....she's just a really strong person.'* Paul conveyed that the rock would be;

'pretty hard because she's hard like.....like she won't let me walk all over. I wouldn't do that anyway but...I don't know. She's just been strong all her life ain't it.'

Paul then spoke of the death of his baby brother at six days old and contrasted his experience of his mother following this loss commenting *'that's the only time I've ever seen my mum like actually, really down'* compared to the death of his father when she was *'being very strong about it.'* Paul seemed able to maintain a realistic internal and external perception of his maternal object as both strong, available and containing whilst also having her own vulnerabilities and emotional struggles, but crucially, being able to survive them and so Paul seems to have introjected an internal object who has also been able to survive his psychic attacks and projections from an early age. In their paper on *'family intervention with bereaved children,'* Black and Urbanowicz (1987) conclude that the mental health of the surviving parent is a contributing factor to how children and young people manage different types of loss and bereavement. Paul's narrative conveyed that he has been able to adopt the use of more adaptive defences such as sublimation in channelling his energies into pursuing a career as a car mechanic and can show concern for his mother and remorse for past actions, hence his remarking *'I don't want to hassle her no more.'* He has seemingly moved into a more depressive position where there is a

more realistic perception of the external world (for example, in recognising his mother's vulnerability after losing his baby brother whilst also describing her to be a strong and reliable presence in his life) and a capacity to engage with it (Klein, 1935). This also seems to fit with the descriptions the adults who work closely with Paul gave to me about their experience of him, conveying that he was able to make use of their support and that they were proud of his progress both emotionally and academically. Paul shared in the interview that he thought the adults in his current educational placement were;

'really good.....there's like three of them....like Miss Brown....she's just like completely honest.....like I've never had an argument with Miss Brown in the time I've been here.....like everyone thinks she's strict....if you're not bad then she's actually alright and that.'

It seems relevant here to consider Frosh's description of how the infant, in order to save the loving elements of the mind from being attacked and in order to create an ideal object to which the ego can aspire;

'...loving and hateful elements of the mind have to be split from each other....without this splitting there would be no chance of moving forwards' (Frosh, 2012, p.156).

However, Frosh warns that;

'...if the splitting is too intense and the environment not sufficiently caring to be able to build bridges from bad to good, it can become a fixed way of being in which it is impossible for ambivalence to occur' (Frosh, 2012, p.156).

Whilst there was evidence that Paul was beginning to achieve this in being able to make use of containing and reliable figures in his current setting and in his description of his mother, there was still a sense of people being split into all good or all bad. Perhaps Paul is unable at present, to face less than positive feelings about his maternal object. Whilst this earlier defensive mechanism of splitting the world into this binary state may have enabled Paul to make use of and to preserve the good object, in order to develop the capacity to engage with the 'complete' person and to tolerate feelings of both love and hate, there was a sense of important *'working through'* (Quinodoz, 2013, p.108) that still needed to be done if Paul was going to be able to connect with the external world and those in it in an integrated way. Williams (1971) emphasises the importance of a continuity figure for adolescents who have experienced significant disturbance in their lives that can provide ego support and act as a long-term transitional object. It would seem that Paul, in having emotionally available adults in his life as he makes the transition from education to the world of work, may be able to make use of these members of staff at the educational setting as well as his mother, to traverse this terrain successfully.

Paul spoke about the influence of his stepfather on his life, choosing a stone that represented the good and the bad sides to his character. Paul shared that *'everyone thinks there's a lot of bad in him, but..there's not,'* seemingly referring to periods of time spent in prison where he is currently serving a sentence. Paul seemed to be able to be

ambivalent and able to engage with reality when thinking about his stepfather in saying '*I've looked up to him but he's not the best influence...*' but defended his spells in prison adding '*..he hasn't done extremely bad things.*' Paul also spoke of his grandfather and uncle and there was a sense of fragility about the male figures in his life in that Paul described his uncle to have mental and physical health problems with a history of severe alcohol and drug abuse and his elderly grandfather who is perceived to be '*grim*' by others but '*just over protective*' to Paul. This will be considered further in terms of what the chronic absence of a strong male container in Paul's life might mean for his development as he navigates his way through adolescence.

4.02.2 The external world, the tasks of adolescence and peer relationships

Paul conveyed difficulties in relating to peers from a young age when he took up the position of the '*class clown*' and more recently in choosing to attach himself to an older group of young people. Paul, in experiencing many moves in his life as well as traumatic and unresolved losses, has found it very difficult to form fulfilling connections with people his own age. Now, in the midst of adolescence and the tasks that this stage of life presents, it is helpful to consider how Paul's internal world may impact his ability to form meaningful, healthy and mutually rewarding relationships. Copley describes the revival in puberty of the forceful emotionality originating in infancy, which is soon to be directed towards new relationships in adolescence (Copley (1993, p.93). In considering this, we also need to think about the development of an inner world that can help, or hinder the process of change. The adolescent peer group can provide a container function and a feeling of safety that has a similar fear reducing effect as did the sense of emotional security with the early attachment figure.

Detachment and separation from the family is made possible by groups of adolescents that present themselves as a new and accepting 'emotional safe haven' in place of the security offered by the parent-child dyad. Groups can enable the adolescent to explore the world and to enter, for the first time, into intimate relationships with others. Paul, whilst seeming to have internalised a maternal object whom he is increasingly able to call on in times of anxiety and distress, has also experienced trauma and loss through multiple moves, the loss of his brother and father and violence towards his mother that have ruptured relationships and the capacity to experience containment and a facilitating environment (Winnicott, 1965). This is a likely explanation as to why he is unable to engage in adolescent group life as a source of support, having turned for a time instead towards an anti-social group, perhaps as a way of ridding himself of parts of his personality that exposed him to unbearable feelings of weakness and neediness. As Youell puts it; *'the anti-social group is anti-thought, anti-parents and anti-life'* (Youell, 2006, p.120).

Paul had previously been in trouble with the police and was hanging around with an older group of young people before he came to his current educational placement. Paul explained;

'I have a lot of older friends, like, well I used to. That'sI used to get into trouble with the police and it just stopped.....I used to get a rush from what I used to do.'

He described his reason for stopping to be *'...there's no point anymore. I just don't like hassling my mum.'*

As Waddell reflects, *'feelings can be so intense that the only thing to do seems to be to act out as a response to inner pain, often linked to external and understandable stresses'* (Waddell, 2005, p.62). Paul certainly has and has had many external and understandable stressors to deal with in his life. Freud in his paper, *'criminals from a sense of guilt,'* (Freud, 1916), refers to the mental relief that is adjacent to committing a misdeed. The misdeed relieves the person from an oppressive feeling of guilt. It seemed particularly salient that Paul mentioned his mother as a deciding factor in moving away from acts of delinquency and in adopting a more depressive position, being able to get in touch with and tolerate feelings of guilt and a desire to repair.

This greater capacity to engage with reality also appeared to coincide with Paul's time at his current placement. The educational provision that Paul now attends is both small in stature and in terms of the number of young people in attendance. I wondered if, despite many people perhaps perceiving it to be a punishment and rejection to be there and to be excluded from mainstream education, if, for Paul at least, this environment provided something of what prison provided for the adolescents Hindle speaks of in her paper when she described it to be concomitant with care and containment (Hindle,1998).

Copley speaks of the need for attainment in late adolescence of a state of mind which can sustain an intimate and truly loving relationship with a partner and that overall, the adolescent needs the establishment or re-establishment of loved parental internal objects as a central force in emotional life in order to establish and maintain a mature adult state of mind (Copley, 1993, p.99). It would seem that Paul will need support to work through his relationship with aspects of his internal objects if he is to truly achieve this state of mind and be able to successfully *'love and work'* as an adult (Erikson, 1963, p.235).

Harwant (1987) postulates that a particular type of oedipal triumph (particularly in Paul's case) might be elicited by the death of the same sex parent which might hinder later development in terms of not having worked through oedipal feelings where the object survives them. Root argued that for the bereaved adolescent, the normal letting go of the parent becomes equated in his or her mind with actually letting the parent die, or in Paul's case, a need to mourn the death and let die, any hope of having the father he would have wanted in order to be able to work through and truly free the ego from the dead and damaged object (Root, 1957, p.18). Paul's description of not really feeling anything anymore because he's on tablets for ADHD suggests a defending against feelings that may currently threaten to overwhelm his internal world.

4.03 Case study 3: Sean, aged 14 years

Sean lives with his maternal grandmother and his two brothers. Two of his older siblings are currently placed in care and Sean sees them infrequently. His father committed suicide when he was six years old and his mother who suffers from drug and alcohol addiction, is described as being *'in and out of his life.'* Sean experienced severe domestic violence from one of his mother's partners when he was very young and a member of staff conveyed he was often *'beaten to a pulp'* and was hospitalised at one point when he received a *'blow to the head.'*

Sean was permanently excluded from school when he was eleven years old. Throughout his school career so far, he has attended at least six educational placements due to fixed and then permanent exclusions for aggressive behaviour, most recently attempting to set fire to a pupil's hair.

Sean has been at his current alternative educational placement for the past four months and attends for two hours every morning as staff convey this is '*all he can manage.*' They describe that he is unable to stay seated in class and wanders around the school becoming increasingly agitated and disruptive when he seeks to '*antagonise*' other pupils. Paul and his grandmother receive support from the local CAMHS service and Paul is due to undergo assessment soon when staff perceive he is likely to receive a diagnosis of ADHD. Sean has been and continues to be involved in criminal behaviour.

Staff at Sean's current setting conveyed that he is well cared for by his grandmother who is in regular contact with them about Sean's needs. They described Sean to be '*like a little street urchin*' adding that whilst he wants to give the impression of being '*streetwise*' he is emotionally very young for his age and seeks interaction with children much younger than him. Members of staff identified Sean's favourite phrase as being '*it's all dead*' which he is said to '*utter repeatedly.*'

Sean came into the interview room quietly and with no sound, so much so, that I had my back turned and was attending to the recording equipment whilst he stood there silently for at least two minutes. I found the feelings of embarrassment and shame, but also intense hostility and persecutory anxiety communicated in the transference to be almost intolerable as evidenced by my stuttering and struggling for words in the face of such intense affect. Steiner gives some understanding to my experience in his description of the shame, embarrassment and humiliation that are present when a highly defended patient begins to emerge, or is faced with the threat of emerging, from his psychic retreat (Steiner, 2011, p.7). Attention to the counter transference betrayed feelings in me of not wanting this emergence to occur, as what threatened to reveal itself to Sean and I, seemed intolerable and overwhelming to us both;

'Embarrassment, shame and humiliation give the experience of being observed a particular cruelty and pain. The observing figure is felt to be hostile, attacking the superiority of the narcissistic state and trying to reverse it....these attacks are often imagined to be a prelude to more severe assaults and the patient feels that they are intended to weaken and demoralise him so that he can be destroyed and humiliated' (Steiner, 2011, p.7).

As Sean stood in the corner of the room, his body turned to the side and his face looking downwards, I noticed he was very small in stature for his age and of very slight build. Sean's monosyllabic responses were barely audible and I was struck by the amount I spoke and how frantic and urgent my enquiries seemed. I noted in my reflections afterwards that Sean communicated;

'an anti-life and anti-hope in the transference that seemed to fill the space as I grappled around trying to reach him. I had a strong sense of being in a dark fog with no light or landmarks to guide me out. The feeling was one of terror and a suffocating sense of foreboding that I struggled to remain attentive to in the room' (Reflexive field notes).

I thought about this as a communication of *'nameless dread'* (Bion, 1962) or *'unthinkable anxiety'* (Winnicott, 1962), due to in Sean's case, quite catastrophic failures in the containing function which in 'good enough' care giving, is the caretaker of inner states of mind. Without this function, Sean was faced with an unthinkable anxiety of falling into nothingness and going into pieces. Sean did not seem able to relate in a way that suggested the existence of an internal object who could help him to think about and digest his experiences and to bring some order and meaning to them, what Bion refers to as the *'take-care of function'* or *'reverie'*

(ibid). As Ronald Britton describes, *'this fear is not just a fear of dying as we would describe it in adult language. It is a more undeveloped basic anxiety; a fear of not existing, a fear that something will obliterate, annihilate the past, present and future'* (Britton, 1998).

This became more apparent as the interview progressed, when in trying to think about his experiences with him, Sean turned away and gave muted, monosyllabic responses. When significant people in his life were mentioned and I tried to get a sense of how Sean's relationship was with them, there was an increased communication of feeling persecuted in the transference in which I sensed I was experienced as increasingly hostile as I continued to try and think about his experiences. I experienced Sean to be attacking my attempts to think and to make links and something about my efforts to do this seemed to be highly threatening in generating the *'unthinkable anxiety'* that Winnicott (1952) speaks of. Sean shook his head when shown a table where he could look at a variety of stones or choose art materials rather than sit and talk. Symington and Symington in their application of Bion's paper *'Attacks on linking'* (1967), explain that;

'when this attack on linking takes place, the links are fragmented and projected out, resulting in the patient being surrounded by minute cruel links which can join bizarre objects together but with cruelty. The excessive and violent expulsion also interferes with smooth introjection and assimilation necessary to provide a firm base for the establishment of verbal thought' (Symington and Symington, 2002).

There appeared to be a continual disruption of any interaction with Sean that might result in thinking or trying to understand his experience of others in his life because of the threat of unbearable emotional pain that would accompany this. It is evident from my reflexive field

notes, the transcript and listening to the recording, that Sean was slightly more engaged when asked less emotive questions such as the ages of his siblings and how he likes to 'chill.' When curiosity was shown about relational aspects of his life, Sean closed down and prevented any thinking about this with repeated responses of 'no.' I observed that;

'I increasingly stuttered and stumbled over my words and was unable to connect what I had heard and knew of so far in my mind in order to remain able to think about Sean's experiences. It felt like any means I tried to use to communicate was being attacked'
(Reflexive field notes).

In addition to the death of his father, Sean also experienced the loss of his mother who was described by his grandmother to have 'let the children go.' Sean saw his mother earlier in the year several months back and quickly replied that 'it don't bother me' when asked about having not seen her for a while. I wondered if Sean had had any early experiences of being able to use projective identification to put the bad, intolerable parts of his baby self into the object (mother) so that they could be rendered more tolerable in experiencing these feeling states as being tolerated by his mother, particularly those most frightening to him in order to take them back and to 'introject' a capacity to process and manage emotional experiences. Sean's internal objects seemed very hostile indeed to attempts to think about emotional experiences and as Symington and Symington reflect;

'This is a disastrous situation for the baby, who presumably feels thwarted in his very attempts to make sense of his world. Out of this develops a hostile super-ego with particular qualities including that of denying the use of projective identification, that is, of impermeability' Symington and Symington (2002).

This resonated with my experience of being in a fog, unable to reach Sean or make a connection. My experience of Sean was a realisation of how essential the ‘good enough’ internalised object is to a person’s sense of well-being and sense of *‘cohesion within his ego’* (Roth, 2009). As Roth conveys in her consideration of Freud’s paper *‘On Narcissism’* (2014), we come to understand that;

‘the danger that arises to someone when a love object is ‘lost’ through death, betrayal or disappointment, is not primarily the loss of that particular person, or institution or ideal; the danger is to the person’s sense of himself, which depends on his sense of an ongoing internal attachment to his love object’ (Roth, 2009, p.38).

Sean, in lacking this connection to a loved object seemed to have little internal sense of love and protection and has withdrawn from the external world and perhaps in part, has become identified with the anti-life paternal figure, having internalised the abandoned object and become increasingly identified with it. In doing so, the rage Sean feels in relation to being abandoned by the object is turned in on himself and the self is treated as though it were the forsaken object, object loss is hence transformed into an ego loss and the destructive impulses are turned against oneself.

In Freud’s paper on Mourning and Melancholia (1915), he speaks of a process of *‘turning against the self in hatred’* as central to his theory of the melancholic state, when all previous losses are also activated, including of course, those that we all have to bear as part of normal development (Klein, 1940). Bell (2000) stresses that in suicides and similar acts of self destruction *‘...there is an attack upon the self, that is a self identified with a hated object’* and

where all the hated aspects of oneself are then distributed into the *'survivors'* who then have to bear them. It was painfully evident in Sean's reportedly repeated uttering of *'it's all dead'* that the burden of carrying these hated part-objects that have seemingly become identified as belonging to him, was almost intolerable and there was a communication from him of no one being able to do some of the carrying for him through projective and introjective processes, whereby a person is able to receive and think about the unbearable aspects of Sean's internal world and so give it back to him in a more manageable form. Garland describes how working through, following a traumatic event such as loss by a suicidal death will;

'..take place through the externalization of disturbed internal object relationships and the subsequent reintroduction of the constructive responses of external objects. When this happens, more symbolic functioning can develop, more benign internal objects can be established and eventually these developments are connected with the emergence of personal meaning' (Garland, 2002, p.62).

In the transference there was a strong sense of isolation and a heavy hopelessness which seemed to be borne out when Sean conveyed in the interview when asked about relationships with staff, previous girlfriends and peers that he doesn't *'ask for help'* or share his feelings. He spoke of choosing to spend time alone in his bedroom and contact with siblings and peers of his own age was described by staff to be beset by conflict. Freud (1915) conveyed that there is a punishing aspect of the melancholic, not only to themselves but to those around them. There is a splitting of the ego and a critical agency set up against it which seems to consume the whole person. There is rage felt by the person who not only feels abandoned by the object in losing the object externally, but they have internalised the abandoned object and so the rage is directed against themselves and projected on to others. As Freud explains *'...thus the shadow*

of the object fell upon the ego' (Freud, 1917, p.249) which appears to capture in quite awful terms what Sean was communicating in his presence within the room without needing to say very much at all.

Sean has also had to contend with extreme violence enacted upon him and members of his family, as well as the loss of his mother to drugs and alcohol and in both an external and internal sense has been *'doubly deprived'* in experiencing the loss of both parental figures over which he had no control, but also the deprivation suffered internally;

'...from his crippling defences and the quality of his internal objects with so little support as to make him an orphan inwardly as well as outwardly' (Henry, 1974).

Of particular resonance in my experience of Sean in the counter transference, was Bell's contemplation that;

'..a particularly dangerous situation is where the patient succeeds through projective processes, in externalising his inner world to such an extent that external objects become indistinguishable from archaic inner figures, making reality testing impossible' (Bell, 2001).

Klein's explanation as to how identification develops offers further understanding of how the impact of the trauma and double deprivation Sean has suffered through experiencing severe violence towards his person, the loss of his father to suicide and his mother to drugs and alcohol, has impacted his internal world and internal objects and in turn, his relationship with others in the external world;

'Such inner objects are formed by the infant's own impulses, emotions and phantasies, influenced by good and bad experiences from external sources....the inner world influences his perception of the external world and the good internalised object is one of the preconditions of an integrated and stable ego and for good object relations. Projective and introjective identifications need to be balanced to allow a securely established good object' (Klein, in Flynn, 2013, p.41).

Klein felt that the fear of annihilation by the destructive forces within is the deepest fear of all. It would seem that not only were Sean's internal objects destructive, hostile and wholly unavailable, but he has become identified with them. As Winnicott (1969) states, it is only because of the survival of the object under the subject's (infant's) attacks that he/she creates the quality of externality and is able to live in the world. Flynn (ibid, p.41) postulates that it is this survival of the subject and the object which is central and essential to the basis of stability, that the traumatised child lacks.

4.03.1 Sean, adolescence and the perils of the internal and external worlds

Sean has been and continues to be, in frequent trouble with the police in forming part of a gang of young people whom he adhesively attaches himself to (Bick, 1986). Williams (in Hindle, 1998) speaks of how a *'previous, emotionally unbearable traumatic experience may erupt to cause offensive action if it remains 'split off' and psychologically speaking, has remained 'undigested' or 'unmetabolised'* as repeated experiences of undigested trauma have in Sean's life. Williams describes how *'it seems that only action suffices to mitigate for a while what is experienced as an intolerable, internal (intra-psychic) situation'* (Williams, 1985).

When considering the underlying forces that are at play during adolescence, it is helpful to consider Freud's notion that;

'if we throw a crystal to the floor, it breaks, but not into haphazard pieces. It comes apart along its lines of cleavage into fragments whose boundaries, though they were invisible, were pre-determined by the crystal's structure' (Freud, 1933, p.59).

As has been emphasised, the ability to continue to develop emotionally and to engage successfully with the external world in order to *'love and work'* (Erikson, 1993, p.232) depends on the qualities of relationships experienced in early life that impact the *'crystal's structure'* and the developing relationship one has with one's internal parents in terms of how the infant's paranoid schizoid state and extreme projection and splitting was thought about, digested and given back to the infant by its caregiver. These extremes of defensive splitting and projection are revisited again in the adolescent person's endeavour to discover who they are and their sense of themselves in the world.

4.03.2 Attachment and loss

As Bowlby (1958) explained, in the first years of a child's life, all being well, he or she develops a strong emotional attachment to a primary attachment figure whom when the child experiences fear, pain or internal or external threat and their attachment system is activated, they are responded to in a consistent and sensitive manner by their primary caregiver or by secondary attachment figures if available, thus establishing a secure base and an internal working model that transfers to other relationships in the child's life and an expectation that adults will be a source of support and comfort at times of distress. This

seems important to consider in light of the difficulties the three participants faced, to a greater or lesser extent, in their relationships with peers and the external world and how their behaviour became organised around their expectations of themselves and others which then influences how others relate to them. Negative working models tend to see hostility even in neutral behaviour and such children are easily aroused by aggression and distress (Perry, 2009, p.20-21).

4.03.3 Irritably reaching: when the unbearable cannot be beared

In all three cases, the participants were either in the process of being assessed for ADHD or had a diagnosis and medication for the condition. Keats' coining of the phrase '*negative capability*' comes to mind;

'.....that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason....' (Keats, 1817).

One wonders if this expresses something of what might be happening in the minds of the adults in seeking to understand the worlds these three boys inhabit, but being unable to tolerate the affect that is communicated, resulting in an irritable searching for a 'truth' that can give meaning and perhaps some form of containment for the adults, as staying with the discomfort of not knowing and bearing the unbearable that is being communicated by these children about their experiences through volatile and rejecting behaviours, becomes too much to think about and contain.

What can be understood about children's states of mind following bereavement of a parent and subsequent exclusion from school?

In terms of the behaviours exhibited that have led professionals and family members to consider the presence of the condition ADHD, it is interesting to consider what a psychoanalytic perspective on these behaviours might offer in terms of their communication about the young person's state of mind as well as the adults' means of seeking to understand their external presentation.

It would seem that the internal situation present in the three participants where fear might be present that the dead object is inflicting punishment for one's wrong doings or great deficiencies by being absent, then serves to stop mourning and the eventual relief that may come with working through and returning to a more depressive state of mind. Instead, the participants may, in feeling unable to reinstate a good, lost loved object, have to turn away even more, thus denying their love and/or loss and seeking to escape from the depressive position and working through, instead, seeking control through increasingly manic mechanisms and by reinforced projection into the external world. What then exists is a state of mind where what is reintrojected is an external situation which has deteriorated and one which the person increasingly tries to escape from, both psychically and physically. This manifests in a manic state of mind that shows itself through a continual need to keep on the move in a bid to try and escape an increasingly hostile internal and external world achieved by a process of continual projection and introjection where reality testing is severely compromised. As Garland considers;

'The concept of the internal world is based upon observations of the patterns of inter-relationships that exist between states of mind, external object relations

and the world of dreams, memories and fantasises. The experiencing subject has only small glimpses of it, for we are comprised of our internal world rather than merely containing it. These processes of externalisation can miscarry and then what must be reintrojected are situations that have worsened' (Garland. 2007, p.51).

This would seem to reflect the states of mind of the participants at least some of the time, in that staff report increasing levels of inattentiveness and impulsivity in Sean and Daniel who have not yet been diagnosed or given medication. This increase might well be due to a reintroduction of deteriorating relationships and an increasingly hostile external world that they are then required to become more defensive towards and to flee from or do battle with. Winnicott (1958) in his consideration of the anti-social tendency in children who have experienced a traumatic loss, posits that this presentation is the child's way of forcing the environment to help repair the trauma suffered, although what appears to be happening in the case of the participants, is some reinforcement of the loss and internal experience of abandonment and being left to manage increasingly hostile and/or abandoning internal objects and so compounding the inability to recover.

It would seem that in not being able to hold their experiences of loss in mind in order to think about and contemplate them, the participants are left with little choice but to rid themselves of the experiences through action. It is here that adults around these young people, could have a key role to play in developing a state of mind in both themselves and the participants, where there is a capacity to think about their experiences and to symbolise them in such a way that they can be contemplated, considered and so held on to.

Rainwater (2007) argues that whilst trauma and adverse experiences can alter brain development and result in behaviours commensurate with an ADHD profile, ADHD symptoms are largely representative of a manic defence by which the child seeks to avoid *'his emotionally intense inner reality'* in that these unbearable emotions arise after the child has projected aggression on the object and then fears retaliation from it (Klein 1935). Salomonsson considers how one might make links between the overt symptoms of ADHD and the child's internal state of mind;

'...to the child this object seems inaccessible, dismissive, and contemptuous. When he tries to get in contact with it, it rejects and derides his efforts. Such experiences may unleash impulsivity, hyperactivity, and emotional outbreaks,' Salomonsson, 2011),

as the child tries to control the object and avoid the pain of internal reality and the feelings of remorse and guilt that indicate he must restore the object. In psychoanalytic terms, hyperactivity is perceived to be a manic defence which aims at preventing the child from mourning (Winnicott, 1935).

This chapter has provided an analysis of the data obtained from the interviews that were held with the three participants. In the final chapter of this thesis, a discussion will follow which considers the findings of the study and implications for future research, as well as the practice of Educational Psychologists.

5.0 Discussion

In this closing chapter, the findings of the study will be considered and how they might be understood from a psychoanalytic perspective. The role of attachment in understanding the experiences of the participants in relation to parental bereavement and school exclusion is also attended to. The author then explores the application of psychoanalytic theory and ideas to EP practice and ponders what it might offer the EP in their role when working with this population of children and young people, but also what it might contribute to other areas of EP practice. Recommendations for future research are then outlined and the author also explores further, the implications of this research and its findings for the practice of EPs. The chapter then continues by considering issues arising in relation to ethics and trustworthiness and ponders whether they were successfully attended to before reflecting on identified limitations of the study. An explanation of how feedback will be provided to stakeholders and participants is then given before the author concludes with reflections on their experience of undertaking the research.

5.01 Did the study achieve its aims?

This study aimed to be both an exploratory piece of research in considering what understanding might be gained of children and young people's experiences of exclusion from school following the death of a parent from a psychoanalytic perspective, as well as emancipatory, in giving this population of children and young people a voice and an opportunity to share their experiences.

Achievement of the latter aim seems in evidence when one considers the researcher's challenges in recruiting participants for the study, as well as the difficulties that professionals had in conveying a clear history of the child's prior experiences of school and in particular, the

circumstances surrounding the death of their parent. There was a sense of this population being a hidden one in that when professionals were approached regarding potential participants, they conveyed that their past experiences led them to think there would be children and young people in their setting who would meet the criteria to take part, but on beginning to explore further, they could not identify any pupils in their settings. There was also the young person in one Pupil Referral Unit who identified himself as being eligible for the study and eager to participate (although he was unable to on the day of the interviews), where staff were unaware that he had experienced parental bereavement when he was nine. Paul communicated in the interview that he had not talked about the death of his father before and despite not having met the researcher prior to the interview, he spoke in detail about the events surrounding the death of his father and his subsequent experiences of school. The study seems to have achieved the aim of giving the participants the opportunity to tell their story and for their voices to be heard. Freud's '*shadow of the object*' appears to have fallen on this population and it now seems timely to consider how we might understand this further through a psychoanalytic lens.

5.02 Death, mourning and not being seen: the role of narcissistic injury and shame

The internal experience of shame in relation to the death each participant experienced, may have played a significant part in their mourning remaining somewhat hidden from view and not being known about. The interplay between the internal experience of the individual and the external values that this society places on stoicism and control, work together to hide from the emotional experience of engaging with and facing the ultimate loss of control through the encounter of death and ultimately, annihilation. As Harris outlines, death inflicts a narcissistic injury in that;

'no matter what one accomplishes in life or how great an individual's contribution to society has been, death is the ultimate insult that returns all beings, no matter what their level of achievement has been, back to the earth through the process of decay. Death is essentially the ultimate narcissistic wound, bringing about not just the annihilation of the self, but the annihilation of one's entire existence, resulting in a form of existential shame for human beings, who possess the ability to ponder this dilemma with their high-functioning cognitive capabilities' (Harris, 2014, p78).

It is little wonder then, that being in proximity to the event of death especially untimely death as in the case of the participants' parents, can lead to the adults around the child/young person adopting denial and 'not seeing' as a defensive manoeuvre against this ultimate truth, the one certain truth there is in existing and so being faced with an individual who has experienced in these cases, a traumatic and often unexpected bereavement, can challenge the ability of those around them to deny death and to be able to control outcomes (this is considered further below in terms of how school staff and indeed EPs themselves, might be supported to face this reality in service of this population and their own growth as 'persons-in-role), (Hutton, Bazalgette and Reed, 1997), as well as exploring the possibility that the 'irritably reaching' for a 'diagnosis' is in itself a defence against engaging with the experiences and pain of the bereaved for fear of what might be faced or awakened in themselves. In terms of the impact on the bereaved person themselves, their experiences of grief are inevitably mediated through the social expectations of their culture (Harris, 2014).

Psychoanalytic thinking suggests that shame and aggression are closely linked and that an individual will go to great lengths not to be exposed in the social context which in the exposure of death can reach *'traumatic proportions'* that engender a sense of terror in a person

(Harris, 2014). Wurmser (1981) describes how in a therapeutic context, the analyst witnesses shame as an acutely painful affective state which is accompanied by a sense of '*shrinking*' or '*being small*' or seeing oneself as worthless or powerless which leads to a desire to escape and hide away. As Harris puts it, '*when an individual feels shamed, there is a sense that something is basically flawed at the core of his or her being-in essence the self is seen as flawed, useless and despicable*' (ibid, p79), which has resonance with the researcher's experience of some of the participants in the study. It may also further explain the hiddenness of this population in wanting to shrink away from sight and when brought into social contexts where they feel exposed, high levels of conflict ensue due to the shame experienced and its relationship to aggression intra-psychically.

The association between feelings of deep shame and suicide are well documented in the death and grief literature (Goldman, 2014, Mitchell et al 2004 and Young et al 2012) and from a psychoanalytic perspective, as explained above, shame and aggression are closely related and perhaps, more pronounced in those bereaved by suicide. Volkan describes the complicated grief response of a mourner who experiences the loss of a loved one through a traumatic death such as suicide;

'when a loss occurs due to murder, suicide or other tragedies where rage was expressed by those who caused the loss, the mourner may also experience depression. In a grief reaction there is a 'normal' degree of aggression directed towards the lost object as well as during the work of mourning. Because, by its very act of disappearing, the lost object initiates a narcissistic wound in the mourner....during mourning the mourner also experiences anger because he or she is forced to reactivate to some extent, childhood 'developmental losses'.....the mourner also reactivates the childhood separation-

individuation anxiety....the rage expressed through murder, suicide or other such tragedies may unconsciously become connected with the mourner's 'normal' anger level...the struggle with the mental representation of the lost object may then increase, causing depression' (Volkan, (2009, p96-97).

The researcher is reminded here of Sean's repeated stating of *'it's all dead'* as reported by staff working with him and the feelings in the interview of him being lost, not seen and hard to reach. The past losses of early childhood seemed particularly pertinent in his case, given the very sudden and arguably, traumatic loss of his mother, in leaving Sean and his siblings when they were very young and the further complications this may add to the grieving process. This may enable an understanding of why Sean seemed particularly troubled and at most risk of highly adverse outcomes and unable to make use of those who were reaching out to him in the setting.

5.03 Continuing bonds: the role of attachment in understanding the participants' experiences of parental bereavement and school exclusion

It is also interesting to consider at this point why Paul seemed most able to make use of and to build connections with the staff in the setting he attends. One possible understanding of this might be the existence and ongoing availability of his mother as an attachment figure whom he seems to experience as being emotionally available to him, particularly during times of challenge and distress, somewhat evidenced by his description of her as a *'rock'* and being *'strong all her life.'* There was also evidence of his concern for his love object in not wanting to *'hassle'* her by continuing to get into trouble with the police and his stating that he has always been a *'mummy's boy'* gave a sense of an affectionate bond between the two of them that endured throughout the trauma not only of his father dying of a drugs overdose, but also

the trauma of Paul's baby brother's death and the violence his mother endured at the hands of his father. One surmises that an '*internal working model*' exists within Paul that is;

'a representational model of an attachment figure/s as being available, responsive and helpful and a complementary model of himself as....a potentially loveable and valuable person' (Bowlby 1980, p242).

The staff at the educational provision Paul was attending certainly spoke about him with great affection and the emphasis was very much on his capabilities and achievements, indicating a reciprocal relationship where he was '*held in mind*' by them (Emmanuel, 2012). There was a sense that Paul has perhaps been able to use the relative security of his attachment relationship with his mother to form attachment relationships with other significant adults in his life and has been able to make use of these relationships when the adults are sensitive to his needs and ways of being (i.e. his sharing in the interview of not appreciating an overly soft approach and adults being '*all nice about it*' when he has been involved in wrong-doing, whilst also using the words '*trust*' and '*understand*' in his interview indicating his experience of the staff's attunement with him as a person). The difference between Paul's capacity to do this contrasted with that of Sean and Daniel and this is interesting when one considers the losses they have experienced not only of the parent who died, but also of their surviving parent in other ways, hence impacting on the availability of a strong, early attachment relationship and ability to make use of other adults in their life to navigate them through the turmoil of what has happened. Whilst Daniel's father made great efforts to provide stability for his son, when Daniel's mother became very ill with Post Natal Depression, there was evidence that he had his own significant emotional, mental health and socio-economic needs that made it very difficult for him to do this.

5.04 Further iterations on ‘irritably reaching’ for diagnosis in the face of intolerable uncertainty and psychic pain

An interesting commonality to emerge from the participants’ interviews and meetings and discussions with school staff in the case of all three participants, was the diagnosis or pending investigations into the presence of ADHD. Whilst behavioural evidence indicated that symptoms of this disorder were present, a psychoanalytic consideration of this pattern would seem to offer a potentially helpful understanding or at least an alternative viewpoint, on the similar behavioural presentations of the three participants in considering the Winnicottian perspective that hyperactivity may be a form of manic defence, the aim of which is to prevent the child from mourning (Winnicott, 1935) or as Klein (1935) posits, a means by which the child avoids the emotionally intense internal reality he is faced with due to fear of retaliation from the object onto which he has projected his aggression, particularly given the level of aggression experienced internally following the death of someone close. This would seem congruent with the experiences shared by all three participants and/or adults in their lives in relation to their peer relationships and not being able to establish positive connections with peers of their own age. In addition, the experience of shame and narcissistic injury as discussed above, not only by the bereaved, but by those around him, leads to the adoption of defences that may lead to a search for certainty or a ‘truth’ to perhaps explain away what is being presented, especially when what is being seen results in potentially facing the reality of one’s own death, in addition to the feelings experienced about not being able to ‘control’ the child/young person’s behaviour in a culture where control is prized and socially desirable.

It would now seem timely to consider the place of psychoanalytic thinking in the context of Educational Psychology practice in terms of how this might be applied, what understanding it

might offer when working with and/or supporting parentally bereaved children and what the challenges might be of adopting this lens in one's work as an EP.

5.05 Psychoanalytic thinking in EP practice

There has been much debate surrounding the 'medicalisation' of children and the rush to label and diagnose. The EP profession has been vocal in expressing its concerns and in some cases, overt opposition to this position (Hill, 2013, Hill and Turner, 2016, Lonergan, 2010 and Traxson, 2011). Hill and Turner's study identified that;

'few families are offered psychological therapies before being prescribed medication. It was strongly felt by respondents that an increased role for EPs in the assessment process would create more effective and long-term treatment options. However, many EPs commented on the difficulty in changing established practices, and the need for strong leadership to challenge current models of practice at management levels within local authorities' (Hill and Turner, 2016).

The difficulty in changing established practices would also seem to reflect a difficulty on the part of EPs to explore a different understanding of inattention, hyperactivity and impulsive behaviours and what they might be communicating, given that this is a longstanding issue in EP practice. In this study, the possibility that all three participants, who have a history of parental bereavement and/or disrupted attachments and trauma, might be diagnosed with ADHD, suggests there are potential connections between loss and trauma and these presenting behaviours that is commensurate with some psychoanalytic exploration of how unresolved loss impacts one's internal world in such a way that the defences adopted result in an avoidance of contact and when contact is made with others, it often results in conflict. Gilmore

(2000), Palombo (1993, 2001), Salomonsson (2011) and Leuzinger-Bohleber et al (2011), offer a much needed perspective in working with children with ADHD by drawing attention to the role of a bad internal object on a child's acts and it could be argued that these ideas could offer EPs a framework for working with children with ADHD that enables them to support schools and families to look beyond the children's behaviour and cognitive deficits and instead, focus on their fragility and how threatening contact can be for them.

There is growing awareness in the field of Educational Psychology of the application of psychoanalytic ideas to EP practice in schools. In particular, there has been a focus on the practice of psychoanalytically informed supervision with staff in schools (Bartle, 2015, Hulusi and Maggs, 2015), as well as how a systems-psychodynamics framework might support EP work at an organisational level in schools (Eloquin, 2016). Hulusi and Maggs reflect that unlike other professionals who work with children and young people *'teachers are not routinely provided with a safe space in which to reflect on the experiences and emotions they are left with in their day-to-day work'* despite the emphasis on the social and emotional aspects of learning and growing recognition that mental health needs are increasingly prominent and that poor mental health has an adverse impact on learning and achievement (Gutman, Brown, Akerman, and Obolenskaya, 2010, Gutman and Vorhaus, 2012). It is known that outcomes for parentally bereaved children in relation to academic achievement and mental health, can be particularly bleak (Fauth, Thompson and Penny, 2009, Akerman and Statham, 2014). Faced with children and young people in their class who have experienced loss and trauma in their lives such as parental bereavement, coupled with their own *'autobiographies'* (Weiss, 2002a, Weiss 2002b) that may contain unprocessed trauma and loss and/or unmet attachment needs, can result in school staff unconsciously adopting defences against painful feelings that are evoked from their own lives when faced with the difficult life

experiences of pupils in their class. This may be something of what was happening in the study when one headteacher oscillated between wanting to support the study and then withdrawing and communicating that whilst she felt the study was *'important'* she felt uneasy about it. Through further meetings, she felt able to explain that she had experienced the death of her husband when her daughter was eight years old and was struggling with the feelings that were being reawakened in her when talking about the research. This may also have been something of what was happening when staff struggled to recall the participants' autobiographies and it seemed significant that when supported by the researcher to retrace one participant's life journey up to the present point, one teacher was able to acknowledge the feelings experienced in her, as well as empathy for the child and could continue to explore his experience, as well as consider what might be helpful to him now. This would seem to reflect something of the psychoanalytic idea of container-contained in the supervisory relationship as explored in Hulusi and Maggs' paper when they posit that *'where teachers do not feel adequately contained in their work they will not be able to provide containment to their students, who therefore in turn will not be able to engage effectively in learning.'* They go on to assert that psychoanalytically informed supervision has the potential to support teaching staff to make sense of the *'apparently irrational experiences'* they often face in their work, otherwise, it is likely that the *'irritable searching'* for an answer, or some form of containment for the adults, will continue in the form of a diagnosis or label that makes the unbearable more bearable for those around the child or young person, in the face of loss or trauma that can be experienced as intolerable.

At the heart of psychoanalysis and psychoanalytic practice is the theme of mourning and loss that is seen to be central to human experience throughout the life span (Salzberger-Wittenberg, 2013). Indeed, when one thinks of the school context, it is full of beginnings and endings as

children begin school, leave one school phase to enter into the next, transition between year groups and say goodbye to members of staff who are leaving. Youell considers an enhanced understanding of beginnings and endings to be a key aim of applied psychoanalytic thinking which she considers in the context of schools and the learning relationship, asserting that;

'...it is crucial not only to the better understanding of each child's response to change, but also in thinking about whole school policies. Ways of managing new arrivals in schools, of structuring the beginnings and endings of days, of planning for the end of term, preparing children for teacher absence, and so on, depend on the degree to which the school recognises that change provokes anxiety. The task of managing the feelings that accompany beginnings and endings in school life is one that builds on early infantile experience of separations and change' (Youell, 2006, p.69).

As Tamara Bibby, a teacher and lecturer in education and learning describes, education combines learning and development and there is a drive to progress in both. She considers that;

'...development is clearly linked to notions of growth and parenting, reproduction, age and death. Ideas like these suggest that development will always evoke the anxieties that pertain to extreme intimacy: of love and loss, hate and death' (Bibby, 2011, p.148).

It seems reasonable to predict that these anxieties are particularly heightened for pupils who have experienced parental loss, particularly when this loss has been accompanied by trauma, either in relation to the nature of the loss itself, or due to other events in life, where loss has

been experienced as uncontained and where the young person has not been able to process or work through these experiences in order to continue to develop and learn optimally.

Whilst psychoanalytic ideas such as those above appear to ‘hold water,’ and an awareness of what might be happening unconsciously in interactions can be considered to be potentially helpful, as Pellegrini (2010) recognises, there is still an unwillingness to engage with psychoanalytic thinking and perspectives, perhaps, because as he sees it, it is deemed ‘unscientific’ and lacking in an evidence base. Could it be that EPs are in fact adopting the scientist-practitioner position as a defence against anxiety and their own emotional experiences, in taking up this stance rigidly when working with children and young people who have experienced adversity and trauma as the participants in this study have? Pellegrini states that;

‘EPs have a crucial role in supporting children, families, and schools to manage and understand complex and confusing emotional situations. While they have a wealth of tools available to analyse problematic situations from a cognitive standpoint, they could also benefit from being more sensitive to their own feelings in social interactions with clients and colleagues, to understand more about their experiences and help them make sense of these’ (Pellegrini, 2010).

He suggests that a reflective position, guided by psychoanalytic thinking and concepts, could be helpful in supporting one to engage with and understand their own emotional responses to the work and in order to analyse and make sense of the responses of others.

The notion of taking psychoanalysis outside the clinic and into other contexts is not new. In 2002, Salzberger-Wittenberg argued that the understanding gained from a psychoanalytic lens has relevance for other disciplines, namely social care, medicine and education, whilst emphasising that it is the task of the profession applying this lens, to work out how to most usefully and appropriately apply the insights gained (ibid, p.xii). This has resonance with Greenway's paper (2005) in which she describes her work as an EP when taking up a therapeutic role in schools following a traumatic event and her struggles to make sense of what happens, describing how the use of psychoanalytic ideas and 'metaphors' helped her to understand the emotional reactions that tend to overwhelm a school's human resources at a time of trauma. She conveyed that a psychoanalytic lens also enabled her to identify distinctive differences between the reactions of those affected by murder and suicide compared to accidental death.

Eloquin considers his experiences as an EP working at the organisational level in schools and his experiences of the power of splitting and projection to;

'disrupt rational thinking, especially when the "client" population (children at various developmental stages) are already using adults to receive and contain a wide range of projections related to change and growth. This is useful knowledge for EPs who are often a receptacle for all forms of projection, from impotence to omniscience. Knowledge of such processes allows one to keep in role and to develop appropriate interventions' (Eloquin, 2016).

I was reminded of my own experience on reading this paper, when struggling to think in the face of intense projections from Sean in particular, during the interview process and how psychoanalytic concepts such as projection and splitting and communications received via the transference and countertransference, enabled me to make sense of what was going on and to remain open to trying to understand his experience under very difficult circumstances.

EPs may argue, somewhat understandably at this point, that they are not psychotherapists or analysts and that this is where psychoanalytic thinking and ideas are applied and indeed where they belong. This contention must be considered carefully and revisited for reflection, in order to understand both the challenges and barriers to its application beyond the clinical context, as well as to evaluate and consider its potential impact in the field of EP practice. Pellegrini (2010) states that EPs, in their crucial role in supporting children, families and schools with complex and often confusing situations, would benefit from being more sensitive to their own feelings in social interactions with their clients and colleagues and to also be able to make sense of these feelings arguing that psychodynamic concepts may be fruitful in facilitating this. He asserts that;

'EPs must remain available to entertain alternative frameworks to understand human problems, and not organise their practice solely around privileged discourses which are based on "good" models which do not however provide a "total explanatory framework ... when investigating how humans model the world' (Pellegrini, 2010).

Stephen Frosh acknowledges there is a need for caution in taking psychoanalysis outside the clinic, but emphasises that *'something real is added'* when psychoanalysis openly engages

with other disciplines and allows understanding of the social to develop further. Key to his argument is his stating that '*....without psychoanalysis as an involved, critical body of theory and practice, social theory and research remain tied to rationalist models that find too little space for the irruptions of subjectivity*' (Frosh, 2010, p224). It would seem that the domain of the psychosocial, affords the opportunity for EPs as well as other disciplines, to break down the division between the personal and the social in service of their clients, through adoption of a stance of curiosity to what might be revealed about a client's experience when faced with messy 'real world' problems, when rationalist explanations can leave us wanting and open to adopting unhelpful defensive manouevres, that can lead to unhelpful and even harmful decision making about a child and young person's needs.

5.06 Recommendations for future research based on this study's findings

As outlined earlier, based on statistics obtained in 2015 from all the local authorities in Great Britain, the Childhood Bereavement Network estimates that in 2014, 23,200 parents died in the UK, leaving dependent children (23,600 parents in 2013). This study has highlighted that whilst there is some awareness of the numbers of young people bereaved of a parent before the age of 17 and there is some evidence of children who experience the death of a parent being over represented in school exclusion data (Akerman and Statham 2014, Fauth, Thompson and Penny, 2009, Winston's Wish estimate that children bereaved of a close family member are 60% more likely to be excluded from school), there is very little statistical evidence or studies to determine the extent of this phenomena, particularly in relation to children bereaved of a parent, or outcomes in the short and longer term for this population of children and young people. However, what is perhaps evident from this study, is that children who have been excluded from school and who have also experienced the bereavement of a close family member, are likely to be under identified. This also seems possible given the

statistics available above, the reporting of CAMHS professionals in one Local Authority that they had worked with a number of excluded young people who had experienced the death of a parent in the recent past and the reporting from professionals in another local authority providing therapeutic support who conveyed that they work with a large number of children whose parent/s have died and who are at risk of, or currently excluded from school (this information was shared without disclosure of any personal information that could identify the child or young person or their family or school and consent was obtained from the service to share their views anonymously). A similar picture was conveyed by professionals working in a Youth Offending Service in another borough

Whilst this information is anecdotal, it does have resonance with the experiences of the author of this study in that there was a notable discrepancy between the national statistics that conveyed over representation in school exclusion data, the reporting of school and other agency professionals that they had met and worked with significant numbers of children who met the criteria of the study and yet, in the three local authorities that were approached, very few children and young people were identified as having experienced parental bereavement and been excluded from school. This leads one to consider the following question; are the statistics as high as suggested? The Childhood Bereavement Network states that these are 'estimates' based on local authority feedback rather than provision of hard data. What was apparent in the three local authorities approached is that there is no data exclusively kept on this population of children which does suggest possible under identification borne out by the young person who identified himself as meeting the criteria to participate and who, despite having been excluded from school a number of times and having been in the Pupil Referral Unit for several months, as well as being treated for depression and cannabis addiction, was not known to have been bereaved of his mother when he was nine years old. This suggests that

one area for future focus could be a careful audit of excluded populations in local authorities, the aim being to get more accurate statistics in terms of how many parentally bereaved children form part of the exclusion numbers. This also leads to suggestion of future consideration of the development of or means of raising awareness of, children at risk of exclusion following the death of a parent. For these areas to be addressed, however, it could be helpful first, to get a sense of why these children are under identified and so to interview school professionals in order to explore their experiences of working with children who have been bereaved of a close family member and/or how they feel about their ability to understand and support their needs, as well as the potential emotional impact of working with this population. This may enable further insight into why children are not only known to have been bereaved of a parent, but when they are known, why staff struggle to keep their history in mind or perhaps don't know the full history, or struggle to move below the surface addressing the surface behaviour which can then lead to a search for a label which may be a move away from addressing the true needs of the child or young person. Ellis, Dowrick and Lloyd-Williams (2013) conclude from their study looking into the long-term impact of early parental death on a person's social emotional and mental health, that *'the death of a parent is always traumatic'* and leads to *'damage and suffering in adult life'* when appropriate levels of support are not provided before (when the parent is known to be dying) and after the death occurs.

In addition, future research that seeks to further explore the experiences of other children and young people in this population would be welcome in terms of what EPs might learn from it in relation to their work in schools.

5.07 Implications for the role and practice of EPs

A service providing therapeutic support to children and their families following the death of a parent or sibling, which was approached to get a sense of the numbers of excluded children

and young people they work with, expressed concern about schools' ability to manage the emotional needs of this population and described that they are often dealt with at a behavioural level. They perceived there to be a significant unmet need in schools for training in supporting children who have lost a close family member, adding that due to the budget and time constraints of their service, they were unable to provide what they perceived to be a much needed service to school professionals.

The National Children's Bureau in their *Advice for Schools and Framework Document*, which focuses on what works in promoting social emotional well-being and responding to mental health needs in schools, state that;

'schools need to have a clear awareness of the extent and nature of mental health problems in children and young people and of their responsibility to be part of the response, not least because these problems do not go away. Half of lifetime mental illness starts by the age of 14' (NCB, 2015, p3).

In terms of what works, the advice asserts that school staff need to be supported to understand risk and resilience factors in children and young people and given that school is known to be a potentially protective factor in preserving mental well-being and given the high numbers of children at risk of mental ill health, they posit that in the longer term, school staff need to be equipped through training to meet the needs of these children and young people and where intervention is indicated, to be able to be trained to deliver this input. The framework stresses the importance of working closely with other agencies when the presenting needs of a child or young person are beyond what the school can manage, whilst ensuring the service is *'fully integrated into the fabric of the school'* (*ibid, p11*). They state that *'having specialist staff such*

as educational psychologists work with the young person at school is an approach which both the national and some local evaluations of TAMHS showed to be transformative in many cases' (ibid, p11). Given that it is known that parentally bereaved children are at particularly high risk of poor mental health outcomes, EPs would appear to have an important role in proactively raising awareness amongst schools of the risk factors present in this population and also working preventatively with staff through the provision of training on supporting bereaved children in school, as well as offering supervision for staff where they can receive advice and a containing space when undertaking this role with a child in school, as well as direct work carried out by the EP where this is indicated. However, as the NCB emphasises, there is a growing need for school staff to be empowered to understand and support children and young people's social emotional and mental health needs directly given the numbers at risk of poor mental health at any one time in a school setting.

The potential roles for the EP practitioner in relation to direct or indirect work with parentally bereaved children and young people, raise important questions as to how confident EPs feel themselves about supporting school professionals who have children and young people in their setting who have experienced the death of a parent and who are presenting with emotional distress. An audit could be helpful in addressing any identified needs within an EP service, particularly as this is not an area that is specifically covered on initial training courses and quite often, the emotional impact of the work undertaken as an EP is somewhat overlooked, particularly when dealing with traumatic incidents (Hayes and Frederickson, 2008). There may be assumptions made by schools and other agency professionals and by EPs themselves, that they are automatically equipped to undertake this work by virtue of their job title and professional remit. EPs may therefore find themselves unprepared for what could arise for them personally in undertaking this work, as well as for the children and young people they

are supporting. It is very important that EPs involved in this work, are closely supervised by a professional who is experienced and aware of the potential impact on the practitioner when working with parentally bereaved children and who supports the safeguarding of both the child and the EP before the work begins, throughout the time the intervention is undertaken and for a period after the work ends.

Most EP services provide a critical incident response service to schools and have a protocol in place for attending to such an incident. EPs' role in supporting schools during such times is well documented in the literature (Carroll et al, 1997, Houghton, 1996 and Mallon and Best, 1995) and a government review of the function and contribution of educational psychologists, highlighted that critical incident support has become a legitimate part of service delivery for many EPSs in the UK (Farrell et al., 2006) but it is somewhat unclear and inconsistent as to what is considered a critical incident and this seems to vary across EP services (Aucott and Soni, 2016), as well as the psychological approaches used by services and individual EPs to inform the response made and whether follow-up support is then provided to the settings if needs are identified in the area of dealing with trauma and loss. As the British Psychological Society stated in 2002, *'specific models for working in this area are rarely described and are often left to psychologists' own discretion'* and it would appear that little has changed since then (Hayes and Frederickson, 2008).

There is also the possibility that schools might not view direct work with children and young people who have been parentally bereaved to fall under the remit of the school EP. In this study, the participants were referred directly to CAMHS before and after their exclusion from school and attendance at appointments was reported to be *'patchy'* or in one case, the surviving parent refused an offer of assessment by the service. Two of the three participants

had not been seen by an EP at all. Given the guidance outlined by the NCB of the need to work closely with school systems in providing for children and young people's mental health needs and keeping in mind the possibility that attending CAMHS appointments might be a challenge in itself, particularly for families where a parent has died and the logistical challenges this can present in being able to attend appointments, as well as potential issues of stigma that some families report experiencing in relation to input from CAMHS for social emotional and mental health difficulties (Young Minds, 2010), EPs are well placed in being at the interface between home and school to undertake this input, whilst supporting the school to develop their own capacity to support the child or young person's needs.

5.08 Psychosocial methodology: were issues of ethical consideration and trustworthiness successfully attended to in this study?

The British Psychological Society (BPS) highlights that researchers should be concerned to '*ensure that the interests of participants in research are safeguarded*' (BPS, 2008, p.10). This study has adopted a psychoanalytically oriented psychosocial methodology in aiming to understand something of the experiences of parentally bereaved children who go on to be excluded from school and in doing so, has used a variety of epistemological tools to access the participants' inner world in recognising that there is an internal reality that interacts with and is inevitably influenced by events in the external world. This raises a number of important questions in relation to ethical issues and trustworthiness. How can the author of this study and others related to or interested in the research, be confident that the reported findings did not arise out of the '*wild analysis*' that Freud warns of? (Freud, 1909). Frosh cautions that limitations on '*wild analysis*' that are perhaps more constrained in the clinical situation by the presence of a patient that can '*speak back*' to the analyst, are somewhat removed when one steps out of the clinic and applies psychoanalytic concepts in other disciplines. However, as

Frosh affirms;

'...it is arguable that psychoanalysis holds something significant for all other disciplines- specifically a capacity to theorise subjectivity in a way that is provocative and unique, through reference to the unconscious' (Frosh, 2010, p.36).

This does however, raise the question of how to conduct psychosocial research ethically when one is working with and trying to understand something of a person's experiences through the stories told but also unconscious communications and how does one truly gain informed consent for this type of study, particularly when working with not only a vulnerable population, but children and young people where there are already sensitive issues to be borne in mind around informed consent. Care was taken at several points during the course of the study to clarify with participants what they were consenting to and to give them the opportunity to withdraw from the study if they so wished both before, during and after the interviews. This included being able to indicate in writing and/or to another familiar adult, if they changed their mind about taking part. This seemed particularly important given the power imbalance between the child/young person participating and the adult researcher, in addition to the sensitive nature of the area being studied. As Holloway and Jefferson point out, being enabled to say 'no' in the research process can be enough *'to counteract the otherwise powerful institutional and educational resources of the researcher'* (Holloway and Jefferson, 2013, p.88).

The author of this study followed Holloway and Jefferson's *'appropriate principles for researching psychosocial subjects'* (2013, p.92) which are; *'honesty'* in approaching the data

openly and even handedly, *'sympathy'* in entering into sharing the feelings of the participants and in acknowledging the relational nature of the research dyad where the researcher is not an impartial entity and *'respect'* in paying attention to and observing carefully the responses of the participants and responding appropriately to signs of acute distress (see appendix 9, section 10 of the ethics application form for an outline of actions to be taken in the event of signs of high distress during the interview process). The use of reflexive field notes throughout the data gathering process was also part of the effort to guard against *'bad interpretations'* (ibid, p.60) and to bring awareness of my emotional responses and reflections during the interviews into the more removed process of listening to the recordings and reading the transcripts when this may fade or be forgotten, whilst acknowledging that to some extent, this is inevitable.

Frosh argues that psychoanalysis is *'always advancing a very practical type of ethics because it is concerned with the 'right way' to treat people and specifically, with how to enhance their standing as human subjects'* (Frosh, 2010, p.127). The author of this study also holds this view and the aim of enhancing the standing of the participants in the study whose voices and stories had been lost and unheard. Whilst this sounds desirable, particularly when conducting research with a vulnerable population as in this study, one needs to consider in what ways psychoanalysis is genuinely a resource and an ethical one at that, when taken outside the clinical context. Use of a psychoanalytically informed psychosocial methodology not only acknowledges the existence of the *'defended researcher'* (Holloway and Jefferson, 2012, p.165-166) who brings their own history and unconscious life into the research process, but also recognition of a relational position in the research, as *'the starting point out of which all analysis flows'* (Frosh, 2010, p.130). Jessica Benjamin (2004) describes a variant of this approach that moves *'beyond doer and done to'* and an *'I-it'* relationship towards an intersubjective view of thirdness, which holds on to a position in which the other is related to,

but not *'appropriated'* which accurately captures this author's ontological stance in this study. This allows acknowledgement and awareness of the pull and *'appeal of omnipotence'* (Frosh, 2010, p.130) so that one can be mindful of its existence and in this case, note its occurrence in reflexive field notes for later reflection when analysing the data obtained through listening to the recordings and reading the transcripts. Whilst the author of this study acknowledges that as a defended researcher, it is likely that being defended may have influenced some of the questions asked in the interviews, using this awareness to take up a 'third position' does, in the view of this researcher, go some way to promote ethical practice when undertaking research with human participants, particularly those which are vulnerable, in taking up the position of the *'moral third'* (Benjamin, 2009). She describes how this differs crucially from the traditional Kleinian perspective, in which the therapist or researcher effectively states *'I'll go first'* and tends to speak from the countertransference but not become relationally involved with it, a position that this researcher perceives to be unhelpful and perhaps even unrealistic in moving away from the likely reality that one cannot be removed and impartial in the research process and by acknowledging this, is better able to notice their own responses to the participant and the 'data' and in doing so, create a 'space' in which contact can occur and intersubjective recognition can take place. Levinas went further in redefining the notion of the subject and the other and the nature of their relationship, asserting *'the irrevocable otherness of the other as something that stands over and above us and is best coded as the infinite'* (Levinas, 1985). Again, this position was adopted for this research in endeavouring to work towards a relationally ethical and 'truthful' approach in acknowledging that the participants' experiences would never be fully knowable to me or to themselves and that the aim was to maintain and respect the *'otherness of the other'* and not to *'colonise'* the participants through seeking *'sameness'* or *'knowing'* through fanciful interpretations but to focus on the provision of a *'third space'* which allowed for movement, thinking and reflection. As Holloway and

Jefferson continually assert;

‘...consistent with the theorisation of the defended subject, it is important for summaries not to iron out inconsistencies, contradictions and puzzles. To grasp a person through the ‘whole’ of what we know about him or her does not have to imply that he or she is consistent, coherent or rational. The form of a person’s accounts (or whatever other data we have about his or her life) may become visible by concentrating on these ‘fractures’ (Holloway and Jefferson, 2013, p.65).

This seems particularly resonant with my experience of Sean when I felt a strong pull to ‘colonise’ what I experienced to be a vast, unknowable space and so keeping the ‘third space’ in mind and focusing on the ‘fractures’ enabled me to remain open, curious and reflective during the interview, whilst noticing my own defendedness in the dyad. This position seems both ethical and truthful in recognising the emotional factors that inevitably influence the researcher’s involvement and behaviour during the research process, right from the outset when one reflects on why they chose to undertake this particular study (see below under ‘5.11 reflections on undertaking this research’). That is not to say that adopting a model which includes unconscious and often conflicting forces as well as just conscious ones is not a challenge, however in the view of this researcher and their ontological position, it is absolutely necessary, because, as Berg and Smith put it;

‘...the process of self scrutiny is central to our definition of clinical research because it can yield information about the intellectual and emotional factors that inevitably influence the researcher’s involvement and activity, and at the same time provide information about the dynamics of the individual or social system being studied. The self-

scrutiny process is difficult and complex precisely because both researcher and 'researched' are simultaneously influencing each other. Since this is occurring in ways that are initially out of the awareness of the parties involved, scrutiny is an absolutely necessary part of social science research' (Berg and Smith, 1988, p.31).

Eloquin (2016) states in his work as an EP when applying psychoanalytic concepts; *'the value of this way of working is in inviting others to become more reflective, not in appearing to be right oneself.'* This fits with the desire of this study in aiming to invite school professionals in particular to reflect more about and on the experiences of these children and young people in their settings in order to understand what approaches might be helpful in achieving optimal educational and psychological outcomes, rather than to draw any general themes or conclusions from the data.

It also seems important to recognise the anxiety of the researcher in their undertaking of psychosocial research for the first time and whilst wanting to adopt a psychoanalytically informed methodology that acknowledges the researcher's part as a defended interviewer, also being anxious about her capacity to bear uncertainty, to sit with the painful experiences shared by the participants as well as recognising her own emotional responses in the moment in order to be able to attend to and think about what the participant was bringing consciously and unconsciously in their communication. This was particularly challenging when the background and age of one of the participants had particular resonance for the researcher and one reflects now on how vital awareness of this was in being able to recognise and acknowledge one's own emotional responses in order to separate them (as far as possible) from those of the participant/s. In addition to this, were the concerns about how 'successful' the interviews would be and it is likely that this had some influence on the questions asked and

the anxiety experienced during the interview process, as evidenced when reading the transcripts, listening to the recordings and perusing my reflexive field notes when I noted the strong theme of asking a lot of questions, one after the other and stumbling over my words, particularly at the beginning of the interview. It was helpful to reflect and notice this using three reference points of data (transcripts, recordings and reflexive field notes), which enabled one to understand this as a potential combination of first-time interview nerves, as well as anxiety and defendedness against the emotions evoked in myself by the interview material, which in itself provided some valuable understanding of the experiences of the participants through the transference and counter transference. As Holloway and Jefferson reflect, transference and countertransference responses can be used as a resource for understanding, an understanding that cannot be achieved through '*cognitive analytic kinds of knowing*' but more than that, it provides an opportunity to take up the '*moral third*' position in acknowledging that the researcher brings their own unconscious communications and responses into the research relationship (ibid, 2013, p.166). Whilst this presents the challenge of moving away from a desire to discover the 'truth' about a phenomena and so risking accusation of wild interpretation and inventiveness by researchers adopting other ontological and epistemological perspectives, there is the truth of working with the '*reciprocal influence*' of researcher on participant and vice versa and opening out questions and perceptions that '*...enable us to think of the social and psychological together in a manner that genuinely offsets the reductive pressures that work to hold them apart*' (Frosh, 2013, p.37).

5.09 Limitations of the research and generalisability

At the outset of this study, the aim was to give a voice to the participants from this population of children and young people and to try and understand their individual experiences of parental bereavement and subsequent school exclusion and there is no suggestion that their

experiences can be generalised and said to be typical of this population. The interview data raised some potential areas for further exploration and reflection in terms of the training and professional development needs of school staff, the common theme of ADHD symptoms/diagnosis amongst the three participants and the potential under identification of this population in school.

As generalising the understanding gained from interviewing the participants for this study was never an aim beyond their individual shared experiences, it seems important to recognise however, that a limitation might be that the findings of this study cannot be said to be true of the experiences of other children and young people parentally bereaved and excluded from school and so it cannot be assumed that their experiences can be understood based on those of the participants in this study. However, as outlined above, there may be some useful understanding that EPs can take from the study to inform their practice.

5.10 Feedback to stakeholders and participants

At the recruitment phase of the study, potential participants, as well as their surviving parent/carer and school headteachers, were approached and given an information sheet (see appendix 4) as well as an offer of face to face or telephone contact should they wish to meet the researcher first and want to ask questions and/or clarify any of the information. In addition, Winston's Wish, Barnados and the Child Bereavement Network, were approached at the early stage of the researcher gathering information as to the statistics available in relation to parentally bereaved children and young people and exclusion from school. A Local Authority bereavement support service was also approached to get a sense of the number of children referred to the service who had experienced parental bereavement and went on to be excluded from school following this event. The researcher intends to meet with all the participants in

person to provide verbal feedback on the outcome of the study, as well as parents/carers, headteachers and other school professionals who have been involved in the process. A written summary of the outcomes of the study will be provided at a later date once the final copy of the thesis has been verified and bound. The charities approached at the beginning of the research process, as well as the bereavement support service, expressed an interest in receiving verbal and/or written feedback on the study and this will also be provided. The feedback will focus on summarising the participants' experiences of parental bereavement followed by school exclusion and what that might tell us about support that could be helpful for schools in terms of training and interventions, as well as the need to better identify this population of children and young people. It might also be of interest and curiosity to school professionals, the charities and the bereavement support service that were approached, to know that all three participants were in the process of being assessed for, or had received a diagnosis of ADHD, in order for them to be given an opportunity to think further about this and to explore what sense they might make of it.

5.11 Reflections on undertaking this research

The journey undertaken in conducting this research has been a challenging and emotional experience. The interest was borne out of working with a number of children and young people who had been bereaved of a parent, not all of whom had been excluded from school, but who were experiencing difficulties in school such as underachieving academically, struggling in their social relationships and presenting with anger and engaging in frequent conflict with adults and peers. The death of an EP colleague who had young children at the time, during this period of contemplation about what research to undertake, furthered an interest and desire to know more about the experiences of this population, in particular those

within it who then experienced the additional loss in leaving the familiarity of their school environment and the people there following exclusion from school.

I have always been interested, ever since I trained as an EP at the Tavistock Clinic, in what understanding psychoanalytic concepts and ideas could offer one when working with children and young people whose learning and/or emotional development were a cause for concern. In particular, Salzberger-Wittenberg and Osborne's stating that;

'we learn about the world and ourselves from the moment we are born and continue to do so throughout our lives. Our learning, in infancy and for a considerable period, takes place within a dependent relationship to another human being. It is the quality of this relationship which deeply influences the hopefulness required to remain curious and open to new experiences, the capacity to perceive connections and to discover their meaning'
(Salzberger-Wittenberg and Osborne, 1999, pxiv).

This perspective has always remained in my thoughts and in my practice in schools and when working with families. The emphasis on working through and being able to successfully navigate loss and mourning at different stages of development within the context of a secure attachment relationship enhanced my curiosity about children's experiences of the loss of a parental figure and wanting to further understand what leads to adverse outcomes for some, such as exclusion from school. As I near the end of this research journey, my experience is that the ontological position I adopted and the epistemological tools selected for the therapeutic interviews, enabled me to think openly about what was brought into the room by each participant on the day, especially when I met Sean, who said very little but communicated so much in the transference and counter transference. I wondered what might

have happened had I adopted a more cognitive analytical approach for example and what might have been missed in terms of understanding his presentation. I also wondered if this might have led me to indeed 'colonise' his thoughts and make 'wild interpretations' more likely in trying to fill the void between us which felt intolerable at points, whilst also feeling pressured to have 'data' at the end. A psychoanalytic lens and taking up of the '*third position*' (Britton, 2004), gave me a '*space between*' (Horne and Lanyado, 2012, p124-125) in which I could go on thinking and remain curious about the experiences of the participants and how their internal world influenced their perceptions and interactions with the external world, even when the emotional pain being communicated was often overwhelming. I was often reminded of Bion's theory of thinking and how he advocated starting every therapeutic session '*without memory, desire or understanding*' (Symington and Symington, 2002, p.166) which was his antidote to those intrusive influences that otherwise threaten to distort the analytic process and in this case, what was being brought to the therapeutic interview. This was certainly helpful in managing my anxiety whilst waiting for the participants and wondering how to begin and what to say.

I end this study with a desire to know and understand more of the experiences of this population and perceive that a psychosocial methodology best equips me to do this. The use of reflexive field notes also enables me to reflect on my first time journey as a researcher and to learn from the experience in service of building my skills as an interviewer in potential studies I might undertake in the future.

I found the interviews challenging to undertake and was both anxious about doing a 'good enough' job in giving the participants a voice and fulfilling the emancipatory aim of the research, whilst being very concerned about their welfare following the interviews. The two

monthly checks felt vital and whilst staff and parents/carers were assured they could contact me in between these check-ins, I was often concerned that they might not take this up even if the participants showed distress or increased difficulties in coping at home and/or school (as was the case for one participant, although the school special needs coordinator did get in touch eventually) and I am left wondering if this was feelings of anxiety and helplessness on my part and feelings of being unable to participate any further or offer any direct support to the participants or the schools (albeit the feedback will offer some opportunity for this) or whether this is something that genuinely warrants more careful consideration when undertaking further research with such a vulnerable population.

Undertaking this research has been a hugely rewarding as well as humbling learning experience. I was expecting to feel rather depleted of energy and ideas at this stage, in terms of considering how I might follow up on the findings of the study, but find myself highly motivated to continue to be curious and interested in knowing and understanding further the experiences of this population of children and young people based on what this study has revealed.

6.0 Conclusion

This study which used a psychosocial methodology and psychoanalytic lens through which to achieve its aims of understanding and giving a voice to the experiences of children and young people excluded from school following the death of a parent, has highlighted some important areas of practice for EPs to think about in their work with this vulnerable population in schools, not only in terms of direct work, but crucially in their work with school professionals in terms of identifying pupils who have experienced parental bereavement and may be at risk of adverse outcomes such as school exclusion, equipping staff (and indeed EPs) to understand and work with the needs of this population through the identification of training needs and to be sensitive and challenging where appropriate when schools pursue a diagnostic pathway in the face of challenging behaviour.

This study has also connected this important area of EP work to a literature that is not 'mainstream' in underpinning EP practice and whilst there is ongoing anxiety, particularly in the current climate of economic instability and the call to be accountable for the outcomes of our work using '*evidence based practice*' (Dunsmuir, Brown, Iyadurai and Monsen, 2009, Fox, 2003), psychoanalytic concepts and ideas in relation to trauma, loss and mourning would seem to be able to offer another way of thinking about and understanding the needs of children and young people and to consider what might ameliorate the adverse outcomes that this population continue to experience, as well as supporting EPs to further understand and manage their own emotional responses when working both directly and indirectly with trauma and loss.

7. 0 References

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8.0 Appendices

8.01 Appendix 1: Database searches and results for parental bereavement statistics

Appendix 1: Database searches and results for parental bereavement statistics

| | | | | |
|----------------------------------|---|--|-------------------------------|--|
| Places searched for information: | The following databases were searched: Psycinfo, Education source, Psychology and Behavioural sciences collection, PsycARTICLES and PsycBOOKS | | | |
| List of sources searched: | Date of search | Search strategy used, including any limits | Total number of results found | Comments |
| PsychINFO | 22.8.16 | Childhood AND bereavement AND statistics | 10 | Papers' publication dates ranged from 2003-2015, with no relevant statistics. Focus of each paper ranged from addressing guilt in bereavement and studies of other psychological therapies to those of little or no relevance; for example, perinatal stress and the development of food allergies |
| Education source | 22.8.16 | Childhood AND bereavement AND statistics | 7 | Papers' publication dates ranged from 2012-2016. One article (Koblenz, 2016) contained statistics from the U.S, the other papers contained no relevant statistics and the focus of the papers ranged from identifying symptoms of PTSD in bereaved children and young people to continuing bonds after suicide (with statistics in relation to this type of parental bereavement; Wood, Byram, Gosling and |

| | | | | |
|---|---------|--|---|---|
| | | | | Stokes, 2012) and an evaluation of a bereavement camp intervention. |
| Psychology and behavioural sciences collection | 22.8.16 | Childhood AND bereavement AND statistics | 8 | Five of the papers generated were also generated in the searches above. The remaining three papers were of little relevance and contained no relevant statistics. |
| Psycarticles and Psycbooks | 22.8.16 | Childhood AND bereavement AND statistics | 0 | |
| <p>Following the outcome of this systematic literature review, the author of this study decided to contact the childhood bereavement charities in the U.K in order to establish what statistics were available.</p> <p>The following organisations were contacted by phone and/or email: Winston’s Wish, Child Bereavement UK, Gingerbread, the Childhood Bereavement Network and Barnardos.</p> <p>The statistics outlined below, were obtained from the Winston’s Wish website and from Alison Penny, Coordinator of the Childhood Bereavement Network, who has undertaken research with colleagues into the prevalence of childhood bereavement.</p> | | | | |

8.02 Appendix 2: Database searches and results for papers and texts exploring childhood bereavement from a psychoanalytic perspective

Appendix 2: Database searches and results for papers and texts exploring childhood bereavement from a psychoanalytic perspective.

| | | | | |
|----------------------------------|--|--|-------------------------------|---|
| Places searched for information: | PsycINFO, PEP archive, Psychology and Behavioural Sciences collection, ebook collection, PsycARTICLES and PycBOOKS, as well as references obtained from within the literature used by the author of this study | | | |
| List of sources searched: | Date of search | Search strategy used, including any limits (the initial searches were not limited by years of publication or other limits in order to obtain a breadth of results. The author's intention was to use inclusion/exclusion criteria in the event of a large number of irrelevant results being generated and/or in the event of very large numbers of papers and texts arising from the initial searches. This did not materialise). | Total number of results found | Comments |
| PsychINFO | June 2015 and again on 22.8.16 | mourning AND school AND exclusion | 1 | Paper of no relevance to the area |
| PsychINFO | June 2015 and again on 22.8.16 | bereavement AND parent AND psychoanalytic | 69 | Many relevant papers and books on mourning and loss in general as well as specifically in relation to parental death. |
| PsychINFO | June 2015 and again on 22.8.16 | loss AND parent AND psychoanalytic | 436 | Many of the results generated in the above search also included in these results. A number of irrelevant results, but also many containing relevant theoretical perspectives on loss from the |

| | | | | |
|--|--------------------------------|---|-----|--|
| | | | | psychoanalytic literature. |
| PsychINFO | June 2015 and again on 22.8.16 | children AND mourning AND psychoanalytic | 413 | Considerable overlap with the results generated for the above search. |
| PEP Archive | June 2015 and again on 22.8.16 | mourning AND school AND exclusion | 0 | |
| PEP Archive | June 2015 and again on 22.8.16 | bereavement AND parent AND psychoanalytic | 3 | One particularly relevant review of a parental bereavement study |
| PEP Archive | June 2015 and again on 22.8.16 | loss AND parent AND psychoanalytic | 38 | Psychoanalytic and attachment perspectives on mourning and loss with some directly exploring parental loss. Little overlap with the above search of PEP archive. |
| PEP Archive | June 2015 and again on 22.8.16 | children AND mourning AND psychoanalytic | 38 | A large number of relevant papers and many not generated in the searches above. Includes individual case studies of children who have experienced parental loss as well as attachment and psychoanalytic perspectives on mourning and loss at different developmental stages, as well as in relation to the actual death of a loved one. |
| Psychology and Behavioural Sciences collection | June 2015 and again on 22.8.16 | mourning AND school AND exclusion | 0 | |
| Psychology and Behavioural Sciences collection | June 2015 and again on 22.8.16 | bereavement AND parent AND psychoanalytic | 8 | Two generated in previous searches but also three additional papers of high relevance. |
| Psychology and Behavioural | June 2015 and again | loss AND parent AND | 24 | A combination of relevant papers already |

| | | | | |
|--|--------------------------------|---|----|---|
| Sciences collection | on 22.8.16 | psychoanalytic | | generated in previous searches plus a number of papers specifically focusing on loss in relation to fostering and adoption. |
| Psychology and Behavioural Sciences collection | June 2015 and again on 22.8.16 | children AND mourning AND psychoanalytic | 16 | Most references generated in previous searches and others of little relevance. |
| Ebook and PsycBOOKs | June 2015 and again on 22.8.16 | mourning AND school AND exclusion | 0 | |
| Ebook and PsycBOOKs | June 2015 and again on 22.8.16 | bereavement AND parent AND psychoanalytic | 0 | |
| Ebook and PsycBOOKs | June 2015 and again on 22.8.16 | loss AND parent AND psychoanalytic | 5 | Results of little or no relevance |
| Ebook and PsycBOOKs | June 2015 and again on 22.8.16 | children AND mourning AND psychoanalytic | 1 | Result generated of little relevance to this study |
| PsycARTICLES | June 2015 and again on 22.8.16 | mourning AND school AND exclusion | 0 | |
| PsycARTICLES | June 2015 and again on 22.8.16 | bereavement AND parent AND psychoanalytic | 1 | Result already obtained from a previous search above |
| PsycARTICLES | June 2015 and again on 22.8.16 | loss AND parent AND psychoanalytic | 5 | Three new results of broader relevance in terms of mourning and loss |
| PsycARTICLES | June 2015 and again on 22.8.16 | children AND mourning AND psychoanalytic | 5 | Three new results of broader relevance in terms of mourning and loss |

**8.03 Appendix 3: A comparison of Freudian and Object Relations perspectives;
Commonly adopted defence mechanisms of relevance to this study**

Appendix 3

A comparison of Freudian and object relational perspectives

| Freudian theory | Object-relations theory (Klein, Winnicott) |
|---|--|
| Motivation is due to biological drives, primarily of sex and aggression (sexual versus ego-preservative; life versus death) | Motivation is due to humans' object seeking tendency, meaning they are primed for seeking out relationships |
| Drives lead to object relationships as a way to achieve satisfaction | Object relationships are intrinsically satisfying (they are what life is about). |
| Psychology is individual, arising from inner sources (the drives) and embracing other people only to the extent that they satisfy those drives. | Psychology is interpersonal or intersubjective, starting from the idea of a relationships (for example, between the baby and the mother) out of which the human subject individualises. |
| Basic concepts are biological and impersonal. | Basic concepts are social and relational. |
| Focus is on sexuality. The sexual drive leads to object relationships. | Focus is on intimacy. Sex is an expression, and in the service of, an intimate, loving relationship. |
| Destructiveness and aggression are inbuilt, deriving from the death drive. | Destructiveness and aggression are the product of frustration and inhibition of object relationships. |
| The Oedipal 'third' is understood as a prohibiting force (the father) preventing unwarrantable types of sexual intimacy (fulfillment of the child's desire for the mother). | The Oedipal 'third' is only one type of third; another one has to do with ways of pooling individual subjectivity into a place of meeting and intimacy. The third can therefore be nurturing as well as prohibiting. |
| Therapy focuses on developing insight into the repressed ideas that are causing psychic troubles. The relationship with the analyst is used to bring greater clarity into this process. | Therapy focuses on using the therapeutic relationship to re-experience and rework damaged object relationships. |

(Taken from Frosh, 2012; p130)

Commonly adopted defence mechanisms of relevance to the study

| Mechanism | Description and theorist/s/references |
|--------------|--|
| Repression | Freud used this term in two distinct ways; as a general term for the mental processes that create and maintain the unconscious, but also as a defence with the function of ‘turning something away’ and keeping it at a distance from the conscious (Frosh, 2012; p.60). |
| Denial | A way of refusing to allow an idea access to the conscious (‘it did not happen’) which means it merges with other defences, such as repression (Freud, 1992; Frosh, 2012, p.65) |
| Splitting | A Kleinian term (1975; p.208) which is one of the achievements of the paranoid-schizoid position (Segal, 1973; p.35). Splitting allows the ego to emerge out of chaos and to order its experiences, which occurs with the process of splitting into a good and bad object. Splitting is the basis for what later becomes repressions. As with all the defences, it has helpful qualities such as the ability to pay attention, or to suspend one’s emotion in order to form an intellectual judgement for example, when one adopts the defence temporarily and can reverse it later. |
| Omnipotence | Denial of reality of vulnerability and dependence on an other/s by seeking omnipotent control of the object (Segal, 1973; p.83). |
| Idealisation | Occurs as a consequence of splitting the object (the mother) into good and bad, so that the loving elements in the mind are kept separate from destructive elements, thus protecting one’s good object from what are felt to be overwhelming destructive forces (Klein, 1975; p.330). |
| Projection | An operation whereby qualities, feelings, wishes or even ‘objects’ which the subject refuses to recognise or rejects in himself, are expelled from the self and located in another person or thing (Laplanche and Pontalis, 2006; p.349). |

| | |
|----------------|--|
| | <p>Projection is a defence of very primitive origin and is a very commonly used defence and forms the basis of Melanie Klein's developmental theory (Segal, 1973; p.26). It is often recognised when a person realizes they have been made to feel something (for example, anxiety) by a person they are with.</p> |
| Displacement | <p>Occurs when the emotional charge attached to one idea or object is shifted to another; For example, a person cannot acknowledge the rage they feel towards a loved one/someone they are dependent on and may take their feelings out on others. Freud perceived this to be fundamental in terms of how the unconscious operates, particularly visible in dreams. It also occurs in psychoanalytic psychotherapy where a patient may treat the therapist as if they were a parent (Frosh, 2012; p.65).</p> |
| Regression | <p>A return to a way of functioning that would have been characteristic of an earlier stage of development. States of extreme dependency can often be 'regressive' in form. They are defensive in enabling the individual to avoid facing something disturbing by taking refuge in or fixating upon a way of dealing with anxiety that was successful in the distant past (Freud, 1992; Frosh, 2012, p.64)</p> |
| Sublimation | <p>Energy from the drives is channeled in socially acceptable ways, which brings some satisfaction to the person concerned and which can act as protection for the person and society, from direct exposure to the drive (Freud, 1957).</p> |
| Identification | <p>Identifying with the 'abandoning' object (in the case of this study, the parent who has abandoned them in death) and dealing with the anxiety this produces, by unconsciously 'taking on' the qualities of the object (Freud, 1917; p.249).</p> |

8.04 Appendix 4: Information sheet for parents/carers; parent/carer and participant consent forms; information sheet scripts for older and younger children

Appendix 4: Information Sheet for parents/carers

A study of bereaved children's experiences of exclusion from school

Your child is being invited to take part in a research study. Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and if you wish, to discuss it with your child. Do not hesitate to contact the researcher if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The purpose of the study is to find out what bereaved children's experiences are of being excluded from school. The researcher would like to find out whether anything could be improved in order to meet the emotional and educational needs of bereaved children and what preventative measures might support the children from reaching the stage of school exclusion. The study will take two years to complete.

Why has my child been chosen?

The researcher would like to interview children and young people who have been bereaved of a parent about their experience of being excluded from school. Your child has been chosen because they may provide very helpful information that might support the researcher in answering some of their questions.

Do I have to take part?

It is entirely your decision and your child's decision to decide whether or not to take part. If you are happy for your child to take part and they are happy to participate, you will be given this information sheet to keep and be asked to sign a consent form. Your child will also get the opportunity to meet with the researcher and will receive an information sheet that they can read about the interview that will take place.

If you change your mind you are still free to withdraw at any time and without giving a reason.

A decision to withdraw or not to take part will not affect you and your child in any way and all data collected in relation to your child will be removed.

What will happen to me if I take part?

You will be contacted and your child will be offered an interview at school. The interview will last for approximately 30-40 minutes but your child can ask to stop at any time. The researcher will ask your child questions about their experiences of being excluded from school and the loss of their parent. They will also do some drawings and activities that involve less talking. The interviews will be recorded on audio tapes and transcribed. If you change your mind about taking part later, you can ask for the transcript to be removed from the study. All information will completely anonymous and your child will not be identifiable in any way.

What are the possible benefits and risks?

You may not benefit directly from the research, however, it is hoped that overall young people will benefit as the research will contribute to the development of effective support for pupils who have been bereaved of a parent.

The researcher realises that because your child may find it upsetting to think about and share their experiences of the loss of their parent and exclusion from school, it is important that there is support available.

The researcher will establish a contact person in school that your child names as someone who they are familiar and comfortable with who will be made available should your child show or indicate distress during the interview session. Your child will be made aware that this person is available to them should they want to see them and they will be the person who takes them to and from the interview session. If your child would like that person to remain outside whilst the interview takes place, that can also be arranged.

Following the interview session, checks will be made by the researcher with the preferred adult in school after one month and three months to establish how your child is doing in terms of their emotional well-being following the interview. During this time period contact can be made with the researcher by the preferred adult and parent if there are any concerns following the interview session. If concerns continue after three months, the researcher will signpost to appropriate support services.

The researcher also realises that your child taking part in this research may bring up upsetting feelings for you about the loss you have experienced. Should you be interested in allowing your child to participate in the research, the researcher would meet with you before consenting to any involvement, for a discussion about the study, but also as an opportunity for you to talk with them about any concerns you have either in relation to your child taking part and/or how you have been managing since the bereavement.

If your child participates in the interview, the researcher will then offer a follow-up session within two weeks after the interview, where they can check in with you to see how you are. Should there be indications that you are experiencing distress, the researcher will explore with you opportunities for further support.

Will my taking part in this study be kept confidential?

All information collected during the course of the research will be kept strictly confidential. Names and personal details will be removed from all information so that no one can be recognised from it. The transcripts will be destroyed when the research is completed.

All data will be stored in accordance with the Local Authority data protection policy and in line with British Psychological Society guidance.

What will happen to the results of the research study?

The main findings will be presented to the heads of schools and boards of governors of the schools that took part. Parents/carers and children who took part will be invited to meet with the researcher so that they can receive a verbal summary of findings which will be done on an individual basis to preserve confidentiality. A summary of findings from the interviews with the children and young people will then be sent to you and your child and you will both be asked for comments which you can give if you want to. A summary of the overall findings of the research will be available on request. You will not be identified in any report or publication.

Contact for Further Information

Please do not hesitate to contact the researcher, Caroline Keaney, Educational Psychologist, for more information on 07739 572 352.

Thank you for reading this leaflet

18.5.15

Appendix 4: PARTICIPANT CONSENT FORM

Title of Study: A Psychosocial exploration of bereaved children's experiences of exclusion from school: what understanding can be gained from a psychoanalytic perspective?

Name of Researcher: Caroline Keaney

Please initial box

1. I have read and understand the information sheet dated _____ for the above study and have had the opportunity to ask questions.

2. I understand that my taking part is voluntary. I do not have to do it and I am free to stop taking part at any time, without giving any reason.

3. I agree to take part in the above study.

Name of participant **Date**

Signature

Name of researcher **Date**

Signature

Copies to participant and researcher

Appendix 4: Script for older children (I will read the information to them if required)

Hi, my name is Caroline and I work as an Educational Psychologist. I work with children and young people in order to help them achieve their learning potential and to support them to achieve emotional well-being. I am particularly interested in talking to children and young people about their experiences of school and finding out more about what makes school an enjoyable experience and what can make it challenging at times.

At the moment, I have been thinking a lot about what it is like to be at school when someone very close to you has died. I am particularly interested in talking to children and young people whose parent has died in order to find out what it has been like at school after this has happened.

I was wondering how you would feel about taking part in some interviews I am doing? The interview would take place between you and I in a quiet room in school for about 40 minutes and the activities that we would do would be things like drawing and talking to help us think about what it has been like for you in school since your parent died.

I will check regularly throughout the interview, say every ten minutes or so, that you feel okay to carry on to the next activity. I want you to know that if at any time you do not want to continue with the interview we can just stop and you can let me know if you want to stop at any time by telling me or we can agree a signal that you will give me to stop. The session will then finish and if you like, we could agree for an adult you really get on well with in school, to be available to come and meet with you.

I also want you to know that any information you share during the interview will be used anonymously. That means your name and all personal details will be removed from all information so that you can't be recognised from it. The recording that I make of our session will be destroyed when the research is completed.

Once the research is completed, I would be very happy to meet with you if you would like to and I can share the findings of the research with you and answer any questions you might have.

Thank you very much for reading this information. Do you have any questions that you would like to ask me?

Appendix 4: Script for younger children (I will read the information to them if required)

Hi, my name is Caroline and in my job, I work with children to help their learning and enjoyment in school. I am very interested in talking to children about school and finding out what is good about being at school and what is difficult sometimes. At the moment, I have been thinking a lot about what it is like to be at school when someone very close to you has died. I am very interested in talking to children whose parent has died to find out what it has been like at school after this has happened. I was wondering if you would mind taking part in some activities I am doing? We would do these activities together in a quiet room in school for about 40 minutes and the activities would be things like drawing and talking and telling stories using pictures, to help us think about what it has been like for you in school since your parent died.

I will check after each activity that you feel okay to carry on to the next one. I want you to know that if at any time you do not want to continue with the activities we can just stop and that is totally okay. You can let me know if you want to stop at any time by telling me or we can agree a signal that you will give me to stop. We can then ask an adult you really like in school to come and talk to you and the session will finish. I also want you to know that any information you share during the interview will be used anonymously. That means your name and personal details will be removed from all information so that you can't be recognised from it. The recording that I make of our session will be destroyed when the research is finished.

Once the research is completed, I would be very happy to meet with you if you would like to and I can share the findings of the research with you and answer any questions you might have.

Thank you very much for reading this information. Do you have any questions that you would like to ask me?

8.05 Appendix 5: Participant interview scripts



Order

| | |
|---------|-------------------|
| Client | Caroline Keaney |
| Ref # | Caroline's thesis |
| Order # | TC0252173319 |

Audio

| | |
|------------------|--------------------------------------|
| File URL | Daniel interview.mp3 |
| Length | 56 min |
| Transcriptionist | Erin P. |

Caroline: All right, so just waiting for Daniel. Okay. All right. Come in.

Speaker 2: So this is Daniel. And that's ...

Caroline: Hi, Daniel.

Speaker 2: ... Caroline, Daniel.

Caroline: Hello.

Speaker 2: So if you want to just take a seat.

Caroline: You can come and take a seat here. Thank you.

Speaker 2: Sorry, I'm trying to just ...

Caroline: That's all right. I just need to get some things together. Oh, perfect. Thank you very much, that's really helpful.

Speaker 2: Let's put it down a bit.

Caroline: Thank you. That's great.

Speaker 2: Okay. I'll see you shortly.

Caroline: Thanks very much.

Speaker 2: All right.

Caroline: Hi, Daniel. My name is Caroline. I don't know if ... Did dad tell you that I was coming in today?

Daniel: Doh, no, I ...

Caroline: He didn't?

Daniel: ... think he forgot.

Caroline: Did he? So did you know that I was coming in? So you don't know anything about me at all?

Daniel: No.

Caroline: So should I, should I tell you a little bit then? So my name is Caroline and I work with lots of children in different schools, and sometimes I help them with their learning. Sometimes I help them, you know, to, if they're worried about something or they, you know, just sort of lots of different ways that I work with children. And the reason I'm coming to your school today and to meet you is that I'm just interested to hear about what it's like being in school for you in this school here, and just about any other schools you've been in, and just to sort of get to know you, and want you think about, you know,

being in school, and friends, and people that teach you, and that sort of thing. Does that sound okay? And I've got some activities for us to do and you can kind of choose what you'd like to do, and then we can have a little bit of chat at the end and I'll tell you what I'm going to do with, you know, what we talked about today. Does that sound okay?

Right. So how long have you been here? Because I don't know anything ... I don't know anything about this school and what year group you're in or anything, so ...

- Daniel: I am in year 4 and I think I've been here for, oh, a couple of days.
- Caroline: Right.
- Daniel: I need a bit of help going places, but I'm okay like going to outside on my own ...
- Caroline: Uh-huh.
- Daniel: ... and going to get my coat.
- Caroline: I see.
- Daniel: ... But going to the toilet ...
- Caroline: Yeah.
- Daniel: I might need someone to help me like for a couple of days and then I think I'll be okay.
- Caroline: I see. Oh, so you're really new to this school. I didn't know that. Literally, just a few days. I see, so you're saying you're still kind of finding your way around and things like that.
- Daniel: There's still places I don't know.
- Caroline: Sure, it's quite a big school, isn't it, as well, yeah, so ... And are people are being helpful, they're kind of showing ...
- Daniel: Yeah.
- Caroline: .. you the way around and things? Well, that's good. And what's your new teacher called?
- Daniel: Mr. Morgan.
- Caroline: Mr. Morgan. Gosh, he's got the same last name as your first name; is that right? It's a bit like yours ...
- Daniel: It's ... yeah.

Caroline: ... because your Daniel and Morgan, gosh, that's really interesting. So what is Mr. Morgan like?

Daniel: He's okay. He's like just normal.

Caroline: Is he?

Daniel: A normal teacher.

Caroline: Well, what's a normal teacher like? Tell me what normal teacher is like.

Daniel: Teacher ya, like helps ya.

Caroline: Yeah.

Daniel: And just like stays around.

Caroline: I see, yeah, so he kind of teaches you and helps you and stays around. Well, that sounds quite helpful. That sounds like a good start. And have you met any friends yet or anything? How is it going with people in your class?

Daniel: I've got lots of friends.

Caroline: Oh, really, that's amazing.

Daniel: My, my friend Lilly ...

Caroline: And Lilly.

Daniel: ... because we play a lot.

Caroline: Do you?

Daniel: Yeah, at lunch and ...

Caroline: Do you?

Daniel: ... and later on.

Caroline: And what's Lilly like?

Daniel: She's a, she's a girl, but ...

Caroline: Uh-huh.

Daniel: ... we have races. I always win because she's slow.

Caroline: (Laughs) Really? And does Lilly mind? What does she say when she keeps losing?

Daniel: Oh, well, I'll get faster one day. That's what she wants to keep doing.

Caroline: Ah, see, she's kind of using you as a bit of a coach, isn't she? I see. So you've kind of started to make really good friends with Lilly, that's really great. So, gosh, so you've only been here a few days. I think you're doing really well. So you're settling in and finding your way around. And so where were you before you came to Lee Forest [phonetic 00:07:44] Where were ...

Daniel: In Gussie Lane [phonetic 00:07:48].

Caroline: ... before that, Daniel? In?

Daniel: Gussie Lane.

Caroline: Gussie Lane. Oh, I don't think I know that. Do, how do you spell that? Do you know? Should I ... I'll just spell it the way it sounds. So you've been at Lee Forest for a few days and then before that you were at Gussie Lane, and were you in it ... So you're in uniform now, did you do any of year 4 at Gussie Lane or did you ...

Daniel: I don't know.

Caroline: Not sure?

Daniel: No, not sure.

Caroline: No sure. What about year 4, did you ...

Daniel: Yeah.

Caroline: Did you? And were you, did you do year 2 there?

Daniel: I was in there to year 3.

Caroline: So were you, were you in that school for quite ...

Daniel: Yeah.

Caroline: ... a long time?

Daniel: I was in nursery and then when I went ...

Caroline: Oh.

Daniel: ... into an old school, I went into that school for a couple of days, and then came back because I wasn't used to my old school because I was in Gussie Lane.

Caroline: Yeah.

Daniel: I went back into Gussie Lane.

Caroline: I see. So you ...

Daniel: So ...

Caroline: ... so you started in one school, you started in Gussie Lane, went back to another school, and then came back to Gussie Lane; is that what you did?

Daniel: Yeah, and, um, before I didn't know the people. I was telling them different names ...

Caroline: Well, yeah.

Daniel: ... [crosstalk 00:08:57] name.

Caroline: Right. Okay. And so you left Gussie Lane sort of quite recently or was it quite a long time ago?

Daniel: Really, really, when I was about 3.

Caroline: You left Gussie Lane? Oh, so you weren't, you were at ... Oh, and was it, were you 3 years old or in ...

Daniel: I was ...

Caroline: ... year 3?

Daniel: ... I was about 2 years old.

Caroline: Oh, I see.

Daniel: And I was in the reception.

Caroline: I see. And then, so you were in Gussie Lane, so that was when you were really little, and where did you go after that, do you know?

Daniel: I just stayed at Gussie Lane.

Caroline: Did you? So you were at Gussie Lane for quite a while, yeah. And then did you come here from Gussie Lane?

Daniel: Yeah.

Caroline: Right. And how, what, did you move, how did you change schools? What happened?

Daniel: I, I got excluded.

Caroline: Oh, you got excluded, and when did that happen?

Daniel: When, when, during a lesson.

Caroline: During a lesson, and was that in year 3?

Daniel: Yeah.

Caroline: In year 3, okay. So that's why you're here now?

Daniel: Yeah.

Caroline: Okay. Well, that's ...

Daniel: But this school is better.

Caroline: Is it? Oh, I'd be so interested to know about that. Would it, could we, could we chat about that? Because I'm really interested in that, about why this school is better than the other one. That would ...

Daniel: Because ...

Caroline: ... be really good to know.

Daniel: ... in Gussie Lane ...

Caroline: Uh-huh.

Daniel: ... you would just see teachers shouting at kids and ...

Caroline: Right.

Daniel: ... kids just trying to hurt people.

Caroline: Right.

Daniel: And like there's lots of bullies in there.

Caroline: Really?

Daniel: Well, it wasn't like our children doing those, kids that didn't like me and then they realized that my sister was their friend ...

Caroline: Uh-huh.

Daniel: ... and they just started to be nice to me ...

Caroline: Right.

Daniel: ... and that was really big kids.

Caroline: Right.

Daniel: But there wasn't like, that was like watching me play football and that ...

Caroline: Uh-huh.

Daniel: ... that wasn't like hurting people for me.

Caroline: Uh-huh.

Daniel: ... even though I did not like a lot of people there.

Caroline: Right, I see. So you were saying that, and you felt like maybe there was a lot of shouting at Gussie Lane and you didn't like that?

Daniel: Yeah.

Caroline: What used to happen to you, you know, like you said, like you said grown-ups, you know, used to shout and things, like what, what, what, can you remember what used to happen, how you used to kind of react or feel about it? Do you remember anything?

Daniel: When like my friend got hurt ...

Caroline: Uh-huh.

Daniel: ... by bigger people, I wouldn't like it ...

Caroline: Mmm.

Daniel: ... and I wouldn't tell a teacher because I would then get hurt and the kid who hurt my friend and then I'll get telled off.

Caroline: Oh, I see. I see. And what happened when you got excluded? Do you remember what happened?

Daniel: Oh, I got home teached ...

Caroline: Did you?

Daniel: ... for, I can't remember.

Caroline: For a little bit of time?

Daniel: I've still got the books in the drawer.

Caroline: Have you? And why did you get excluded, do you know what happened?

Daniel: For fighting and not doing as I was told.

Caroline: All right, I see. Okay. Right. Do you know, I'm wondering how, because I, this is really interesting to me because I'd really like to know why this school is better and what the teachers do differently, or, you know, and, and, you know, and what happened a little bit more about Gussie Lane. But I wondered if we could either do, I've got some stones here that you might be

quite interested in, or we can draw a picture, or I've got some pictures that, you know, we could do some story telling. I wonder what you fancy doing. What do you think you'd like to do this afternoon?

- Daniel: Look at the rocks.
- Caroline: ... Daniel? Should we look at these? Gosh, yeah, like pick them up. You have a little look and see what you think of these. See what you think of it.
- Daniel: This one looks weird.
- Caroline: Mmm, it does, doesn't it. All sorts of different colors in that one, isn't there? Or were you checking to see if it's see-through?
- Daniel: I never saw this one ...
- Caroline: Haven't you?
- Daniel: ... before.
- Caroline: Is that a new one for you?
- Daniel: I saw this one, not recently. Probably on, in wildness.
- Caroline: Did you? Oh, yes, yeah, I can see how you might have seen that in wildness actually, mmm.
- Daniel: It looks a little bit more darker.
- Caroline: Mmm, I like, I like your experimenting with them.
- Daniel: It looks like I can get just see right through this, but it's just white.
- Caroline: Yes.
- Daniel: I never saw this one.
- Caroline: So that's a new one as well?
- Daniel: This one [inaudible 00:13:30].
- Caroline: Mmm, so lot's of different, they feel different, don't they, all of them?
- Daniel: It looks like in the wilderness.
- Caroline: Mmm, it does a bit, doesn't it? Well, I like the way you're, you're like a scientist, aren't you?
- Daniel: It looks like purplish.

Caroline: Testing and ... oh, gosh, I haven't done that before with that, that rock. I'd like to try that.

Daniel: That looks like gold.

Caroline: Does it really? That's, it changes quite a lot when you, when you look through that, that glass.

Daniel: That one is blue and purple.

Caroline: Mmm.

Daniel: That's weird, looks like it's pink.

Caroline: That's an interesting one, isn't it?

Daniel: It still looks white, but it looks black at the same time.

Caroline: Oh, that's [inaudible 00:14:48], it's really different, really different appearance when you look through the glass.

Daniel: That's really dark and ...

Caroline: Is it?

Daniel: ... blue.

Caroline: Ooo, so I wonder, if you were to look at all of these different rocks, Daniel, which one would you choose to kind of describe what you're like? Which one would you, would you pick?

Daniel: I'd choose that one.

Caroline: You do? Tell, that's interesting. So what is it about that one that ...

Daniel: I like ...

Caroline: ... that's like you?

Daniel: ... the, because I like like smooth things like that.

Caroline: Do you? So you like smooth things.

Daniel: I like, I like being all spread out ...

Caroline: Yes.

Daniel: ... because like I don't like, if I could pick out of these, I would definitely pick that because I can like do a lot of things on that. Say I even wanted to like make it move with a new toy, because I could put my new toys on that ...

Caroline: Yes.

Daniel: ... it will be out of these two, I'd probably pick that the most.

Caroline: I see.

Daniel: ... all that because ...

Caroline: I see.

Daniel: ... it's a really big rock.

Caroline: Mmm.

Daniel: Both of them.

Caroline: So you like the large rocks?

Daniel: Yeah.

Caroline: Mmm.

Daniel: And that, I can use that for a [inaudible 00:15:55] because you can actually try and stand up on that one.

Caroline: Yes. Yeah, that's a ...

Daniel: How do they look now?

Caroline: Yeah, so lot's of different textures and shapes there, isn't there, all three are quite different?

Daniel: Yeah. Is there blue in there? I'll find out.

Caroline: Mmm.

Daniel: That one's purple.

Caroline: So if you chose a rock that kind of ... You know, I was just thinking about what you said about Gussie Lane. If you were to choose one of those rocks, which one would you say feels most like what it was like to be at Gussie Lane, which one would you choose?

Daniel: Uh.

Caroline: In terms of how you felt when you were there.

Daniel: Like this because there was a lot of people I knew and I like wanted me to like, [inaudible 00:16:53] a den. It's like I've ripped off branches off trees ...

Caroline: Mmm.

Daniel: ... when I was mean to and I wanted to ...

Caroline: Mmm.

Daniel: ... they wanted to get me in trouble, so it was like a whole bunch of older people ...

Caroline: Oh.

Daniel: ... got me [inaudible 00:17:03]. And the classroom was just like fill up everyone I knew and every time I spoke to them, they would follow me everywhere.

Caroline: Right. God, that's so interesting. So you, so you chose this one because it was like a den; is that right?

Daniel: Yeah, it was like ...

Caroline: Is that what you said?

Daniel: ... it's like when you're like you're in a den, it isn't like two people, it's like all, all of these rocks.

Caroline: Right.

Daniel: Not just like someone bit every piece of those rocks ...

Caroline: All right. That's ...

Daniel: ... in the classroom.

Caroline: I see. And so what's it like to be in that den then when you've got all of that in there?

Daniel: Really noisy.

Caroline: Noisy?

Daniel: Because you've got Holly and Delone messing about, and you've got Samuel laughing with Baylor.

Caroline: Mmm, mmm.

Daniel: And then I'm trying to get on with my work and then I ended up getting silly because when they're messing about, I don't think they don't get told off, and then the teacher catches me messing about, and then I have to get told off.

Caroline: Mmm, yeah, and you just got, you said that was kind of like feeling bunched up, didn't you, and said lots of noise, and lots of things going on, and getting

told off, and it was all a bit, bit difficult. So what about, you know, looking at all these rocks, how would you, which one would you choose ... I mean, I know you've only been here for a few days, haven't you, but so far, which one do you think is most likely Forest Academy from what it's like so far?

Daniel: This one.

Caroline: That one, that's really interesting. Are you able to kind of tell me why you chose that one that it reminds you of being here?

Daniel: It's like when in Gussie Lane, the teacher would say, "Stop that," and then the teacher would catch you half hour later ...

Caroline: Uh-huh.

Daniel: ... and the noise would just keep on going when the teacher said it about 24 times.

Caroline: Mmm.

Daniel: But in the classroom, well, I mean, the teacher say "stop it" and it would just go dead silent.

Caroline: Right, I see. Well, that's really interesting. All right. Well, I think we'll come back and look at these a bit later and have a bit ...

Daniel: [crosstalk 00:19:14]

Caroline: fun with them. Yeah, because, and we can even play with those, it's not, I think I can see you're really interested in them. All right. Daniel, can I, could you do picture for me of you and your family doing something together, so it can be anything that you would like to show of you and your family doing something together.

Daniel: I like to like jump off stuff and like, say, if this was my house ...

Caroline: Uh-huh.

Daniel: ... and like that was the furniture, and that like was a little stand here, I would like jump on top of that and I went across that and jumped that.

Caroline: So that's something you like to do?

Daniel: Yeah, I like to like pretend I'm like a ninja.

Caroline: Do you?

Daniel: Yeah, I love it. If I, if this was my house I would like run across the couch, jump on that, and like, I would just like sit on that and play on the pads.

Caroline: I see. So you like, you like to be a ninja?

Daniel: I like to like sneak up on people. It's like because I've got large people in my family and I'm like the most noisiest one. They want to come and see me, yeah, and I'll just be hiding somewhere in my bedroom.

Caroline: Would you? So you like to hideaway sometimes?

Daniel: Yeah.

Caroline: Mmm. What's it like being a ninja?

Daniel: Easy because I got a 3-year-old in my house and she hits me a lot because I like, I don't like fairy stuff.

Caroline: Right.

Daniel: And then when I'm playing a game and Cassie only hits me because I can't hit her. Sometimes I get a bit aggressive because I don't like her hitting me that much, but when we're playing games, I don't like ruining games ...

Caroline: Right.

Daniel: ... so I just let her hit me, but I don't think she gets the chance to hit me ...

Caroline: Mmm.

Daniel: ... because I jump across the sofas.

Caroline: Mmm. Okay. Well, I'll let you do your picture of you and your family doing something together and then we can, uh, look at it and have a chat about it. music] Don't worry, just ignore that. It'll go off in a minute.

Daniel: I like to like hang on to stuff ...

Caroline: Do you?

Daniel: ... as well.

Caroline: What does that feel like when you're hanging onto something? What do you, what do you feel like then?

Daniel: I just like hanging on stuff.

Caroline: Mmm.

Daniel: I like to like feel cool when I'm hanging on stuff because, say, I'm hanging on that ...

Caroline: Uh-huh.

Daniel: ... I would ...

Caroline: So hanging on, you mean, that bit of the window over there, do you mean, or the blinds?

Daniel: Like if I could, if that was that big, I would hang on that and I'll keep like getting up because it feels cool to like pull myself up and pull myself down, and stay on ...

Caroline: Ah, I see.

Daniel: ... and not fall off.

Caroline: I see.

Daniel: I like to like jump off stuff. I like, not hurt myself, but like do, do you know WWA, wrestling?

Caroline: Yes.

Daniel: I like to do them on the sofa. Not to anybody, I just like getting in the position.

Caroline: Mmm.

Daniel: I like, sometimes I've went home from school and jumped on the sofa and do that.

Caroline: Mmm, so jumping and climbing high and ...

Daniel: Yeah.

Caroline: ... and being a ninja? Right, so who else in your family that's going to be in this picture?

Daniel: Hum. Mason. Mason is just 1.

Caroline: Uh-huh.

Daniel: He can't walk, so there's me.

Caroline: Right, so that's you.

Daniel: And there's Cory.

Caroline: So that's Cory.

Daniel: And Mason's in his hands.

Caroline: So we've got Mason in his hands. How old is Cory?

Daniel: [inaudible 00:23:36]

Caroline: Ah, I see. So there's Cory and Mason, and there's you.

Daniel: And then here's Tammy.

Caroline: So that's ...

Daniel: So I like to make ...

Caroline: ... Tammy.

Daniel: ... things where I can like climb across ...

Caroline: Yes, I can see that.

Daniel: ... and jump on.

Caroline: And the people are linking up like that as well, aren't they?

Daniel: Yeah. And there's my dad.

Caroline: So that's your dad.

Daniel: My dad don't like jumping across stuff, he'll like do it, but I will try and do it and he wouldn't like feel cool. He'll just like ...

Caroline: Mmm.

Daniel: ... I live across Alcoa, and that's Alcoa.

Caroline: Oh.

Daniel: It's that little blue building.

Caroline: All right. I see, you live, you live really near there, you can see where you live.

Daniel: All I like need to do to go here, I literally need to walk down there ...

Caroline: Uh-huh.

Daniel: ... and, say, that's my house ...

Caroline: Uh-huh.

Daniel: ... and this is the school, I just need to walk around ...

Caroline: Right, and so who takes you to school?

Daniel: My dad.

Caroline: Oh, you dad takes you, so you've got sort of quite a short walk to come here, haven't you? So let's see who you've got here. Is there anybody else you want to put in your picture? You said ...

Daniel: So ...

Caroline: ... you had ...

Daniel: ... there's Cory.

Caroline: So that's Cory.

Daniel: And there's Mason.

Caroline: Yeah.

Daniel: There's Cassie.

Caroline: Uh-huh.

Daniel: There's Tammy, there's my dad, and then do Debbie and then mother.

Caroline: Okay. So Debbie you're drawing?

Daniel: Yeah.

Caroline: Okay. That's Debbie.

Daniel: And then, I like to like be creative as well.

Caroline: I can really see that. And who's this?

Daniel: Mom.

Caroline: And that's your mom. Right, goodness, so yes, you're right, you have got lots of people in your family, haven't you? So let me just see, so is this Cory?

Daniel: So that's Debbie.

Caroline: Yeah.

Daniel: That's my mom.

Caroline: Yeah.

Daniel: That's Mason. That's Cory.

Caroline: Yeah.

Daniel: And that's Tammy.

Caroline: Yes.

Daniel: And that's me.

Caroline: Uh-huh.

Daniel: Oh, yeah, and that's me and that's Tammy, and then that's my dad.

Caroline: And that's your dad, right. And what, what's everybody doing in the picture?

Daniel: Climbing around the house.

Caroline: They're climbing around the house.

Daniel: We've got lots of things to climb, on the banister, jumping over ...

Caroline: Right.

Daniel: ... over that. And hiding in my dad's bed and like it's really good hiding in my dad's bed because he's got this white bed. I, and it could have like me and Cassie play ...

Caroline: Yeah, they do come quite low over here.

Daniel: Yeah. And so me and Cassie play and Cassie runs under the blanket, yeah?

Caroline: Yes.

Daniel: And then I'll press the blanket for I could start it when I press and it will make a red light on the thingy coming to me.

Caroline: I see.

Daniel: When up, it's all green, everything, so I could like press different lights and look like the place is after me and then run away from Boss because the dog is a bit wild when you get on his nose.

Caroline: The dog? Oh, so you've got a dog as well?

Daniel: Yeah.

Caroline: And what's the dog's name?

Daniel: Boss.

Caroline: Boss, I see, so he, he's, he's in your, in your house as well. So do all these people live with you?

Daniel: Well, my mom don't because she died.

Caroline: She died?

Daniel: Yeah, and Debbie lives with me, Cory lives with me ...

Caroline: Uh-huh.

Daniel: ... and my dad lives in there ...

Caroline: I see.

Daniel: ... and they all live, and Cassie.

Caroline: I see. So, so all these people live with you and mom lived with you, but mom died; is that right?

Daniel: Yeah.

Caroline: And when did mom die? How long ago was that? How old, do you know how old you were?

Daniel: No, I think I was in year 2 ...

Caroline: You think you were in year 2 ...

Daniel: ... probably.

Caroline: ... 2 when it happened. So what kind of things do you like do, what kind of things do you like doing with your dad? So you're saying, oh, you know, your dad joins in and he doesn't always like doing them. Like it sounds like he, you know, you can see he's joining in here, can't you? And what kind of things does he like doing with you? What does he enjoy doing?

Daniel: Sometimes because I want to get strong, that's why I'm getting, I think I'm getting a weight lifting set for Christmas.

Caroline: Right.

Daniel: He holds my hand really tight, it don't hurt because it's like on my wrist, and I have to try and get out of it, and then I usually will run, then he grabs my other hand. And then I need, and then I need to kick my way out, so I push my foot to his hand, then he grabs my foot with the, all of his hands and I have to try and get out like that.

Caroline: Oh, I see.

Daniel: Then I have to try and get Debbie, Cassie, and my brother ...

Caroline: Gosh.

Daniel: ... to help me and sometimes my, someone will try and pull me out.

Caroline: What a challenge. And do ... Gosh, that's a big challenge, isn't it? You need superhero powers to do that, don't you? Do you ever manage it?

Daniel: Sometimes ...

Caroline: Yeah.

Daniel: ... I do get out. If I don't, I'll [inaudible 00:29:23].

Caroline: Yeah. And what do you remember about, what sorts of things did you used to do with your mom, do you remember?

Daniel: At night, when my dad was on night shifts ...

Caroline: Uh-huh.

Daniel: ... mom used to buy me and her sweets. They were like lollipop things with [inaudible 00:29:43]. And when we finished, I had these little red sticks ...

Caroline: Uh-huh.

Daniel: ... we wouldd in the night we would play a laser thing in the living room.

Caroline: Right.

Daniel: And with little sticks because it was sticky. It would stick to your skin and we'll have to pull it off and it would hurt.

Caroline: Yes.

Daniel: And I had to because I wasn't that good at it, and I always used to get myself trapped.

Caroline: Mmm.

Daniel: I used to think I was tricking her, ha-ha, and then I'll be in the corner. Even though my mom has just one, she still gets me even though I go with that such moves, and then I could get like that, but I was like 4.

Caroline: Right.

Daniel: And then ...

Caroline: I see.

Daniel: ... Auntie Betty Boo came around, and we'll play X-Factor.

Caroline: Did you say your auntie, did you say? Who came around?

Daniel: Auntie Betty Boo.

Caroline: Auntie Betty Boo came around, I see. So that's something you remember you and your mom enjoying, you were saying ...

Daniel: Yeah.

Caroline: ... that you used to go get sweets together and then play that laser game together?

Daniel: I used to sleep with my mom in the bed.

Caroline: Did you? Did you? So you slept together?

Daniel: It used to be a mattress on the bed ...

Caroline: Uh-huh.

Daniel: ... and then it used to be a little mattress on top of that ...

Caroline: Yeah.

Daniel: ... in between, so I used, so Roxy and Me used to sleep on that side ...

Caroline: Yeah.

Daniel: ... my dad didn't used to sleep on that side. Sometimes I'd sleep over there with my mom, but ...

Caroline: I see.

Daniel: ... sometimes I like cuddling the dog.

Caroline: Yeah, I see. So you'd sleep with your mom and the dog ...

Daniel: And when the dog is awake, because when my, sometimes my mom is awake and I'm awake, she's like, "Daniel, get to sleep." And when the dog is awake, the dog is just looking at me.

Caroline: Right, I see.

Daniel: And then I can like just lay down with the dog and we like that little blanket.

Caroline: Yes.

Daniel: I mean, like you can get out of it if you want. Like sometimes pull my mom's blanket down.

Caroline: Yes.

Daniel: It was really comfy.

Caroline: Yes, yes, so that's some ...

Daniel: But the only thing, I couldn't see the TV.

Caroline: You couldn't see the ...

Daniel: TV.

Caroline: ... the TV, right. But you enjoyed it and it was ...

Daniel: Yes ...

Caroline: ... really comfy?

Daniel: ... because I had my own part. It was like the seat there next to the wall ...

Caroline: Uh-huh.

Daniel: ... all bunched up with Boss and my teddies.

Caroline: Mmm.

Daniel: And just sit there with my ...

Caroline: You'd feel cozy and ...

Daniel: Yeah.

Caroline: ... it was some ... You remember that and it was something really nice that you used to do?

Daniel: Hey, look, [inaudible 00:31:53]

Caroline: Ah, that's really interesting. You picked up that one. What made you pick that one up?

Daniel: I found it at the bottom.

Caroline: Oh.

Daniel: It's like when I hanging with my family.

Caroline: Yeah, yeah. What does it feel like?

Daniel: Just like, like that.

Caroline: Yeah.

Daniel: Like that.

Caroline: Yeah.

Daniel: This one looks like a gumball.

Caroline: Mmm. So do you remember, you know when your mom died, do you remember what, what, what your, you were at Gussie Lane at that time, were you?

Daniel: Yeah, they've seen my die, just how I did.

Caroline: Right.

Daniel: And my family was really upset.

Caroline: Yeah.

Daniel: But I did not have a clue what was going on.

Caroline: You didn't know what was going on at the time?

Daniel: I knew my mom had died, but ...

Caroline: Uh-huh.

Daniel: ... I didn't know why everyone was crying ...

Caroline: Right.

Daniel: ... because I wasn't crying. I've done, I went to two funerals ...

Caroline: Mm-hmm (affirmative)

Daniel: ... three funerals, and I don't think I've ever cried at one.

Caroline: Really?

Daniel: At my mom's one, I was just sitting there like that and ...

Caroline: Mmm.

Daniel: ... then I just got up and just standing there looking. I was like, please, can we have the party ...

Caroline: Mmm.

Daniel: ... but now I realize that, but my mom [inaudible 00:33:04] was looking at me laughing ...

Caroline: Uh-huh.

Daniel: ... because she knew I didn't know what was going on ...

Caroline: I see.

Daniel: ... and I was, because I was just looking around.

Caroline: Yes.

Daniel: And then when we came out, my sister would burst into tears.

Caroline: Mmm, mmm.

Daniel: And I still didn't know what was going on, but ...

Caroline: I see.

Daniel: ... [inaudible 00:33:23].

Caroline: I see.

Daniel: But, and then I can't remember. Yeah, when I was at Ms. Serena's [phonetic 00:33:36], because Max has D-E-I, Serena let me play that for a bit like because me and Max have these challenge for each of our ...

Caroline: Uh-huh.

Daniel: ... and we have to jump on plane. We have five stars. Uh-huh.

And we have to have to have invincibility on for one minute and we have to try and [inaudible 00:33:54] all around this train ...

Caroline: Mmm.

Daniel: ... because that's what I like to do. And then Max came in and realized that I died two times because I was like quickly, saw me pressing that button because saw Max and just like he died two times. And, yeah, and Serena said let him play it one more time.

Caroline: Mmm.

Daniel: But, and then Madison went into the living room ...

Caroline: Mm-hmm (affirmative).

Daniel: I heard some noise going on because Wesley and Aunt Serena said Daniel's mom, said, she just, Serena just said Daniel's died, literally the first "the" Madison said, she bursted out in tears.

Caroline: I see.

Daniel: And then when Will's in the kitchen, I said, did you, when Will is in the living room, I said, "Did, Max, did you hear about it?" And I said, yeah, and Madison was bursting out with tears and I said, "Yeah, my mom's dead." And Madison bursted out with tears again.

Caroline: Mmm, mmm. And you said that you just really didn't know what was going on at all, you weren't sure what was going on and what, you know, that you knew your mom had died, but you didn't really know what was going on and why everybody was upset?

Daniel: So then I didn't go to the, I haven't gone to funerals.

Caroline: Mmm.

Daniel: I went to my mom's, and then my Auntie Donna's, and then my Auntie Melanie's.

Caroline: Mm-hmm (affirmative). And so do you remember what it was like afterwards? You know, when people came back from the funeral and then you had to go back to school, what were the grownups like? Do you remember anything about ...

Daniel: In my school?

Caroline: Oh, yeah, yeah, or yeah.

Daniel: They helped me a lot because ...

Caroline: Did they?

Daniel: ... like when I was at school before, I wasn't hitting nobody ...

Caroline: Uh-huh.

Daniel: ... but when my mom died, I just didn't like anyone at ...

Caroline: Yes.

Daniel: ... I didn't like anyone.

Caroline: Mmm.

Daniel: And when they used to just like say something, for me, you know, get off my temper and hit them really hard ...

Caroline: Yes, yeah.

Daniel: ... or something.

Caroline: You felt really really angry about it, it sounds like. Is that right, that ...

Daniel: Yeah.

Caroline: ... you felt angry? Yeah. And you said, I think you said that before your mom died, you know, that you were enjoying school and it was a good place. And your mom died ...

Daniel: Yeah.

Caroline: ... and then, and the you felt really angry when people said sort of unkind things and ...

Daniel: Yeah.

Caroline: Yeah. Can you, was any, did anybody kind of help you when that was, with your angry and ...

Daniel: Yeah, Jake ...

Caroline: ... feelings?

Daniel: ... my friend, I seen as I walked in the class, he saw my face down.

Caroline: Right.

Daniel: And then walked up to my table, he said sorry about your mom.

Caroline: Did he?

Daniel: Yeah, and ...

Caroline: Right.

Daniel: ... that made me happy.

Caroline: Yeah, yeah, so you felt happy that he said something to you about your, you know, about your mom?

Daniel: Yeah.

Caroline: Yeah. And did any of the grownups, like did your teacher? What was our teacher like when you came back?

Daniel: She helped me a lot because ...

Caroline: Did she?

Daniel: ... I was like thinking about my mom a lot ...

Caroline: Yeah.

Daniel: ... but, and I wasn't on my, like my maths ...

Caroline: Yes, yeah.

Daniel: And the time when my ...

Caroline: [crosstalk 00:36:37]

Daniel: ... mom was alive, I was thinking about my maths ...

Caroline: Yes, yeah, that's ...

Daniel: ... but she helped me a lot.

Caroline: Yes. So that when your mom was alive you could think about your maths, and then when your mom died, it was really hard to think about maths, yeah.

Daniel: Yeah.

Caroline: But your teacher sort of tried to help you a lot. And what was the anger like, you know, what was the anger like that used to come?

Daniel: Somebody would say something ...

Caroline: Mmm.

Daniel: ... I'd hear them. Even, I don't know if they was talking about me, they would whisper something while looking at me ...

Caroline: Mmm.

Daniel: ... and I'd get off my temper and like hurt somebody or something.

Caroline: Mmm, mmm, yeah. Yeah, and it was hard, it was hard to control it, yeah. And what at home, what was, what was it like at home after your mom died? What were the grownups like?

Daniel: Normal.

Caroline: Yeah.

Daniel: Just normal.

Caroline: So things, things ...

Daniel: But it was really quiet there.

Caroline: I see. So it felt kind of normal, but it was a bit different, it was a bit quiet? Was it, was it quieter?

Daniel: Well, if we made noise, it was okay.

Caroline: Mm-hmm (affirmative)

Daniel: It wasn't like that, it was like we got over it.

Caroline: Right, yeah, yeah.

Daniel: And then when my mom was dying, she had a lot of people came and ...

Caroline: Mm-hmm (affirmative).

Daniel: ... and I was in bed with her with Roxy. We was all asleep and everyone knocked on the door.

Caroline: I see.

Daniel: There was like four people knocking on the door. We all woke up. We went downstairs ...

Caroline: Mm-hmm (affirmative)

Daniel: ... I opened the door ...

Caroline: Mm-hmm (affirmative)

Daniel: ... mom heard me just go, ahhh, and went up the stairs, because I didn't know it was my family. I thought it was a bunch of people with ...

Caroline: I see.

Daniel: ... like weapons, so I ran upstairs. And then Danielle ran in the room. Aubrey [phonetic 00:38:16] ran in the room, everybody in my family like ran in the room with a lot of presents in there.

Caroline: I see, for your mom?

Daniel: Yeah. Well, some to me and [inaudible 00:38:23] ...

Caroline: I see.

Daniel: [inaudible 00:38:23]

Caroline: I see. And so you said you were in the bed with your mom, you know ...

Daniel: Yeah.

Caroline: ... and you were sort of, you know, with her, and then your family came ...

Daniel: Yeah.

Caroline: ... and was she calling you? Is that, is that what ...

Daniel: Well, no, it was like, I was just like Christmas ...

Caroline: Mm-hmm (affirmative)

Daniel: ... really.

Caroline: Mmm. Oh, so it was just like, it was just like Christmas and people were coming ...

Daniel: It was like a party.

Caroline: I see. I see. Well, that sounds like a nice memory, you know, something nice. You remember sort of being in bed with your mom and cuddled up ...

Daniel: Yeah.

Caroline: ... and people coming with presents. Right. Oh, you're going to write your name on the picture. And what do you want to do with your picture, Daniel? Do you want to keep that picture ...

Daniel: Yeah.

Caroline: ... or do ... So at the end, when we finish, because we, we haven't finished yet, but if you, if you want, when you, if you want to stop before the end, you can, you just need to tell me. Is it all right if I take, because it's such an amazing picture, is it okay if I take a picture of it ...

Daniel: Yeah.

Caroline: ... before you go? Because I think it's amazing. I love, you know, the way that everybody is kind of linked up and, you know, it's ... And you said that, you said that you liked drawing and using your imagination, I can really see that.

Now, I wondered, I've got some pictures here and I, I was just wondering if I could show them to you and we could just sort of make some stories together out of the pictures. So, um, and then we'll definitely go back to the stones at the end as well before, before we stop.

And I've got these pictures here and I'd be really interested to see what stories we, we could tell about them. So here's my first one, and I was just wondering, can you tell me a story about this picture that's got like a beginning, middle, and an end, like a sort of little story. Any story you'd like when you look at this picture, use your imagination, what do you think? What's going on in this picture?

Daniel: I think they're eating dessert.

Caroline: Okay. So who's ...

Daniel: And ...

Caroline: Mm-hmm (affirmative)

Daniel: ... and that's, that looks like a sister, that looks like a older brother ...

Caroline: Right.

Daniel: ... or dad, and that's the baby ...

Caroline: I see, so you just think ...

Daniel: ... and then that's the mom.

Caroline: I see, so there's the mom and so they look like they're eating dessert and they're having dessert. And that's the mom in the background.

Daniel: Yeah. It's really weird because she's different to all of them.

Caroline: Yeah, you think she's quite different. How, tell my why, so she, what's different about her?

Daniel: She is, she has, she's not like in there because she look she's a bit bigger.

Caroline: She's a bit bigger?

Daniel: Yes.

Caroline: She's not, and she's not ...

Daniel: And she's ...

Caroline: ... in the position ...

Daniel: ... like, hasn't got the arms going like that or ...

Caroline: Mmm.

Daniel: ... something with like forks in the hands.

Caroline: Ah, I see, so she's not, she's not sort of, she hasn't got her arms out with forks in her hand, so ...

Daniel: Yeah.

Caroline: ... she's a bit different. Right. So what story can you tell about this picture ...

Daniel: Hum.

Caroline: ... so the beginning, middle, and end.

Daniel: A marathon. A marathon.

Caroline: So there's a marathon going on and then what happened?

Daniel: He's winning.

Caroline: He's winning?

Daniel: Yeah.

Caroline: And what ...

Daniel: He's starting to win.

Caroline: Mm-hmm (affirmative)

Daniel: And then I think they just basically gave up.

Caroline: I see.

Daniel: And it was a marathon.

Caroline: So there was a marathon and he was winning, and then they basically gave up?

Daniel: Yeah, the bear, the little bear wasn't. See, like ...

Caroline: The little bear wasn't, did you say?

Daniel: Yes.

Caroline: Ah, so who's giving up then? This one here, but little bear isn't ...

Daniel: It looks like a rocky road.

Caroline: It doe a bit, doesn't it? So, so, but little bear isn't. I see. All right. Oh, what about this one, what story could we tell about this picture, could you tell about this picture? Beginning, middle, and end.

Daniel: Hum. That lion is an old man.

Caroline: Okay. So there's this lion and he's an old man.

Daniel: And I think he's the king.

Caroline: Right, so there's this lion and he's the old man, and you think he's the king, what happens?

Daniel: The old man just sits in his chair always ...

Caroline: Mmm, mmm.

Daniel: ... waiting for people to arrive.

Caroline: So he sits in his chair as always waiting for people to arrive, and what happens?

Daniel: Nobody arrives.

Caroline: Nobody ever arrives, mmm.

Daniel: He looks a bit big.

Caroline: He looks a bit big, does he? Mmm.

Daniel: He doesn't look like he's an old man, does it?

Caroline: Mmm. So he's an old man, but he doesn't look like he's an old man?

Daniel: I think he's got a little friend. Do you see where his friend is?

Caroline: I can't, no, does he, so he ...

Daniel: There.

Caroline: Oh, so he has a friend.

Daniel: Yeah.

Caroline: He has a friend.

Daniel: There's usually lions would eat, like smelled it and turned around and look at it ...

Caroline: Mmm, mmm.

Daniel: ... [inaudible 00:43:52], going to eat it.

Caroline: But he doesn't?

Daniel: No.

Caroline: Ah. All right. What is happening in this story?

Daniel: Hum, Taking the kangaroos to school.

Caroline: So they're, who, so who, right, they're taking the kangaroos to school.

Daniel: And they're in rush.

Caroline: They're in a rush.

Daniel: I think she's about to mess up with her running ...

Caroline: You think she's about ...

Daniel: ... because it's going down the hill.

Caroline: Oh, so you think she's ... Is this the big one, you mean, that you think ...

Daniel: Yeah.

Caroline: ... is about to mess up with ...

Daniel: The mom.

Caroline: ... so you think mom is about to mess up with her running because she's going down the hill, so what happens?

Daniel: Do you see that? It looks like a little house.

Caroline: It does look like a little house, mmm. So they're going to school and they're rushing, and do ...

Daniel: And the mother is carrying all like the drinks in ...

Caroline: Right.

Daniel: ... there, and the sister is on the bike, and the little boy is ...

Caroline: Mmm.

Daniel: ... in the mom.

Caroline: Mmm. Um, what happens next? So you said they're kind of rushing to school, they're going down the hill.

Daniel: And then they go to school ...

Caroline: Mm-hmm (affirmative)

Daniel: ... they learn about maths.

Caroline: Oh, so they, when they get, they get there and they got to school and they learn about maths, mmm. Okay. Now, what's happening in this story? Can you tell the story about this one that has a beginning, middle, and end?

Daniel: The mom and dad, oh, the baby is awake.

Caroline: Mm-hmm (affirmative)

Daniel: Do you see? They just left a little bit off.

Caroline: Okay. So the baby is awake.

Daniel: Baby is awake and it basically just nighttime.

Caroline: So it's basically nighttime and the baby is awake.

Daniel: And like they're just all a sleep.

Caroline: They're just all asleep. Okay. And what's happening in this one? Can you tell a story about this one?

Daniel: It's in the nature.

Caroline: It's in the nature.

Daniel: And the mommy bear is looking after the baby bear.

Caroline: Right, so it's in the nature. The mommy bear is looking after the baby bear.

Daniel: And they need, I think they need food. They're just, they're asleep waiting for something to happen. The mommy bear is looking through a window ...

Caroline: Oh.

Daniel: ... looking for something for the baby bear. The baby bear looks a little bit hungry.

Caroline: Oh, I see, baby bear look a little bit hungry and they're waiting for something to happen, mmm. What about this one? What story would you tell about this one?

Daniel: That is in the wildness.

Caroline: Right, so it's in the wildness.

Daniel: And that, that looks like me, doesn't it, a bit?

Caroline: It looks like you?

Daniel: And that's Boss.

Caroline: And that's Boss, mmm. So that's, that's you and that's Boss, and what, what's, what's going on in the story?

Daniel: I mess around, like touch his face when like ... I push Boss around when I'm trying to get my shoes on and Boss like turns around and I look at him, and Boss gets a bit annoyed.

Caroline: Mm-hmm (affirmative)

Daniel: And then I push his mouth like that and Boss comes at me, but if I will stay there just standing there, Boss will bite me, but when I like move away quickly, Boss can have a chance to calm down.

Caroline: Oh.

Daniel: And then he'll get to me and then he'll just stop.

Caroline: I see, so then he can have a chance to calm down. And is that, is that what's happening here?

Daniel: Yes.

Caroline: Is it the same sort of thing that's happening between this tiger and monkey?

Daniel: Yeah.

Caroline: Mmm. Okay. What about this one? What's happening in this, in this story here? What's happening here?

Daniel: It looks like a party.

Caroline: So there's a party going on.

Daniel: I don't think there's a party.

Caroline: You don't think it is a party?

Daniel: I think sister telling brother to be good at school.

Caroline: Mm-hmm (affirmative)

Daniel: And mom and dad are watching them bond.

Caroline: Are watching?

Daniel: Are watching them bond.

Caroline: I see, so sister is telling brother to be good at school, and mom and dad are watching them bond, mmm. Can you tell me a story about, about what is happening here?

Daniel: It's a bit scary.

Caroline: It's a bit scary, that?

Daniel: No.

Caroline: What's happening in this story?

Daniel: The kangaroo is get, going to sleep.

Caroline: Mm-hmm (affirmative)

Daniel: And she's in bed tucked in. Mom has left the door open ...

Caroline: Mm-hmm (affirmative)

Daniel: ... and left it pitch black.

Caroline: And left it pitch black, mmm. Okay. And this, this last one, what story would you tell about this picture?

Daniel: Mommy dog is pushing the baby dog or cleaning it, because there's a toilet there ...

Caroline: Mm-hmm (affirmative)

Daniel: ... cleaning the toilet and getting ready for bed ...

Caroline: Mm-hmm (affirmative)

Daniel: .. because the baby dog eat.

Caroline: Mm-hmm (affirmative)

Daniel: Probably burping time for the time.

Caroline: Oh, you think it might be burping time for the dog.

Daniel: And, or shower.

Caroline: Or a shower. Mmm, thank you very much, Daniel. Right. You have, I've, um, I've really enjoyed talking to you this afternoon and I must not forget to take a picture of your wonderful family drawing, and I must remember who, who these, who everybody is. So are these, so I know that this is dad down here. I know the, this is you here on the side.

Daniel: Yeah, and ...

Caroline: And ...

Daniel: ... that's Tammy, and That's Cory and Mason, and that's my mom, and that's Debbie.

Caroline: Yeah, yes. Yes. And who are the grownups in the family? So that's your dad.

Daniel: Let me ... my dad.

Caroline: Your mom.

Daniel: Debbie.

Caroline: And so ...

Daniel: And that's my mom.

Caroline: Yeah.

Daniel: And that's Debbie.

Caroline: So Debbie is a grownup.

Daniel: And that's Cory and that's Tammy.

Caroline: Okay.

Daniel: Tammy is a grownup.

Caroline: So Cory and Tammy. And you said Cory is 18, didn't you?

Daniel: Yeah. Tammy I think is 20.

Caroline: 20?

Daniel: Yeah.

Caroline: And what about Debbie, is Debbie kind of ... Dad is ...

Daniel: A bit older.

Caroline: A bit older.

Daniel: Probably about 24. No, not 24. Like just ...

Caroline: So she's older than Cory and ...

Daniel: Yeah, she's really like ...

Caroline: ... and Tammy.

Daniel: ... my dad's I think 70, I also think, and Debbie is like 43 or something.

Caroline: I see, I see. And are Cory and Tammy, are they Debbie's ...

Daniel: No.

Caroline: ... children? Have I got that wrong.

Daniel: My dad's their step-dad.

Caroline: I see, yeah. I understand. So your, yeah, your dad is Cory and Tammy's step-dad.

Daniel: No, Tammy is Cory's girlfriend.

Caroline: Sorry, goodness. So Tammy is Cory's ...

Daniel: Girlfriend and Tammy is my step ...

Caroline: So, so Tammy is your stepsister.

Daniel: Yeah.

Caroline: Cory and Tammy are together; is that right?

Daniel: Yeah. And I'm Mason's uncle.

Caroline: And you're Mason's uncle, I see. Now, you've drawn a lovely picture of you all together. It's lovely and I must take a picture of that before I go. And thank you for letting me take a picture as well.

Right. Do you want to, do you want to have another look at the stones or what would you like to do now? We've got about five minutes together or are you feeling, how are you ...

Daniel: Draw.

Caroline: You'd like to do another drawing, okay. That would be great. So I'll give you another picture and you can draw anything you'd like. Ah, you're going to trace one of, your, the stone that you said was like you to draw around. And can ... Whilst your doing that, you know what I'm going to do, because I'm photographing your picture, so I'm jut going to draw, not, I can't do it like you. I'm just drawing who's in it so that I can make sure I know who everybody is.

Wow, look at that. Good job. Look at all the detail you're putting into that. Did you say, you said this was Cory, didn't you, Daniel; is that right?

Daniel: Yeah.

Caroline: Cory and then, and this is Debbie; is that right?

Daniel: Yeah.

Caroline: All right. What I'm going to do now, Daniel, is I'm just going to, I'm going to turn this off because we've just finished.



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| File URL | Paul interview.mp3 |
| Length | 38 min |
| Transcriptionist | Parissa J. |

Caroline: Right, I know it responds when your voice ... Okay, good. Come in.

Speaker 2: Hello. Hi, this is Paul.

Caroline: Hi, there. Hi, Paul.

Paul: Hello.

Speaker 2: This is Caroline, Paul.

Paul: Hello.

Caroline: Hi, Paul.

Speaker 2: Okay. All right. I'm just downstairs if you need us.

Caroline: Thank you.

Speaker 2: All right, thank you.

Caroline: Take a seat wherever you ... you wish. Is that all right over there for you?

Paul: Mm-hmm (affirmative). Mm-hmm (affirmative).

Caroline: So how are you this morning?

Paul: I'm fine, thank you.

Caroline: Yeah. Thank ... thanks for coming to ... to meet me. I ... You know, I really appreciate you coming along. And I suppose I'm wondering, because this is my first visit to ... to the King Center, was it ... was it Miss Butcher? Do you call her Miss Butcher?

Paul: Yeah.

Caroline: And what did she ... What do you know about kind of what I'm doing? Did she explain?

Paul: Well, yeah, she explained.

Caroline: She did. So just, um ...

Paul: Mm-hmm (affirmative).

Caroline: Just to sort of ... Yeah, I'm ... I'm sort of really interested in meeting young people that have, um, been excluded from school. And I ... I've done a lot of work with young people in my job as a psychologist and what I noticed was that lots and lots of young people seem to get excluded after they've lost someone in their family. So I'm just sort of really interested really, you know, to just sort of know more about, you know, and try to understand that a little bit more really.

Paul: Right.

Caroline: So I'm going with what you want to share, Paul, and I've brought a few things along. You know, because I know sometimes it's hard to just kind of talk like this. So I'm really open to how you want to kind of, um, meet with me today. And I've brought some stones, something that's quite, you know, I quite like using those myself when I'm talking about ... about things that are a little bit tricky sometimes. And I've brought ... brought some pictures that we can look at that sometimes people like to kind of tell stories around or drawing or we could just have a chat. So it ... it's up to you really. But I suppose how long ... I just kind of want to get to know you a little bit and I'm just wondering how long you've been here?

Paul: About three years.

Caroline: Three years. Okay. So you're in year ten now, aren't you?

Paul: Yeah.

Caroline: So you came here in year eight, is that right?

Paul: Uh, yeah, but I got kicked out in year seven.

Caroline: Right, okay. So there was a bit of a gap. And so you were in a ... a school, kind of was it kind of near by or was it ...

Paul: No. Great Barr.

Caroline: Oh, okay. So you were there. And were you there since nursery or were you ...

Paul: Uh, no. We've moved around a lot.

Caroline: You moved around quite a bit. And was that just through moving about or did you get excluded from some of those schools?

Paul: No, moving about and just, yeah.

Caroline: Just moving about. Okay. Um, and so the school that you were at beforehand, you know, what ... what was that like? You know, like, if you ... if you want to look at those stones, if there was a stone there, like how would you ... how would you describe what it was like? Can you ... can you remember back to what it was like in year seven?

Paul: I don't know. Like I was scared, like ... Because like I joined in at like ... I didn't join at the beginning of the year seven.

Caroline: Right.

Paul: It was like half way through. And I don't like big groups to be honest.

Caroline: Right.

Paul: And like I was like the new kid, so.

Caroline: I see.

Paul: Like I didn't go there, but I just didn't like it ...

Caroline: Yeah.

Paul: And that. If I did go there I was always in exc ... um, exclusion. So.

Caroline: I see.

Paul: Yeah. It was just one of them like ... Wasn't nothing different to this really, except I was in a room all the time.

Caroline: I see. So it sounds like you went to this other school and you were saying you don't like being in big groups, that's something you've noticed. And ... and that ... Is that big groups of like your peers? And ... and so, yeah. And that was really difficult and that you found that because that was really challenging you used to get excluded there and it really didn't feel like you were included sort of with everybody else. Um, and was ... has that always been the case, or was it ... was it just it particularly in that school that that happened?

Paul: Yes. I don't know about before because I was born in Sutton and then we moved to Cornwall for a while.

Caroline: Oh, I see.

Paul: And then when I was in Cornwall, I like, I just ... I didn't always like really ... I was kind of out a lot and I just, I was the class clown basically.

Caroline: Right. I see.

Paul: I didn't really care what anyone thought and then we moved and ... I don't know.

Caroline: I see. So you were born in Sutton. And what age were you when you moved from Sutton?

Paul: I'd say I was about four, five.

Caroline: Four or five. And so you ... you can probably remember bits about that, about sort of moving to Cornwall and ...

Paul: Right. Yeah, I remember it all.

Caroline: Yeah. Yeah. And then you started school in Cornwall, and you were saying that you kind of just got into the role of being the class clown and ...

Paul: Mm-hmm (affirmative).

Caroline: And ... and what was that like? Like what ... what did everybody ... what ... How did people kind of react to you when you ... when you took up that kind of role in your class?

Paul: Laughed ain't it like. I don't know.

Caroline: Yeah, so they kind of found it funny. And what ... what was that like for you? Like was that ... was that ... What was that feeling like? Did you ... did you enjoy being in that role? Or what was it ... what was it like?

Paul: It didn't really bother me. I just did it, like I didn't really care if anyone didn't laugh, I just ... I just done it to sort of to make me laugh.

Caroline: Mmm. So and then you were in Cornwall for a while and how long did you kind of go to school in Cornwall for?

Paul: Well I was in the same school because I moved to Polperro.

Caroline: Mm-hmm (affirmative).

Paul: And then I was in the same school for ... I'd day up until about year six.

Caroline: Right.

Paul: And then I moved again to live in Cornwall and then I went to the other school. It was pretty close school, but ...

Caroline: I see. So you ... So there was one school where you spend quite a lot of time.

Paul: Yeah.

Caroline: And then you moved to another school in Cornwall. And is ... is it after that that you moved to Birmingham?

Paul: Yeah.

Caroline: Right. And is that when you started secondary school?

Paul: Uh, yeah.

Caroline: Right. And then, uh, you did a placement in your secondary school and then you came here. Is that ... is that right?

Paul: Well, yeah.

Caroline: Yeah. Yeah. And I just wonder, you know, because it sounds like, I mean that ... that sounds ... that's a lot of kind of moving around, a lot ... a lot to get used to. And, you know, what you were describing, Paul, about going to that school and thinking, you know, "What ... what am I gonna be like, you know,

in this class?" And, you know, and take and thinking, you know, you were getting something out of maybe being the class clown. And, you know, you kind of a way of maybe connecting with people, you know, in your class. And I supposed I'm wondering what it's like here? What's it like to be here? Because you've been here for three years now, haven't you?

Paul: I don't mind it here at all to be honest.

Caroline: Right.

Paul: I kind of like it.

Caroline: Do you? What do you like about it? Like what ... what's good about being at King's?

Paul: Just ... I don't know. Like it's not ... I don't know. I don't really like loud things, and like everyone's pretty just chilled out here.

Caroline: Mmm. I see.

Paul: And it's just not very big as well.

Caroline: Mmm. Mmm. So you're saying like loud things, you know, I'm getting a real kind of sense of like big groups and loudness, kind of do something to you. You know, they're sort of difficult for you.

Paul: Mm-hmm (affirmative).

Caroline: And what do you find happening kind of physically or feeling wise when, you know, when things are kind of loud or, you know, there's a big groups? What ... what do you find happening?

Paul: I ... I don't really feel anything anymore, just because I'm on tablets. Because I have ADHD, take tablets.

Caroline: Right. Right.

Paul: So it just chills me out completely, but ...

Caroline: Right.

Paul: I don't know really. Before I just ... They would put me in an awkward situation. I don't know why.

Caroline: Mmm. Mmm.

Paul: But ...

Caroline: So something about the loud noises and the groups would put you in an awkward situation.

Paul: Mmm. I just didn't like it.

Caroline: Yep. So you were saying it's chilled here. It sounds like, you know, you were saying you don't mind being here. And I'm sort of wondering, you know, what are the adults like here, the kind of people that work with you?

Paul: Oh, no, no. They're good here.

Caroline: Right.

Paul: Really good.

Caroline: Are they? Because I'm really interested to know that. You know, what ... what it's like to be here? That although, you know, you've been excluded, and you said you didn't feel included in your last school that do you feel a sense of being included here or sort of accepted?

Paul: Yeah.

Caroline: Yeah. Is there any particular adult that's, you know, really helpful here, or ...

Paul: There's like three of them. Like I don't ... The one's that I don't like or go to them, I don't really care for.

Caroline: Mmm. Right.

Paul: I'll just go to the lessons anyway because to do whatever, but ...

Caroline: Right.

Paul: There's like three certain teachers that I actually talk to like.

Caroline: Really?

Paul: That I get along with, yeah.

Caroline: Yeah, and what is it about them? Because I'm really interested in that, you know?

Paul: I don't know. Like with Miss Bradshaw, she's just like completely honest like.

Caroline: Yeah.

Paul: I don't know. I've never like had an argument with Miss Bradshaw in the time that I've been here, but ...

Caroline: Right.

Paul: Like everyone thinks she's strict, but well if you actually start being like ... If you're not bad then she's actually all right and that.

Caroline: Mmm.

Paul: There's Miss Butcher, I've just known her for quite a while now. And She knows my mum and that, so.

Caroline: I see.

Paul: I get on with her. Then Miss Bennett like, she works here but she used to work in a, uh, a place where all the kid ... Like do you know yachts?

Caroline: Yes. I do.

Paul: Yeah, used to work there. I used to go there. She didn't need work on mine, but she just used to ... I don't know. She just understand like what everyone ... what everyone does here.

Caroline: Right. Yeah, because I heard you use two words there that I really noticed you talking about. You talked about being able to trust someone. You have the first you mentioned, that you can trust her. Uh, and it's really interesting that you described her as strict and that some people don't get on with her because they think she's strict, but that you find that you could can trust her. Like maybe you know where you are with her.

Paul: Mm-hmm (affirmative).

Caroline: And that the other ... Is it the teacher that you mentioned after Miss Butcher, you said is kind of, you know, understands you and it sounds like you've got, you know, a long ... a long term relationship with her.

Paul: Mmm.

Caroline: And like how ... What does ... What effect does that have on you to be around adults that are understanding and trusting? Am I ... Have I got that right when I said that that's ... Is that kind of what it is about them that ...

Paul: Mm-hmm (affirmative).

Caroline: Yeah, I mean ...

Paul: I don't know, I just ... I don't really get along with people that are my age neither like.

Caroline: Right.

Paul: I do here, because they're actually all right. But looked like ... I don't know.

Caroline: Mmm.

Paul: I have a lot of older friends, like ... Well I used to. That's ... I used to get into trouble with the police and that and just stopped.

Caroline: Mmm.

Paul: But I don't ... I just get along with people older than me.

Caroline: I see.

Paul: I think that's what it is.

Caroline: So it's hard to get on with your own age group.

Paul: Mm-hmm (affirmative).

Caroline: And it sounds like you were saying that you find yourself getting into trouble, maybe getting into it. Is that thing again ... again about sort of getting into a role that you find yourself sort of accidentally being in? Or is it ...

Paul: Well, I don't know what it is really. I just ... I used to get a rush from what I used to do.

Caroline: Yeah. Yeah.

Paul: There's no point anymore. I just don't like hassling my mum.

Caroline: Right. Right. That's a big change, Paul, isn't it? That you were saying, you know, you've kind of thought, you know, I just can't be bothered with the hassle anymore and the effect on my mum. Can you ... can you sort of think back to when that ... When did ... How did that happen? Did anyone help you with that kind of change of thought or ...

Paul: No. I just ... The first time I'm like ... I've been to like a cell a couple of times. But like ...

Caroline: Mmm.

Paul: I don't know. Like I had lot of enemies and there's this just one time I was just walking like to the shop and someone saw me that they didn't ... and they didn't like me and then they went back and then ... And then they phoned the police and they stopped me. Because of that time I literally just finished playing basketball.

Caroline: Right.

Paul: And I had a basketball and apparently I kicked it at this kids face or something. And then, yeah, like it was ... I don't know, just sot from there and it ... Because even when I wasn't doing anything I was always getting stitched up by someone, so I just ...

Caroline: I see.

Paul: I couldn't be bothered and I was on my last chance as well.

Caroline: I see. And what's that? What was that last chance? What would have happened?

Paul: Well, I don't know. It depends on what I would have done in all honestly. But I've been stopped quite a lot of times and put in the cell, so.

Caroline: Mm-hmm (affirmative).

Paul: It would have been probably a juvenile or something or ...

Caroline: Right.

Paul: Tagged probation. I don't know.

Caroline: Mmm. And it sounds like that's something you really didn't want. And, did ... What was it like here? Like did the staff know about it and were they ... How did they respond to it?

Paul: I don't know. Like a lot of teachers here know what I'm like, like what I used to do.

Caroline: Mm-hmm (affirmative).

Paul: What about ... What still would do if I get [inaudible 00:12:22], but ...

Caroline: Mm-hmm (affirmative).

Paul: I don't know. Like I don't know. They just ... I can tell them and then they just say what they want to say about it and all that. They don't care what they say, if they think that you're doing something stupid they'll just tell you, just like ...

Caroline: Right.

Paul: Just ... I don't know. They just get through to you a lot easier than someone saying ... Just sitting down and being all nice about it like.

Caroline: Mmm.

Paul: I just ... Yeah.

Caroline: Oh, that is so interesting what you just ... Because I'm thinking about the first teacher you mentioned, Paul, that you said you like her, even though she's strict. And you said that thing about they get through to you, and that rather than being all kind of ... I think you were saying being all kind of nice about it, that they kind of they have a way of kind of getting through to you that seems to ... seems to have an effect on you. You know, that ... that ... that they sort of have an impact and that they were helpful, you know, at a difficult time. So I'm just wondering, you know, you've described like a lot of changes in your life. You know, going from Sutton to Cornwall and then to Birmingham, and the schools that you were in. Um, and I'm just wondering,

you know, within ... Where ... At what stage was it that you lost your dad?
What do you remember?

Paul: It was in Polperro, Cornwall.

Caroline: In Cornwall. So it happened in Cornwall. And how old were you?

Paul: I think I was about six or seven and I found him in the bath like ... Like just, he drug overdosed. I didn't ... I didn't ... Like obviously he was my dad so I had feelings for him, but I used to ... He was a drug addict and he used to beat my mum and all that stuff.

Caroline: Mm-hmm (affirmative).

Paul: I didn't really have that feeling for him, but he was still my dad, so.

Caroline: Absolutely. He was still your dad and you found him and you remember that happening at around five or six years of age.

Paul: It might have been seven, I'm not sure.

Caroline: Yeah. You're not sure of the time that this happened. And I know that you said that, you know, he'd had problems with drugs, but as you said, he was still your dad and you had feelings for him. And you know around that time, what ... what do you remember it being like in terms of, you know ... Do you remember what it was like around that time when it happened? You know, being at school and ...

Paul: I was pretty ... I could have a laugh and a joke and that like. I've never always been perfect in school, but ...

Caroline: Mm-hmm (affirmative).

Paul: I don't know, like ... I ... I just went back to my old life because in a way it was kind of a blessing because everyday it was he was just beating my mum, constantly and like ...

Caroline: Mm-hmm (affirmative).

Paul: I ... I just think it was a blessing to be honest. I just carried on with life.

Caroline: Right. So after it happened there was a sense of ... I'm sort of hearing maybe mixed things, I don't know if that's right. I'm sort of thinking about when you said, "He was a drug addict. He beat my mum. But he was still my dad." And kind of, but, you know, in a way you were able to get on with your life, but maybe there was something around, you know, "He was still my dad," and, you know, that there was that ... those kind of mixed feelings about him.

Paul: Mm-hmm (affirmative).

Caroline: And you were saying ... And what was ... What did you do to get on with your life at that time? Did anybody sort of help you to do that?

Paul: No. Like I didn't talk to anyone.

Caroline: Right.

Paul: They wanted me to take counseling, but ...

Caroline: Right.

Paul: I didn't see the point because it didn't ... it doesn't ... it doesn't bother me.

Caroline: Right.

Paul: I don't mind talking about it to be honest.

Caroline: Mm. You were saying it doesn't bother you that you're ... You ... You don't mind talking about it.

Paul: No.

Caroline: Is there any aspect of it that, you know, even though now you're getting older and you're about ... Have you hit your fifteenth birthday yet?

Paul: No. That's March 28th.

Caroline: Right. So you're kind of fourteen and a half.

Paul: Yeah.

Caroline: And I'm just wondering what it's like now. You know, when you sort of look back now, do you ... do you think ... do you find yourself thinking about it or having feelings about it?

Paul: I don't really think about it just because it's not my style ... Like, I don't know. My mum's known my step-dad since they were kids, and like, uh, he was there when I was born and like. I've known him all my life, so. I don't know.

Caroline: Right.

Paul: He just ... I don't know. I've classed him as my actual dad.

Caroline: I see. So you've known your step-dad all your life. And you said he was even around at the time that you were born. And ... and that, you know, you see him as a ... as a father figure it sounds like, you know, for you. I suppose ... I'd like to get back ... I'd be really interested in coming back to that in a moment, because that's sounds like a really important relationship for you. Um, so in terms of your dad and around the time that your dad died, and, you know, you described going in and finding ... Was it ... Were you on your own when you found him?

Paul: Uh ... My mum went to her mates that day, like sort of my dad wasn't around, because it's like ... My mum's mate was friends of my mum obviously and then ...

Caroline: Mm-hmm (affirmative).

Paul: My mum's mate's boyfriend was my dad's best friend.

Caroline: Mm-hmm (affirmative).

Paul: So we just went there and we just stayed there one night. And then my mum and dad had an argument, my dad walked home, and then he ... he walked home late at night and then he had, um, he just went home basically. And then the day we went home, all the doors were locked and everything and then, yeah. And then, um, there was like ... Obviously I was small then so there's was this little cat flap and ... and I went through the cat flap, got the keys, I opened the door and then I was looking for my dad and then no one could find him. Then I went to go to the toilet and I saw him in the bath.

Caroline: I see.

Paul: So I wouldn't say I was on my own, but I saw him on my own.

Caroline: Yes. Yeah. And then do you ... do you remember what ... what your mum's reaction was at the time? Or whether ... Were you able to ... to sort of show your sort of reactions to her? Or do you remember what that was like around that time? And how the people that knew your dad and your family, how they reacted to it?

Paul: My nan and my granddad used to love him but they didn't know what he used to do.

Caroline: I see.

Paul: I was telling them but they didn't believe me just because I was young and it like ...

Caroline: Mmm. Mmm.

Paul: And, uh, when it actually happened and my mum told them when he died.

Caroline: Mm-hmm (affirmative).

Paul: I don't know like, they ... I don't know like, they ... they just felt really bad because they didn't believe me. They didn't really care then because obviously what he'd done.

Caroline: Mm-hmm (affirmative).

Paul: And then ... My mum's side of the family didn't really get along with him anyway, just because of how he was like. Um, I ... I didn't really get ... We didn't really get along with my dad's side of the family, so.

Caroline: I see.

Paul: I don't know like what happened really. But his mum ... Uh, my dad's, um, mum and dad, my nan and granddad didn't really care because they knew what he was like and he already battered his mum before, so.

Caroline: Mmm. So a real mix of responses from the adults it sounds like. And, yeah, I'm sort of trying to imagine you, you know, as a five year old in that and what that might have been like. Do you have any memories, Paul, of, you know, doing things with your dad. You know ...

Paul: No. My dad didn't like me. He use to ... I don't know. When I was born, because I was slightly gingery, I have brown hair now. At first thought I was like not his, and, um ... Yeah. Apparently my mum didn't cheat him, but she'd gone and got, uh, one of them DNA test done. And then I was his son, but he still didn't believe it, so.

Caroline: Mm-hmm (affirmative).

Paul: And I never really got along with my dad. I was more of a mummy's boy.

Caroline: Right.

Paul: Especially my uncle and my granddad as well like. My uncle, before my mum got with my step-dad, like he still is now though, like my uncle he's still like my father figure, is my uncle. I've looked up to him a lot, and for my granddad.

Caroline: Mmm. Mmm. I'm really hearing that, so you mentioned your uncle, your granddad, your step-dad as ... as kind of men in your life that are really positive influences. And, you know, how would you describe them? Because, you know, I'm getting ... I'm getting a real sense that you have got other, you know, figures in your life and people that are really there and supportive of you and ...

Paul: My uncle, he's got schizophrenia.

Caroline: Mm-hmm (affirmative).

Paul: And he was like ... He hasn't been on drugs for ages and that, but he used to go clubbing a lot and taking loads of drugs. That was like, I think that was before I was born.

Caroline: Mm-hmm (affirmative).

Paul: But he takes a lot of methadone because he used to do it every now and then, and then he just didn't want to do it. And he's lost a kidney because of he used to be an alcoholic and all that.

Caroline: Right.

Paul: But he was never like that around me and like he was always pretty, like ... He's just been good. And my granddad, he's very, um, he's ... For his age he's pretty like ... he likes ... he's ... People call him grim, I don't call him grim. He's just very overprotective. And ...

Caroline: Mmm. What does he do that's overprotective?

Paul: Uh, he's always shouting. Like everyone ... No one takes [inaudible 00:20:40], they all know like, they're protective, but like sometimes he overreacts a bit, but we all just know what he's like and ...

Caroline: Mmm.

Paul: My step-dad, I've looked up to him but I he's not the best influence, because he's been out, in and out of jail and he's in jail at the minute, but ... I haven't like ... He hasn't done like extremely bad things, like this time that he's in now, he got set up because I wasn't even aware of what apparently happened, but it didn't. And, yeah. But that's what ... that's why when he gets out we're moving back to Cornwall so he can just get a fresh start with it.

Caroline: Oh, I see. So there's a plan to move again.

Paul: Mm-hmm (affirmative).

Caroline: And what ... what's that like for you the fact that you'll be going back to Cornwall? I'm just going to make sure this is off, Paul, because I don't want it disturbing us, um, when we're talking. Um, yeah. Um, so, you know, so obviously that's, you know, you went to Cornwall, but it sounds like you had a ... a good time at school there, but you had then this very, you know, really hard and difficult experience, you know, in finding your dad. I know you were saying that he didn't ever really feel like a father figure to you, "but he was still my dad," and that kind of, you know, that sort of difficult in having those ... those two feelings about him. And I'm just really interested to know, what ... what kind of picture have you got in your mind about what life might be like when you go back?

Paul: I don't really mind just because I ... I need to get out of here so I can go to a school and do my GCSE's. If I go there and I go to this school, like the top school, where all my old mates used to go.

Caroline: Mmm.

Paul: It doesn't really bother me too much that we're moving. And I used to know a lot ... I think why I was a lot more shy in Great Barr's is because the people over here are a lot different to the people in Cornwall.

Caroline: Right. And you ...

Paul: I just think that was just a big change.

Caroline: I see. And you know when you say people, Paul, do you mean within the school, or do you mean, kind of, you know ...

Paul: Just in general like.

Caroline: Just in general that you've noticed a difference in people. And it sounds like you've got people that really look out for you in Cornwall, you know, you mentioned. Is your granddad still down there?

Paul: Yeah.

Caroline: Yeah, and your uncle and your step-dad will be moving as well, so it's the people that, you know, that you feel really look out for you. You describe your granddad as being overprotective, but, you know, it sounds like he's got you, you know, your best interest at heart.

Paul: Yeah.

Caroline: Um, I'm just wondering. I'm just really interested to know, if you could ... if you could choose a stone to describe, you know, to sort of, you know, represent your ... say your ... your step-dad, what would you choose? Which of those would be most like him do you think?

Paul: I don't know. Um ... Probably this one.

Caroline: Okay. You can pick it up if you like, if it sort of helps you to think ... Well that's really interesting. So tell me. Tell me ... What is it about that stone that reminds you of your ... your step-dad?

Paul: I don't know, like I see this part as the good in him and the then this is the bad end and like everyone thinks that there's a lot of bad in him, but ...

Caroline: Yeah.

Paul: There's not.

Caroline: Yeah. I see. So it sounds like you see both sides of the stone. You know, when you describe your granddad, that maybe you saying some ... there's two sides to him. You know, that kind of sparkly bit that's full of life and goodness and then the bits that, you know, that kind of struggles to do the right thing. But you can see both sides. Yeah. Yeah, I really get a sense of that when you describe him. And what about, you know, what about your mum? You know, what ... Any stone there that you'd use to describe your mum?

Paul: I don't know like, I ... I need a rock. I don't know ...

Caroline: That's okay.

Paul: She's just a really strong person.

Caroline: I see. So you ... So if there was a stone here it would be a sort of rock. And what would that rock be like in terms of size and ... and the feel of it?

Paul: Pretty hard because she's an hard like ... I don't know. She won't ... she won't take no none ... Like she won't like just let me walk all over her. I wouldn't do that anyway, but ...

Caroline: Mmm.

Paul: I don't know. She's just been strong all her life ain't it.

Caroline: She's been strong all her life.

Paul: Mm-hmm (affirmative).

Caroline: And how's that effected you do you think? The fact that she's like a rock, you know, that she's been strong.

Paul: Just how it became, but ... When my step-dad's died. And I had a younger brother that died as well.

Caroline: Did you say your step-dad died?

Paul: I mean my real dad died.

Caroline: Yeah, when your dad died you remember you mum being ... being very strong about it.

Paul: Um ... Yeah, but then when my, uh ... I had a brother who died, a little brother.

Caroline: Right.

Paul: He was only six days.

Caroline: Six days old.

Paul: Mm-hmm (affirmative). And then that's when my like ... Because they said something ... They said like that he was [inaudible 00:25:30]. He had a problem, but I'm not sure what it was.

Caroline: Right.

Paul: But, yeah. That's probably the only time I've ever seen my mum actually like very, very down.

Caroline: Mmm. Mmm. And what was that like? You know, seeing that you were saying it's the only time you've ever seen her like that? What ... How old were you when, um, when your brother died?

Paul: Uh, I was ... I was younger than when my dad died.

Caroline: So it's before your dad died.

Paul: Mm-hmm (affirmative). Yeah, but I can't remember anything about that.

Caroline: Yeah. Just that you remember ... you remember very clearly though that when your brother died, um, your mum being very different and being very down. I just wonder what that ... Do you remember what that was like for you, sort of seeing this big change in her?

Paul: I don't know like ... I was pretty young, so I didn't really understand it. I just ...

Caroline: Mmm. Mmm.

Paul: But I knew that something was always like making her upset.

Caroline: Yeah. Yeah. It's clearly stuck in your mind, Paul, hasn't it? As a time when she really, perhaps was struggling, you know, maybe needed somebody else to just sort of support her and be a rock for her it sounds like. And I suppose, you know, I know you didn't know your dad, you know, for a long period of your life, and you've described him, you know, to me. And I'm just wondering is there ... is there a rock there or is there a stone there or a stone in your mind that would describe your ... your dad? To give me a sort of sense of ...

Paul: Black one is full evil.

Caroline: Yeah, so it's ... Show me. Do you want to ... You can just pull it out and just ... So you would say you choose the black one, and you're saying full evil. You don't ... you didn't ... There's no kind of side or other part of him that ...

Paul: No.

Caroline: Yeah. So, yeah. So that ... It feels like that's the sort of impact that you feel he's had on your life. So really different. I'm just thinking about that stone there and, you know, how you described your ... your step-dad and your granddad and how you described your dad, and then your mum is this rock. So a real ... real mix of people but a real sense of people in your life that have been kind of ... It sounds like really consistently there for you, you know. And ... and you describe this change, Paul, that you've been going through, you know, about being in trouble with the police and you talked about not wanting to give your mum hassle. It sounds like you've got, you know, a real sort of sense of, um, impact on her and her feelings and her life and ...

Paul: Mm-hmm (affirmative).

Caroline: That you have, you know, that sense of good relationship with her. I'm just sort of wondering, you know, thinking about you going back to Cornwall and, you know, would ... Are you hoping to kind of be able to, you know, get to know people of your age and, you know, you were talking about that you tend to get on with older people and ...

Paul: Mm-hmm (affirmative).

Caroline: When you say older are they adults or are they just older ...

Paul: Well like teenagers, like older teenagers.

Caroline: I see. And what is it about them that's kind of, you know, easier to get on with than say fourteen, fifteen year olds?

Paul: I think they're just a lot more just chilled out and not hyper.

Caroline: Well, that's really interesting. More chilled out and not hyper. Is that something to do with what you described as the kind of loud noises and wanting to kind of gather in groups?

Paul: Mm-hmm (affirmative).

Caroline: And, yeah. Right, I mean, yeah, it's just ... just so much and I ... I feel, you know, I feel really privileged that you've shared all of this with me. Because what I'm trying to trying to really understand is what happens that children that when they lose a parent are then go on, you know, to be excluded from school. And, um, I remember you saying, you know, about getting on with your life, you know, once, um, your dad had died and, you know, that you just sort of picked up and went on. Um, I'm just wondering do you remember what the teachers were like when you sort of went back to school? Do you remember what they ... they were like, or what class was like?

Paul: Uh, they were just weird, ain't it.

Caroline: They were weird.

Paul: Like, yeah, there's a lot different about them.

Caroline: Oh, that's really interesting. That you even ... even at that very young age you remember the teachers around you behaving differently. And what did that ... what did that look like? What did they do that was different?

Paul: Like, I don't know. Say if they saw ... Like we was one time when we was watching, uh, a film, and there was a coffin in it and they took me out just because there was a coffin.

Caroline: Mmm.

Paul: That didn't ... wouldn't have bothered me, but ...

Caroline: I see. So they ... so they immediately removed you. Did they talk to you ever about ... about, you know, losing your dad or ...

Paul: They wanted to. I didn't ... I didn't talk to anybody. It didn't bother me.

Caroline: I see. Yeah. I remember you saying that they offered you counseling and you were saying, you know, that you didn't want it. But, yeah, so you felt they were a bit different around you though, and ... Do you ... You know, what ... what's your thinking about that? You know when adults do that and they kind of change their behavior when something like that happens, you know, what do you make of that?

Paul: I think it's a bit stupid, but ...

Caroline: Mmm. Mmm. Yeah, it's ... it's hard. You found it kind of hard to sort of make sense of, you know, the fact that there was that change. Was there anybody in that school at that time that you felt was ... was still the same with you or consistent with you? And, you know, you describe people in your family that are supportive and people here, I just wonder if there was anyone in ... in that school at that time that ... that helped ...

Paul: I didn't really like it and everyone ...

Caroline: Right.

Paul: I don't really talk to many people, so.

Caroline: Mmm. Mmm.

Paul: Only to a certain people.

Caroline: Yeah. Yeah. I remember you talking about that, about trust and ... And did you ... did you ... You continued on in that school though. Did you ... You don't remember having any exclusions or being taken out, you know, once you lost your dad? Do you remember having any sort of feelings around that? That you struggled to ... to manage, you know, once your dad had ...

Paul: No.

Caroline: No. But it sounds like yet here you describe ... The way you describe here, Paul, and your kind of your previous schools, this has been a really positive experience it sounds like for you and ...

Paul: Mm-hmm (affirmative).

Caroline: And what another thing I'm really hearing is that you've got plans, haven't you, for your future. And you were saying, you know, "I want to go and sit my exams and, you know, I'm ... I'm hoping to do it." That you're hoping to do that. What you ... What are your hopes for your future in Cornwall?

Paul: I want to be a mechanic and [inaudible 00:31:31].

Caroline: Oh, wow. So you've got a real kind of clear goal about what you want to do.

Paul: Yeah.

Caroline: And how long have you wanted to do that?

Paul: Two years now.

Caroline: Mmm. Well that's really great. You've got a goal and ... and you've kind of got a path that you want to follow in life which is really great. Right, I do ... I do have other things that we could, you know, I've got some ... some pictures and so on. But I ... I think really that ... I think I've got a real sense of your experience this morning. And I just want to say, thank you so much for sharing that with me and I just want to sort of explain to you what I'm going to do now. Um, so what I'm doing is, and I'm gonna be seeing someone after you. I'm ... I'm gonna ... I'm recording all the ... the interviews that we're doing and chats, but I'm not ... I'm not gonna be keeping it long term. What I'm gonna do is ... is kind of write it all out and look at, you know, kind of themes and, you know, about people in your life.

Then once I've done that I delete the recording, just so you know they're not kept. Um, and when I write up my study, I'll ... I'll change names and details, you know, so that, um, you're ... you're not identified in any way. But what I will do is I'm gonna come back, um, sort of next year when I've ... I've got all the interviews together. And I'd just like to sort of let you know what, you know, what I'm gonna, you know, how I'm gonna use it. And also just what other people of your age said as well, you know, what their experience is. You know, I'd just like to sort of share that with you if that's okay?

Paul: Mm-hmm (affirmative).

Caroline: Um, and just to offer, Paul, if at any point you want to kind of, um, contact me about, you know, what I'm doing or you just want to follow up on what we've talked about today. I know you were saying you don't always like doing that, but I just want you to know that the offer's there. You know, if you did want to make contact that you can ask to speak to Caroline and they've got my details. You know, and I ... I'd be just really interested as well just to know how you're getting on, you know, over the next few months. Because I'm just aware that you haven't met me before and you ... you've shared so much experience with me today, and I really value that. So thank you very much. Is it all right if I ... if I ask you to just sign that you're okay for me ...

Paul: Mm-hmm (affirmative).

Caroline: ... to sort of use your ... your, um, what you've shared with me today? Um, I'll just show you what ... It's just a very simple form that just says, um ... So this is my name, Caroline. Caroline Keaney. And just that ... Did Sue show you the information sheet about the study that I'm doing? She said that I think that she took you through ...

Paul: Well, no. She gave it me to ...

Caroline: Okay. So she gave it to you. Um, so it's just ... If you have a read, Paul, rather than me ... And then if there's anything you want to ask me. So just that you've read and understood the sheet that she gave to you and that you're

taking part is voluntary. Um, I know Sue will have, you know, shared that with you. And just your name, Paul, and your signature, and then I'll sign it as well. And I will come back just to, you know, to really share with you, you know, how I've ... how I'm going to ... to use this really valuable experience that you've shared with me this morning.

Paul: And then do I ... do ...

Caroline: And, uh, yeah. So if you're happy ... if you're happy to tick those and sign there, that'll be really great. I'll hold it because it's shifting about the ... Um, and just your signature, Paul, please. Thank you.

Paul: Spell my name?

Caroline: Yeah.

Paul: There you go.

Caroline: So is there anything else that you want to ask me, Paul, before we stop today? Or anything else that, you know, has come to ... to mind about ... about what you've talked about this morning.

Paul: Mmm, not really.

Caroline: Mmm. How are you now? You know because obviously you've ... you've shared a lot. Are you fine?

Paul: I don't mind talking about it.

Caroline: Mmm. Mmm.

Paul: [inaudible 00:35:14].

Caroline: Yeah. Is it something you've done a lot, kind of talked about your experience with people?

Paul: I've never actually spoke to anyone about it before.

Caroline: Right.

Paul: Like this anyway.

Caroline: Right. And do you ... How are you left kind of feeling about that if you haven't spoken like this before?

Paul: It doesn't bother me, like it ... I just didn't see the point in talking to anyone about it at first. But this has actually for something that you're doing, so.

Caroline: Mmm. Mmm. I see. So it feels like there's a purpose to it.

Paul: Mm-hmm (affirmative).

Caroline: And has it had any kind of impact on you at the moment? I mean it's too early to say, but, you know ... You know, I really appreciate what you've just said there. That you said that because it's got a purpose that you wanted to come and do this. And what ... what are you hoping might come out of the study, you know? Because I'm gonna be sort of meeting other young people that have had similar experiences.

Paul: I don't know. I just ...

Caroline: Yeah.

Paul: I've done it.

Caroline: You're just happy to take part in it. Thank you very much. Because I really, really value that. And I value everything that you've shared this morning, and I look forward to coming back and just sort of, you know, um, given you a sense of, you know, what other people's experiences have been and then, you know, what I plan to do with, you know, the information that you've given me. Okay?

Paul: Okay.

Caroline: Thank you, Paul. Shall we just go and find, um, Beth. I'll just ... I'll just turn this off. Um, I have a habit of leaving ... Oops-a-daisy. You haven't missed your football, have you?

Paul: Uh, what's the time?

Caroline: Um, because I know I said I didn't want to take you out if you were doing football. Um, it's ten past ten.

Paul: It might have started at ten.

Caroline: Oh, I'll just make sure that you catch up with ... I'll just use the loos.



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Caroline: ... introduce myself. So, I'm having big problems with this this morning. I'm just gonna shut this down, and then we can, we can start, which would be great. See then my name's Caroline. I don't know if you know it. Did, um, did Miss Swift, is that what you call her? Would you call her Caroline Swift.

Caroline: No. Miss Swift

Caroline: Miss Swift. Did she explain who I am or what I would be doing this morning? Did she say anything? Okay, so maybe if I explained a bit. Um, I'm Caroline and I work as a psychologist, and I go in and out of lots of different you know schools and ... Schools like this and , and, work with lots of different children. What I wanted to do today, what I've been doing over the last few days is talking to lots of different young people about their experiences, you know in school and just sort of growing up and just generally you know whatever it is that you want to talk about, okay?

So, I'm just here to have a chat with your this morning, really. And I really don't know very much about you at all, Sean. I mean, all I know is that, um, you joined here quite, you've been here since September, is that right? Um, so I know that, and I know that you live with your Nan, is that right? And that's really all I know. So, it would just be really good to just kind of get to know you and like what you've been doing and what's good about being here and maybe what, what could be better. Does that sound all right?

What I've got here, I've got some stones as well that might, sort of, help us possibly chatting. I know it's a bit hard sometimes when you're just talking. So, I've got some kind of stones if you want to sort of have a look at some of those and things. So, yes, so you've been here since September and where were you before that, Sean?

Sean: Link Center.

Caroline: Link Center. And um, were you there for quite a while? Right, okay. And then you came here. And so you've been here now for about kind of two and a half months, haven't you? And like what's it like here? You know, how's it going?

Sean: All right.

Caroline: It's just all right? So, you've kind of settled here and you know it feels all right being here. And what are the staff like? Like what are the teachers like here?

Sean: All right.

Caroline: They're all right? And what about the other kids? They're all right as well. And how does it, how does it compare to some of the other schools you've been in, you know, how does it, what was like the Links like. I don't know Links at all. What was that like?

Sean: A lot better.

Caroline: A lot better? Was it? So, a lot better than here? All right. Okay. Was that, what were the sort of teachers like there?

Sean: All right.

Caroline: They were all right? And wh-, wh-, what made it better? It just was. It just felt better going there, did it? Did you have more friends there or like what were the kids like?

Sean: All the kids were all right to me.

Caroline: Were they?

Sean: A lot of the kids came from my old school [inaudible 00:03:02]

Caroline: Oh, they came from your old school. So you know quite a lot of people there. All right I see. So at Links, quite a lot of people from your old school were there. So you had quite a lot of sort of friends did you there? And what about here have you managed to kind of make any good friends here?

Sean: I've got a few.

Caroline: You've got a few here as well, okay, suppose it's, you've only been here such a short time haven't you? So who's at home, there's you, Nan ...

Sean: I've got an older brother.

Caroline: You've got an older brother? How old is he?

Sean: Eighteen.

Caroline: He's eighteen? Right and what's he doing?

Sean: Trying to [inaudible 00:03:35]

Caroline: He's trying to find work at the moment, and how's that going?

Sean: All right for him.

Caroline: It's going all right? And what does he like to do? Has he got any kind of, he's not sure. So he's looking for work. So th-there's your older brother who's eighteen and there's your Nan and ...

Sean: And my younger brother.

Caroline: And your younger brother, and how old is he?

Sean: Eleven.

Caroline: He's eleven. So it's you, your older brother, you younger brother and Nan, is that right?

Sean: Also my little sister.

Caroline: Oh you've got a little sister as well, and how old is she?

Sean: Nine.

Caroline: Nine, nine. Right, so there's four of you plus Nan is that right? And um, who would you say, who do you get on with? Do you get on with them.

Sean: [inaudible 00:04:17]

Caroline: Yeah? You seem tired this morning, did you have a late night. Yeah, Yeah. Feeling a bit, bit tired. Right well I've got these, I've got these stones here um, Sean, and I was just wondering if there's a stone here that you, that you think kind of describes what it's like to be uh, here at Bridge so far. Is there one that you think reminds you of it? No ... So how are things at home with your brother and sister? Their fine. What do you like to do when your at home?

Sean: Chill.

Caroline: Chill, yeah. So you can relax when your at home. And who's kind of, what do you do to chill?

Sean: Sit in.

Caroline: Sit in your room and just chill out. Do you like playing football? No ... I just wondered cause you were holding a ball, I just wondered if that was something you sort of enjoyed doing. So when you're here, you're here is it for the morning? So you come in for the morning, and then you go home at sort of half ten-ish? Is that right?

Sean: Eleven.

Caroline: Eleven, so then you go home and sort of tend to sort of chill at home in your room? Yeah. And what kind of you know what's kind of going around here, which, which sessions do you like kind of going into?

Sean: None.

Caroline: None of them? You're not enjoying any of them at the moment? So not even the more kind of artsy ones or so you're not really enjoying being here? And what is, what, what's that you know, none of them, none of them are kind of enjoyable. Did you well, did you prefer the lessons when you were at Links?

Sean: Yeah.

Caroline: Did you? Which ones did you enjoy going to there?

Sean: Art.

Caroline: Art, you enjoyed art there. What kind of art do you like doing?

Sean: I don't know.

Caroline: You don't know. But you like art? You sort of enjoyed it at Links but you're not enjoying it so much here. Yeah, I suppose I'm wondering if this has been a quite difficult move for you then. Like moving from Links To Bridge. It sounds like you found it quite hard ... Sort of moving ... You still in touch with any of your mates from there? No. Yeah so maybe, maybe it's really been really hard to come here after being there, you know you had your friends there, it sounds like you enjoyed art there and, yeah. You still kind of trying to find, find out what, what it's, you know, what it's going to be like here. I think it's probably quite hard for you to come in this morning, isn't it, and talk to me, especially because you haven't met me before have you, and it probably feels like I'm asking you a lot of questions.

Is there any other way that you'd kind of like to, what would, how would you like to use our time together this morning? Shall I give you kind of an idea of, of the things I've got? Or is there anything that you want to speak about? No ... Have you ever spoken about stuff like this before to anybody?

Sean: No.

Caroline: No ... Does it feel a bit strange?

Sean: No.

Caroline: No ... Just not something that you're used to. I can see, I can see that it's probably quite hard to come in and talk to someone that you haven't met before ... Do you, is it, do you want to, do you feel okay carrying on Sean or is it ... You do? Yeah? I'm sort of trying to wander, wandering what's the best way for us to talk together, would be this morning. I suppose that's why I, I decided to bring the stones along, because I just, sometimes I find I was with um, a young person yesterday.

He was in, he was in year ten and I found yeah he didn't really, he didn't really want to talk like this. He sort of used the stones and talked that way because he found it easier than me asking questions all the time. So when I asked him about, I sort of asked him about different teachers, about himself and things like that in his life. He was kind of using the stones I think he found it a bit easier ... So we could try that or if you like art you could draw or ... Should we try, should we try it with the stones then and see if that's a bit better? You don't really feel like doing that, no ...

I've got some, let me show you what else I've got, I don't know whether you'd, I've got some quite interesting pictures that we could look at, if you would like to look at those. No. You don't really feel up for it this morning, no. No I can see I think you're quite tired as well aren't you? It's kind of a bit hard to focus ... yeah. Do you want us to stop? Do you think it might be better if we stop? I mean I, I, I'd really like to kind of talk to you about your, I'm really interested in what you said about um, Bridge maybe not feeling so good and really finding it hard to be here and sit in lessons. Because one thing the staff did share this morning, I was asking, you know, What it's been, how your

getting on and settling and the impression I get is that they think you're really, that you've got a lot of potential is what they were saying.

They said you've, you can learn you've got really good memory, they were saying that you're into grime and how amazing you are, I think your math teacher shared that you kind of made up a rap to the seven times table, he was saying you're actually really capable. They have lots of really really positive things to say about you this morning before I met you. So that's really interesting, so what they said about you and how you feel about being here is quite different isn't it? Yeah ... So they were saying they really think you've got a lot of potential and that you're really good with like hands on things like cookery and art and so they, they can see that there's lots, you've got lots of ability, they have lots of really good things to say about you.

It kind of doesn't, doesn't really fit with how you feel, it sounds like. Who'd you get on with last year? I only know a few people I was wondering who you get on with best, out of the adults?

Sean: No one

Caroline: No one? There's no one that you could kind of go to if you wanted, if your having a bit of a hard time?

Sean: No.

Caroline: No. What's Nan like if things aren't going so well for you? What's she like? ... No, nothing, do you ever go and speak to her if, if things aren't ...

Sean: No.

Caroline: Going well or not? Do you have anyone in your life that you can, you can speak to if um, ...

Sean: No.

Caroline: No. There's no one kind of a bit special to you or that can help you when you find, kind of struggling with things? No, you don't, you don't tend to talk about it. What do you do when you're feeling kind of not feeling so good? What do you tend to do?

Sean: Go in my bedroom.

Caroline: You go in your room. What do you do in your room?

Sean: Chill.

Caroline: And how do you do that, what does chill look like?

Sean: Just get in my room and lay down on my bed.

Caroline: Do you? So do you spend quite a lot of time doing that? Sort of lying on your bed?

Sean: Yeah.

Caroline: Is your room, does your room feel like a nice place to be in when you're feeling not so good? Is it just you that's in there? Do you share it with anybody? Who do you share it with?

Sean: My younger brother.

Caroline: Ah, so it's you and your younger brother in that room. And your older sister, does she have her own room?

Sean: She uh, yeah.

Caroline: Does she? So then there's you, your younger brother, your sister has her own room, and does your older brother have his own room as well? So you like to just go in there and chill and lye down and relax and ... Do you ever go out with your mates or anything like that do you have and friends that you like to hang around with? Not really. So you tend to just sort of go home and lye ...

Sean: I go to aunts house.

Caroline: You go to your aunts house. Does she live quite near by? And what's she like?

Sean: All right.

Caroline: She's all right. What do you do when you go there? Is it, what, what kinds of things ...

Sean: Just to chill.

Caroline: Do you. So it sounds like you, you, you know homes a good place to chill when, when you kind of need some time and your aunts is kind of a good place to go as well. And what do you do there? What's the chilling like there?

Sean: Sitting down on the couch and messing around.

Caroline: Sitting around, sitting down a little bit to mess around. And who do you do that with?

Sean: Me ex.

Caroline: Your ex. Oh, I see. And how long has she been your ex?

Sean: Two or three, about, I'm thinking two weeks.

Caroline: Oh so not so long ago. So you broke up quite recently.

Sean: Yeah yeah.

Caroline: And does she, does she live with your aunt or does she um ...

Sean: No she's just staying there.

Caroline: She's just staying there at the moment. And how long were you going out with her for?

Sean: Four months.

Caroline: Four months. Oh so quite a while. And you've just recently broken up? And um, did you, how did it, what happened? You just kind of, you're not really sure, it just sort of broke up. And how have you been since then?

Sean: All right.

Caroline: All right. But you still see her, you see her at your aunts because she's staying there? So you kind of just, you said you kind of mess around with her, and just sort of, so you're still in touch, even though you've broken up. So you've got your aunt near by and your Nan and so those sound like sort of good places to go to but it's not so good when you're here it sounds like ... Yeah I suppose I'm just wondering who you um, is your girlfriend someone that you could kind of talk to if things are not going so well ...

Sean: I never spoke to her.

Caroline: You never spoke to her about anything ... Is it quite lonely not being able to share anything with anybody?

Sean: No.

Caroline: No? So what do you do when you're feeling, you know like when we all have those feelings of like, when you're feeling a bit angry or kind of really struggling like, who can help you with that? Nobody ... Yeah I can see you're really shaking your head there, looks like you kinda try, do you to manage it on your own? Yeah, yeah. It sounds a bit, sounds a bit tricky, kind of a bit difficult. What about Links, was there any one there? Any friends of yours ...

Sean: No.

Caroline: Or teachers? Hmm ... Have you, I, I'm trying to get a sense of where you've kind of been Sean and Cause I know you, so, do you mind if I get a piece of paper? Is that all right? Because I'd just like to just get a sense of um ... So, so you've got your Nan, and there's you. And there's your older brother who's eighteen ... and then there's your younger sister and your younger brother isn't there? And then there's your auntie and your ex girlfriends there as well. Does anyone else live with auntie?

Sean: No.

Caroline: No, okay. Um, and so here, so you're here at Bridge, and then you were at Links and, were you at, have you been anywhere else to school? Apart from Links and Bridge?

Sean: Yardly.

Caroline: Yardly.

Sean: Maybe wood Center.

Caroline: The?

Sean: Maybe wood.

Caroline: Oh yeah, the Maybe wood Center ... And where else?

Sean: St. Albans.

Caroline: St. Albans.

Sean: [inaudible 00:15:40] Center. Before St. Albans, after St. Albans.

Caroline: After St. Albans?

Sean: Correct, St. Albans then the Center

Caroline: Okay So ...

Sean: Yardly.

Caroline: Messed this up haven't I?

Sean: [inaudible 00:15:52] then Bridge.

Caroline: So you've had all those moves. Hmm. That makes me understand a little bit more actually about um, why you don't really have much feelings about being here if you, if you've moved around that much ... So, it sounds like what was, what was some of the other places like? Links it sounds like ...

Sean: Boring.

Caroline: Boring, sort of boring. Anything else, how else would you describe it, some of the other places?

Sean: Boring.

Caroline: Just boring ... And is that, is that different to here or is it the same feeling, or is it ...

Sean: Pretty much the same.

Caroline: Pretty much the same. So the only place, the only place that you've um, really kind of settled and then liked was Links? IS that right? ... I think that's really important that we um, if you're able to, this morning kind of, it would be really important that we kind of understand that. Cause you know like when you kind of uh, thinking about your future and moving on you get to know why Links works so much better for you. Cause it sounds like that was a place that, you know, kind of is a bit more positive really. So why ...

Sean: I don't want to go back. I don't want to go back there.

Caroline: You don't want to go back to Links?

Sean: No.

Caroline: Right, why is that?

Sean: I got problems with some of the kids.

Caroline: Problems with some of the kids at Links, okay. And what were they like?

Sean: They all liked me at first.

Caroline: Yeah.

Sean: There was a kid that looked like me and the, and the kid told them he would like to curse at them.

Caroline: Right.

Sean: And he looked like me they think it was me.

Caroline: I see. So there was a kid that looked like you, he swore at someone and they thought it was you?

Sean: Yeah.

Caroline: And then what did they do because of that?

Sean: They just chased me a couple times.

Caroline: Was that out of, outside of school?

Sean: Yeah.

Caroline: Right, And then did they, did anything come out of that? That was, so you got problems with some of the ids there so you're not so keen on going back ... Right okay. Yeah that's a lot of moving around isn't it ... Yeah, that must be really hard to have kind of moved about like that. So how long have you lived with Nan for? Do you know how long you ...

Sean: Seven years.

Caroline: Seven years you've been with Nan. So you're, have you had your fifteenth birthday yet Sean? No, so your fourteen. And when's your, what's your birthday?

Sean: February.

Caroline: February, you're going to be fifteen. Okay so you, you've been with Nan since you were about seven, is that right?

Sean: Yeah.

Caroline: So you were seven. You were in year ... gosh what year is that? Three I think isn't that.

Sean: Yeah.

Caroline: Year three. So you went to live with Nan then, and did you all go together, like your brother? ...

Sean: No, it was me, my older brother ...

Caroline: Yeah.

Sean: And my older sister.

Caroline: So your older brother. Oh you've got an older sister as well?

Sean: Yeah.

Caroline: How did I ... how did I not include her? Did you mention her? Or did you ...

Sean: Yeah.

Caroline: Okay.

Sean: She doesn't live with me.

Caroline: Is she, so she's kind of left home now she's really big? Is she or ...

Sean: Yeah.

Caroline: How old is she?

Sean: Seventeen.

Caroline: She's maybe seventeen, right. And who does she live with?

Sean: Uh, foster carers.

Caroline: She's with foster carers. Do you see her?

Sean: Sometimes.

Caroline: Sometimes, okay. So it was you and your older sister and your older brother that went to live with Nan ...

Sean: And my younger brother.

Caroline: And your younger brother.

Sean: Yeah then we got my little sister like three days after.

Caroline: The she came a couple of days after. Okay so you all move with Nan when you were seven and, and then you start living with Nan, and then before that were you all living with your mum all the time, and then you all went to live with Nan. And do you still see mum? You don't see her ... And when was the last time you saw her? Do you remember?

Sean: About ... January.

Caroline: January of this year. And how was that, like how was that, kind of when you met her? When you saw her? How was it?

Sean: It was all right.

Caroline: It was all right. And what's it like now then cause that's, that's been a while hasn't it, since you sort of saw her? ... What's it like when you don't see her?

Sean: Don't bother me.

Caroline: It doesn't bother you. NO? You don't really find your self sort of missing her or anything. And do you remember much about what she was like, you know, as a mum to you? When, you know, before she left. Do you remember much about that? ... Not really, But you're not to bothered when she's not around. So before that who lived with, who lived with you when you where with mum, Just trying to get a sense of, kind of ...

Sean: Her Boyfriend.

Caroline: So there was Mom, her boyfriend, and you, and your older brother and sister, and ...

Sean: My little brother and sister.

Caroline: And your younger brother and sister. So you were all together and then there was mom and mom's boyfriend. And so how long, how long were you sort of living together? Did dad ever live with you all or?

Sean: Yeah dad lived with me till I was like six.

Caroline: So dad lived with you till you were six, so then it was dad and mom was it? IS that right?

Sean: Dad and mom until I was six.

Caroline: Until you were six, and with your older brother and sister, and you, and your younger brother and sister.

Sean: Yeah.

Caroline: And then how long was mom with her boyfriend for? Was that, was that after that age? Was that when you were about seven?

Sean: Yeah.

Caroline: Right. Just trying to get a sense of when things happened and who you were living with. So you were with dad until you were six. And then what happened with dad, because I know dad died when you were six, and do you know much about that? Do you know what happened to him?

Sean: No.

Caroline: You're not quite sure how he died or, or that, what happened? Do remember much about him? Do you remember kind of what he was like or what he looked like? Or things that you used to do? ... No, you don't really remember much ... Because you've had, you've had a lot to deal with haven't you? You know your dad died when you were six, and then, and then you were with mom, and now you're with Nan. It sounds like you've been with Nan for quite a while now, things are a little bit more settled at home. So who, who do you kind of, you've got two brothers and two sisters haven't you? Who do you get on with?

Sean: None of them.

Caroline: None of them? None of them at all. So you find it quite hard to kind of ... What about the brother that shares your room? What's he like?

Sean: Naughty.

Caroline: Naughty, is he? What does he do?

Sean: Messes around.

Caroline: Messes around. Yeah I'm trying to get a picture of what your Nan's like because you've been with her for quite a while now haven't you. What's she like?

Sean: All right.

Caroline: She's all right. Is she at home when you go home after here? Is she?

Sean: Sometime she could be out on the town, like you know, shopping.

Caroline: What, just shopping would you say?

Sean: Yeah could be shopping.

Caroline: Yeah. Yeah. It sounds like she's around each day when you go back and things, like she's there for you that's, that's really good to hear. What would Nan say about you? Say I said oh, you know ...

Sean: I don't know.

Caroline: You don't know, you're not sure? Not sure how she'd describe you or what she's say? Yeah. It's a lot to think about isn't it Sean. A lot to think about ... You know a lot, I, I thank you for kind of sharing some of this. Now just looking, you know, on this page, you've had a lot of kind of moves and changes to deal with haven't you? It's a lot so I imagine it's quite hard to make sense of it all sometimes ... What are you kind of, what are you hoping to do over the next few years. In terms of, you know, I'm trying to think of ...

Sean: I'm not sure.

Caroline: You're not sure. In terms of like work, or kinds of, what might interest you. Because from what the teachers are saying you've got some real skills and potential ... Might be worth talking to them about that. They spoke about you really positively this morning. About, sort of saying that you're really good with your hands and hands on things and ... might be worth thinking about a job that might, you know, suit you. Um, you know suit your interests ... Does your brother ever talk to you, your older brother, about jobs and ...

Sean: No.

Caroline: Does your Nan talk about what you gonna do when you get all moved up?

Sean: No.

Caroline: No ... She hasn't really sort of spoken to you about that yet ... Okay well I think I, I just, I'm really aware that I seem to be asking you a lot of questions and I hope that hasn't felt too difficult, you know. Because I'm just sort of really interested in your life and kind of what it's like to be at this Center and to move around and, because I suppose what I'm really trying to do, with this study that I'm doing, is to see um, what works for young people and kind of what, what doesn't work. And see if there's any thing that we can change ... especially when people have had really difficult things happening to them in their life. Like you know, when you lost your dad, and I know you don't see mum very often and that, you know, some schools are really good at helping with that aren't they and then others aren't. So, I was just really interested to know if there's been anyone in your life that's been able to kind of help you with that, when things have been difficult.

No ... you haven't really felt that ... And is that because it's, you don't want to ask for help, you know, or is it just that you think nobody can help you?

Sean: I don't ask for help

Caroline: You don't, you just don't ask for help. You just sort of try and manage on your own? And do you think you do manage? You do ... Just wondering about that, just wondering you, you feel like it's something you've got to kind of manage on your own and you don't want to, kind of, or don't expect help from others? Hmm. That's something for us to really try and think about isn't it? About how you know there's someone you can relate to, because you had a girlfriend, didn't you? For a couple months. Was she your first girlfriend or have you had other girlfriends...

Sean: I've had others.

Caroline: You've had others. Have, have any of those relationships been for quite a long time?

Sean: Not really.

Caroline: No, so you've really had quite a few girlfriends and it's kind of broken up and, yeah ... It can be really hard. I think you've been through a lot, to kind of trust people and make relationships work. It can be really challenging can't it? I've really, I, I really um, enjoyed meeting you this morning Sean.

I really appreciate what you've shared and what I want to say is thank you very much for taking part in my study, and what I'm gonna do is ... I'm gonna, the interview that we've had today, it's not really an interview it's a chat but ... What I'm gonna do with any um, of the material that I've recorded is, it's all going to be deleted after the study so you won't be identified or anything like that. But what I am gonna do, if this is all right with you, is I'm gonna come back to Birmingham, you know, once the studies finished. Because I've spoken to quite a few young people now, like you, and I'm getting a real picture of what it's like, you know, to be in school and some, you know, when you've had a difficult, you know, some difficult things happening like losing. I've spoken to a few people that have lost their parents now ... and I just want to come back really and let you know a little about what their experiences were and what I think might be helpful. Does that sound all right? Does it, would it be all right to come back again and see how things are going?

Sean: Yeah.

Caroline: Would it be all right if I asked you, although Nan has give me that form, I like, you know, when young people are kind of fourteen, fifteen, getting towards adulthood, I like to get their signatures as well. Because I think that's the right thing to do, it's respectful. So would it be all right if we did that now? And I'll read it to you, so you know exactly what you're signing. So ... Did you get this sheet actually? Did Nan show you this sheet? I've got one actually that I've written for ...

Sean: No.

Caroline: No? I've kind of explained what I'm doing about, you know, about talking to children, young people about their experiences in school. I'm going to give you that to take away, I think it's really important you've got it. I know you

might, at, at least if you want to read it you can. So it just says that you understand that you taking part is voluntary, that means, you know, you didn't have to but you chose to. Which, thank you very much, you don't have to do it and your free to stop taking part at anytime and you don't have to give any reason. Does that sound all right? And you agree to take part and if that's all right would you mind ticking those boxes and just signing it. Sean thank you ... Thank you Sean, and if you could just sign here and just write your name there ... thanks ...

And what I just want to offer, and I know you may not want to, but I just want to offer it anyways. If at any point you go away and you think, actually I want to ask her about this or I'm not sure about this study or I want to talk a bit more about what came up this morning. I just want you to know that you can do that, okay. If you talk to Ms. Swift and say you know I want to speak to her again, you can call me, okay. And I'll, or Ms. Swift can let me know and I'll give you a ring. All right, so I just want you to know that. If you find yourself wanting to talk about anything I'm really really happy to speak to you, okay. And I will be coming back here to Birmingham um, next year at some point, and I hope to see you again. Okay. Thank you very much for coming this morning I really, really appreciate it, because I know it hasn't been easy to come and see a stranger and speak to me and, you know, I appreciate it.

Is there anything that you want to ask me about, about what I'm doing or? ... I'm just really interested what was it like to kind of sit in here this morning? What was it like?

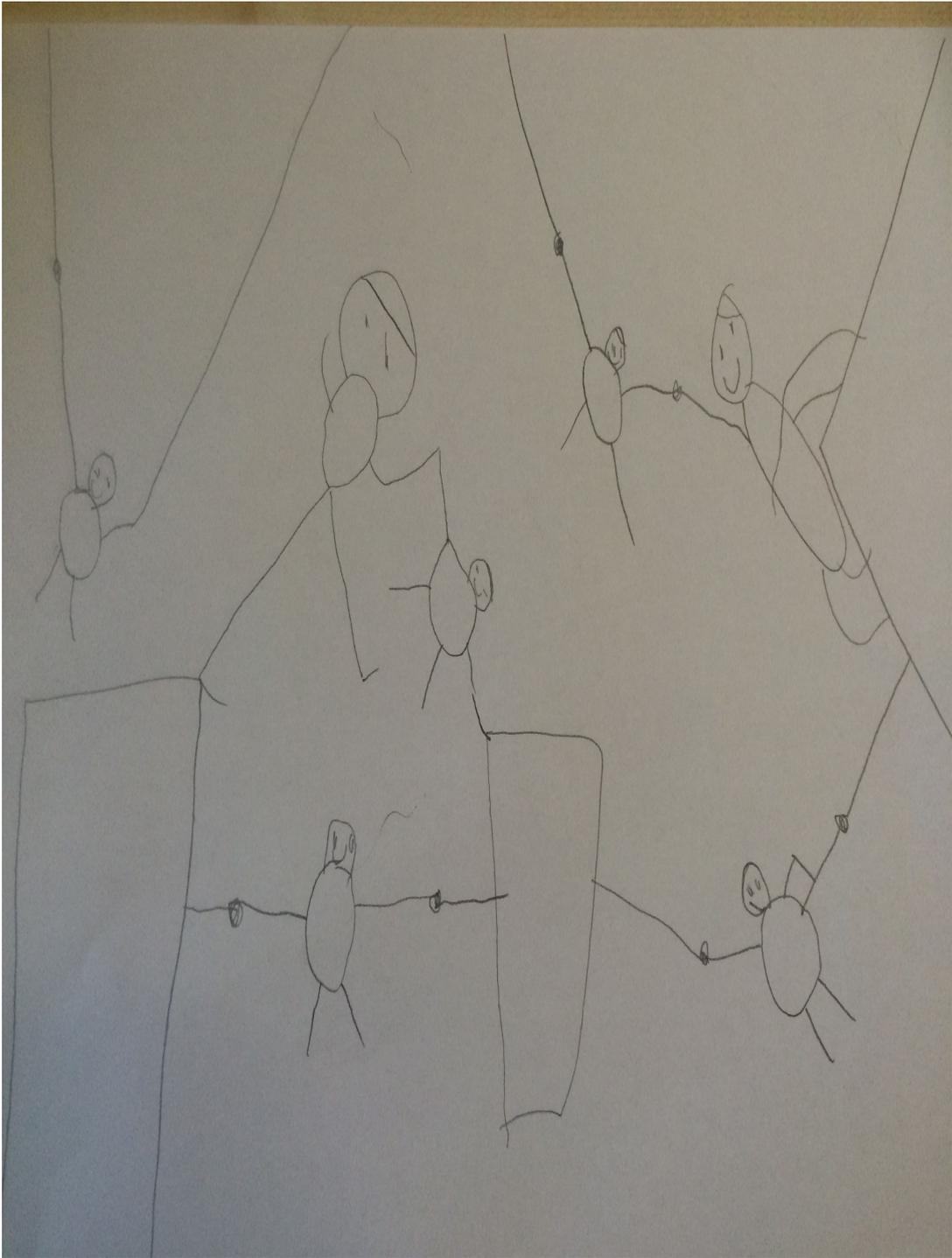
Sean: It was all right.

Caroline: It was all right. I'm just aware that you don't know me and I feel like I've been asking a lot of questions, and I don't want you to feel like you've been bombarded with, you know, questions about your life. And then you just kind of go out and ... so I just want to check that you feel all right about it. Yeah? ... All right, thank you Sean um, should you go out and just see what's going on with your time table? Do you know what you have now?

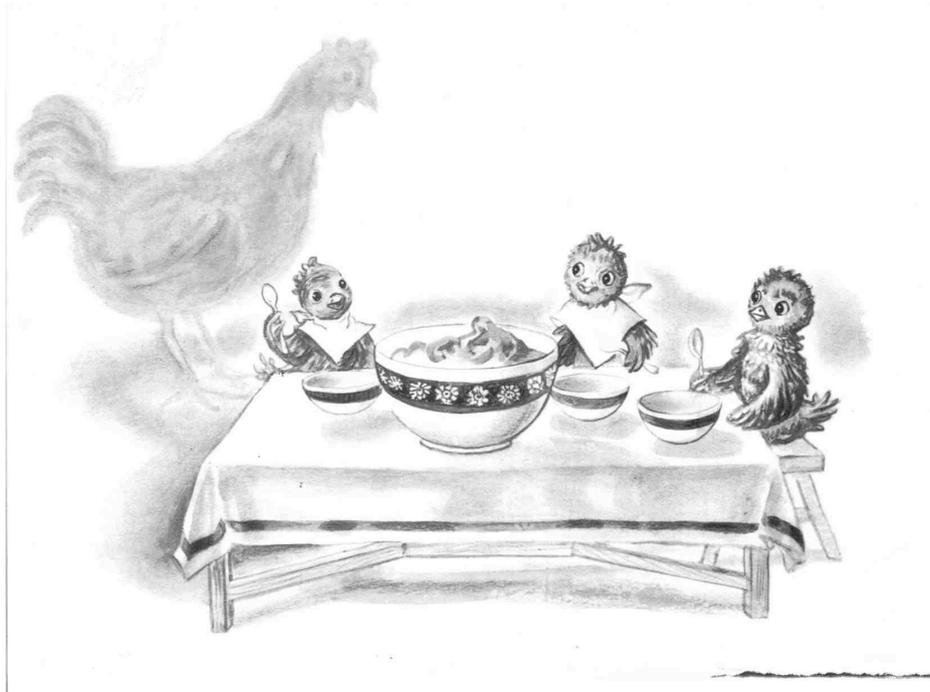
Sean: Yeah.

Caroline: All right... [inaudible 00:30:15] Thank you Sean I'll be in touch. [inaudible 00:30:23] I'll just turn off the ...

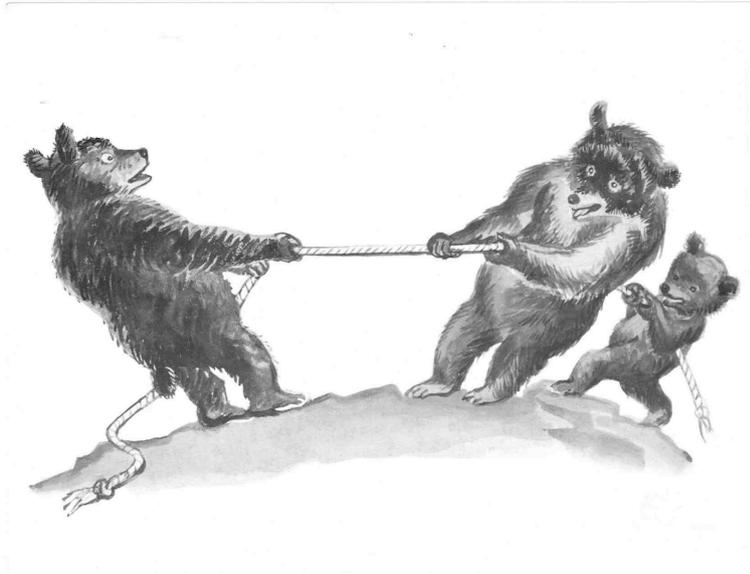
8.06 Appendix 6: Daniel's Kinetic Family Drawing



8.07 Appendix 7: Children's Apperception Test (CAT): picture stimuli



Picture 1



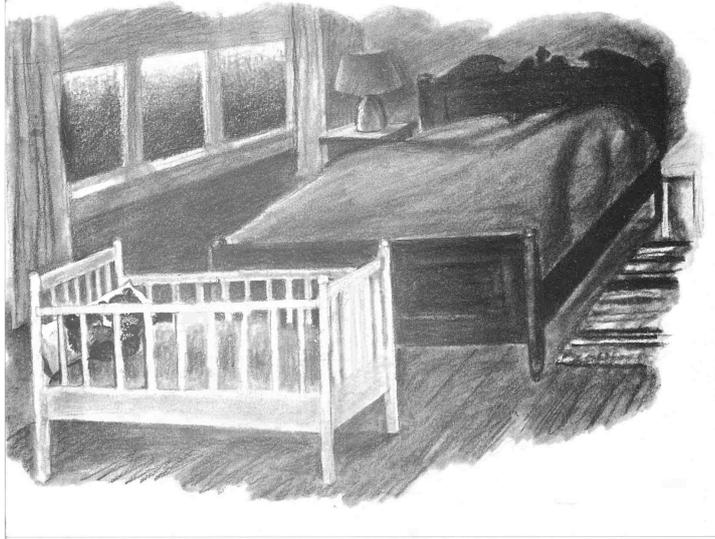
Picture 2



Picture 3



Picture 4



Picture 5



Picture 6



Picture 7



Picture 8



Picture 9



Picture 10

8.08 Appendix 8: Talking stones: stones made available to the participants and stones selected by Paul



8.08 Appendix 8: stone selected by Paul to represent his Dad ‘evil to the core’



8.08 Appendix 8: stone selected by Paul to represent his Stepdad ‘a good side and a bad side’



8.09 Appendix 9: Ethics application form and ethics letter of approval

Tavistock and Portman Trust Research Ethics Committee (TREC)**APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS**

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact kflorish@tavi-port.nhs.uk

PROJECT DETAILS

| | | | |
|------------------------------------|---|-------------------------------------|-----------|
| Current project title | A psychosocial exploration of bereaved children's experiences of exclusion from school: what understanding can be gained from a psychoanalytic perspective? | | |
| Proposed project start date | October 2015 | Anticipated project end date | July 2017 |

APPLICANT DETAILS

| | |
|---------------------------------|--|
| Name of Researcher | Caroline Keaney |
| Email address | Caroline.Keaney@walthamforest.gov.uk or ckeaney@tavi-port.nhs.uk |
| Contact telephone number | 07739 572 352 |

CONFLICTS OF INTEREST

| |
|---|
| <p>Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, please detail below:</p> |
| |
| <p>Is there any further possibility for conflict of interest? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, please detail below:</p> |
| |

FOR ALL APPLICANTS

| | |
|---|---|
| Has external ethics approval been sought for this research? (i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee) | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| If YES, please supply details below: | |

| | |
|---|---|
| COURSE ORGANISING TUTOR | |
| <ul style="list-style-type: none"> Does the proposed research as detailed herein have your support to proceed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| Signed |  |
| Date | 7 th July 2015 |

| | |
|--|---|
| APPLICANT DECLARATION | |
| <p>I confirm that:</p> <ul style="list-style-type: none"> The information contained in this application is, to the best of my knowledge, correct and up to date. I have attempted to identify all risks related to the research. I acknowledge my obligations and commitment to upholding our University's Code of Practice for ethical research and observing the rights of the participants. I am aware that cases of proven misconduct, in line with our University's policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research. | |
| Applicant | Caroline Keane |
| Signed |  |
| Date | 7.7.15 |

FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY

| | |
|---|---|
| Name and School of Supervisor/Director of Studies | Tavistock and Portman NHS Trust Course supervisor: Dr Halit M Hulusi Course Director: Dr Brian Davis (M5 CPD Doctorate in Child and Educational Psychology) |
| Qualification for which research is being undertaken | Doctorate in Educational and Child Psychology (M5) |

| | |
|---|---|
| Supervisor/Director of Studies – | |
| <ul style="list-style-type: none"> • Does the student have the necessary skills to carry out the research? YES X NO <input type="checkbox"/> ▪ Is the participant information sheet, consent form and any other documentation appropriate? YES X NO <input type="checkbox"/> ▪ Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient? YES X NO <input type="checkbox"/> ▪ Where required, does the researcher have current Criminal Records Bureau (CRB) clearance? YES X NO <input type="checkbox"/> | |
| Signed |  |
| Date | 7 th July 2015 |

DETAILS OF THE PROPOSED RESEARCH

| |
|--|
| <p>1. Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)</p> |
| <p>The research aims to explore the experiences of school-aged children who have received fixed term and/or permanent exclusion/s from school following the bereavement of a parent. It will aim to try and understand something of the experiences of this group of children from a psychoanalytic perspective. The research aims to be emancipatory in giving children who have experienced exclusion from school following the loss of a parent, a voice, as there is very little evidence in the literature and research databases that this population has had this opportunity in the past. It also aims to be explanatory in using a psychoanalytic lens as a means of trying to further understand the reasons why the loss of a parent may lead to adverse outcomes such as in this case, exclusion from school.</p> |
| <p>2. Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)</p> |
| <p>This study aims to address the paucity of research into the experiences of bereaved children who go on to be excluded from school following the death of a parent. Ribbens McCarthy and Jessop (2005) report that as many as 92 percent of young people in the U.K will experience a significant bereavement before the age of sixteen. Of these children, between four and seven percent will experience the death of a parent.</p> <p>The Childhood Bereavement Network (2011) estimates that a parent dies every 22 minutes in the U.K and that by the age of sixteen, one in twenty children will have experienced the death of a parent. Fauth et al (2009) who explored the association between childhood bereavement and children’s experiences and outcomes in terms of mental health, conveyed that across the sample, 3.5% of children were reported to have experienced the death of a parent or sibling. Green et al (2004), as well as Winston’s Wish, a bereavement support charity, report that at any one time, 385,000 children in the U.K between the ages of 5 and 16, are suffering following the</p> |

bereavement of a parent or sibling. This indicates that a significant number of children and young people are impacted by the loss of a parent during childhood.

Studies looking at the potential long term impact of childhood bereavement, (Akerman and Statham 2014), suggest that for some children, the impact of the death of a parent or sibling has an adverse impact on their mental well-being during and beyond their childhood years. Fauth et al in their study using data from the 2004 *Mental Health of Children and Young People in Great Britain* study (Green et al 2004), found that children who have experienced the death of a parent or sibling were more likely to have problems with anxiety and alcohol abuse. They were also more likely to have changed schools or been excluded from school. In their secondary analysis of data from the Mental Health of Children and Young People survey, they did find a significant association between children having been bereaved and children having been excluded from school (3.1% of children bereaved of a parent or sibling had been excluded, compared to 1.8% of those who hadn't been bereaved). This group differed significantly ($p < 0.05$) from the non-bereaved group. There was a small scale study completed in Birmingham by Maureen Cooper (2002), who looked at the records of forty children aged 15-16 years of age, who were school non-attenders who had at some point, been excluded from school. She found that 63% of these children had experienced the bereavement of a parent. This study was not published but is referred to in a document produced by the Childhood Bereavement Network (October 2003).

Perusal of existing research in this area, suggests that there have been little or no published studies which have explored, or tried to make sense of the experiences of bereaved children who have been excluded from school following the death of a parent. Contact with Alison Penny (Principal Officer and co-ordinator of the Childhood Bereavement Network and one of the authors of the Fauth et al study) also suggests there is a paucity of research in this area. She reported that it is often raised as an issue by health and education services 'but the actual published literature is thin on the ground' and it has been 'a distinct gap in the literature for a long time.'

The study is likely to have an impact at both a national and local level. The local authority in which the study is to take place, has already expressed an interest in using the findings to potentially inform identification of pupils within this sample that may be at risk of school exclusion and to use the explanatory aspects of the study to enhance preventative intervention in mainstream schools, through staff training and devising appropriate approaches to meeting the needs of these children, with the support of the Educational Psychology Service.

Winston's Wish, the Childhood Bereavement Network, Barnardos and professionals working in a local Youth Offending Service, have also asked for feedback on the findings to inform their future plans with regards to this population of children.

3. Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)

Psycho-social interview methods (Holloway and Jefferson 2012) will be used to elicit the participants' experience of school exclusion following the bereavement of a parent. The interview sessions will be audio recorded for later analysis using deductive thematic analysis. The researcher will liaise with practitioners at the Tavistock Clinic who are experienced in the use of psychosocial approaches in their work with children and young people.

The participants will use the following three methodologies: 1. The Children's Apperception Test (Bellak and Abrams 1977), 2. Kinetic Family Drawing (Makunga and Shange 2009) 3. The Talking Stones approach (Wearmouth 2004). Semi-structured questions will be used during the talking stones activity to elicit feelings and memories in relation to the experience of parental bereavement and school exclusion.

Overall, these methods aim to elicit the child's feelings about the parent who has died, their experiences within the mainstream school they attended following the bereavement and the alternative educational provision/s they have attended. Prior to attending the interview session, each participant and their parent will have met the researcher and received an information sheet about the purpose of the research and the structure of the interview session. It is anticipated that the interview sessions will last no longer than 50 minutes.

Once the interviews are completed, data analysis will be conducted over a period of 2-3 months.

PARTICIPANT DETAILS

4. Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why this criteria is in place. (Do not exceed 500 words)

The data will be obtained from a purposive sample of four to eight children, both male and female of school age who have experienced the death of a parent during the period before exclusion from school and are living in a family context which includes their surviving parent. In addition to this criteria, children will not be approached to participate in this research unless a minimum period of six months has lapsed since the death of their parent. The exclusion/s from school may have been for a fixed term period or permanent. The sample will be identified and selected from a pupil referral unit and if necessary, from the wider school population within a local authority.

Children of school age have been chosen as perusal of the literature and research databases, as well as discussions with bereavement support charities suggests the loss of a parent has a significant impact across childhood and can lead to adverse outcomes across the age range, such as exclusion from school.

The participants will be seen either in school or if currently excluded, in their current educational placement, for example a Pupil Referral Unit, as Local Authorities have a legal duty to make alternative educational provision for excluded pupils. The participants will not be seen outside their current educational provision.

The time frame for the project end date has been extended by a year to allow plenty of time to recruit participants. This recognises that whilst existing literature and discussions with practitioners working with parentally bereaved children suggests that the experience of school exclusion following the loss of a parent is more common than realised, there may be challenges in recruiting participants from this population due to for example, the surviving parents' concerns about possible experiences of distress for them and/or their child. The researcher is confident of being able to recruit within this time frame due to their existing contacts with professionals involved in the education of excluded pupils in London and other areas of the U.K.

5. Will the participants be from any of the following groups?(Tick as appropriate)

- Students or staff of the Trust or the University.
- Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
- Children or legal minors (anyone under the age of 16 years)¹
- Adults who are unconscious, severely ill or have a terminal illness.
- Adults who may lose mental capacity to consent during the course of the research.
- Adults in emergency situations.
- Adults² with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
- Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
- Prisoners, where ethical approval may be required from the **National Offender Management Service (NOMS)**.
- Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
- Healthy volunteers (in high risk intervention studies).
- Participants who may be considered to have a pre-existing and potentially dependent³ relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
- Other vulnerable groups (see Question 6).
- Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
- Participants who are members of the Armed Forces.

¹ If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability³, any researchers who will have contact with participants must have current Criminal Records Bureau (CRB) clearance.

² 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

³ Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

6. Will the study involve participants who are vulnerable? YES NO

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from the participant's personal characteristics (e.g. mental or physical impairment) or from their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness). Where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable.

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose.

6.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?

If **YES**, the research activity proposed will require a CRB check. (NOTE: information concerning activities which require CRB checks can be found via <http://www.crb.homeoffice.gov.uk/> .

I am CRB checked. Please see response to questions 10 as to arrangements that will be in place to protect participants' interests.

7. Do you propose to make any form of payment or incentive available to participants of the research? YES NO

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

8. What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)

An information sheet (Appendix 1) has been devised for the children who might participate explaining the purpose of the research and what will happen if they take part and emphasising that they can ask to stop taking part at any time. The researcher will read the information sheet to each participant (in case they struggle to read it even if checks with parents and teachers indicate they have the literacy levels to understand it). They will then be able to ask questions. The child can then take the information sheet away with them. ***Just to clarify, the information sheets have been designed with two differentiated levels of literacy and understanding so that as well as being read aloud by the researcher and read by the young people when they meet the researcher, they can be read and understood independently by the young people in their own time when they take the information sheet home with them.***

If they indicate that they are happy to go ahead with the interview session, the participants will then be shown a consent form (Appendix 2) which is written in child friendly language and which the researcher will read through.

It will then be explained to the participants that if they change their mind later on, they can let their parent/teacher know and they will not have to take part.

RISK ASSESSMENT AND RISK MANAGEMENT

9. Does the proposed research involve any of the following? (Tick as appropriate)

- use of a questionnaire, self-completion survey or data-collection instrument (attach copy)
- use of emails or the internet as a means of data collection
- use of written or computerised tests
- interviews (attach interview questions)
- diaries (attach diary record form)
- participant observation
- participant observation (in a non-public place) without their knowledge / covert research
- audio-recording interviewees or events
- video-recording interviewees or events
- access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes
- administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process
- performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfort, regret or any other adverse emotional or psychological reaction
- investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)
- procedures that involve the deception of participants
- administration of any substance or agent
- use of non-treatment of placebo control conditions
- participation in a clinical trial
- research undertaken at an off-campus location (risk assessment attached)
- research overseas (copy of VCG overseas travel approval attached)

10. Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life? YES X NO

If YES, please describe below including details of precautionary measures.

1. In the information sheets given to potential participants and their parent/carer at the recruitment stage, the purpose of the research and the content of the interview session will be made transparent. It will emphasised from the outset that the participants and/or their parent/carer can ask to withdraw at any time and any recordings and consent forms will be destroyed.
2. The researcher will establish a contact person in school that each participant is familiar and comfortable with who will be made available should any participant show or indicate distress during the interview session. The participants will be made aware that this person is available to them should they want to see them and they will be the person who escorts them to and from the interview session. If a participant becomes distressed during the session, the session will immediately end and the preferred adult in the school setting will come to the interview room. The participant will be offered the opportunity to talk with the researcher and/or the preferred adult. The student's parent/carer will also be contacted and made aware of their child's distress. They will be able to contact the researcher and request to meet them if they wish. The participant will also be offered this

opportunity the following day (by the preferred adult) to meet the researcher again as an opportunity to debrief if they so wish. In all cases where this occurs and the interview is stopped, the researcher will check the following day with the preferred adult if the participant has attended school and how they are. They will then make checks after one month and three months to establish how the child is in terms of their emotional well-being. During this time period, it will be made clear to the participant/s, parents/carers, preferred adult in school and the head of the school, that contact can be made with the researcher if there are any concerns following the interview session. If concerns prevail after three months, the researcher will signpost to appropriate services.

3. In all cases, where the participants complete the interview sessions with no overt signals of distress, there will be checks made by the researcher with the preferred adult in school after one month and three months to establish how the child is in terms of their emotional well-being following the interview. During this time period, it will be made clear to the participant/s, parents/carers, preferred adult in school and the head of the school, that contact can be made with the researcher if there are any concerns following the interview session. If concerns prevail after three months, the researcher will signpost to appropriate services.
4. The researcher will establish a signal that each participant is comfortable with, that indicates if they wish to stop the session. The researcher will also check at ten minute intervals that the participant feels okay to continue the session, reminding them that it is fine to carry on or not carry on and that they can use the signal if they wish.
5. It is also recognised that for the surviving parent, the participation of their child in this research may cause distress. When a parent initially expresses an interest in their child participating in the research, I would meet with the parent prior to any possible consent to involvement, for a discussion about the study, but also to offer an opportunity for the parent to talk with me about any concerns or questions they have either in relation to their child taking part and/or how they have been managing since the bereavement. If consent is then given and their child participates in the interview, I will offer a follow-up session within two weeks of the interview taking place, where I can check in with the parent to see how you are. Should there be indications that they are experiencing distress, I will explore with them opportunities to access further support such as signposting them to local bereavement counselling services/seeking a consultation with their GP. This information will be outlined on the parent information sheet.

11. Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.

As a Child and Educational Psychologist, I am extremely experienced in working with vulnerable young people, including children and young

people who have experienced the loss of a parent. Work with vulnerable young people and their families and schools, is a very significant part of my daily work and I have regular supervision in relation to this work.

12. Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)

NOTE: Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.

One of the aims of the research is emancipatory, to give this population of children a voice that is missing in the literature and research. As well as the potential risks involved which will be minimised as far as is possible using the precautionary measures outline in number 10, participation in the interview session may benefit the participants of this study directly if they have not had an opportunity to explore their thoughts and feelings about exclusion from school and/or the death of their parent prior to the exclusion.

It may be also empowering to the participants to know that whilst remaining unidentifiable, their views and experiences will be heard in a wider sense through dissemination of the findings to their school, other services in the area and national charities.

13. Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)

Please see response to number 10.

14. Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)

BPS guidelines (see below) will be adhered to.

3.4 Standard of debriefing of research participants

Psychologists should:

3. (i) Debrief research participants at the conclusion of their participation, in order to inform them of the outcomes and nature of the research, to identify any unforeseen harm, discomfort, or misconceptions, and in order to arrange for assistance as needed.
4. (ii) Take particular care when discussing outcomes with research participants, as seemingly evaluative statements may carry unintended weight.

Please see response to question 10 in relation to measures that will be put in place.

Also, the main findings will be presented to the head of the school and the board of governors. A summary of the findings from the pupil interview sessions will be individually shared with parents/carers and the children who took part in the study and they will be asked for any comments they might have. This will be done on an individual basis and will offer the opportunity for further debriefing and support if needed. A summary of the overall findings of the research will be available on request. All participants and their parents/carers will be reassured that they will not be identified in any report or publication.

PARTICIPANT CONSENT AND WITHDRAWAL

15. Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES NO

If **NO**, please indicate what alternative arrangements are in place below:

16. Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials.

YES NO

If **NO**, please indicate what alternative arrangements are in place below:

17. The following is a participant information sheet checklist covering the various points that should be included in this document.

- Clear identification of the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details.
- Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
- A statement confirming that the research has received formal approval from TREC.
- If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
- A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
- Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
- Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.
- A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy.
- Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Louis Taussig, the Trust Quality Assurance Officer ltaussig@tavi-port.nhs.uk
- Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

18. The following is a consent form checklist covering the various points that should be included in this document.

- University or Trust letterhead or logo.
- Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators.
- Confirmation that the project is research.
- Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied.
- Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality.
- If the sample size is small, confirmation that this may have implications for anonymity any other relevant information.
- The proposed method of publication or dissemination of the research findings.
- Details of any external contractors or partner institutions involved in the research.
- Details of any funding bodies or research councils supporting the research.
- Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

CONFIDENTIALITY AND ANONYMITY

19. Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.

X Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)?

X The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with no record retained of how the code relates to the identifiers).

X The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers are able to link the code to the original identifiers and isolate the participant to whom the sample or data relates).

Participants have the option of being identified in a publication that will arise from the research.

Participants will be pseudo-anonymised in a publication that will arise from the research. (i.e. the researcher will endeavour to remove or alter details that would identify the participant.)

The proposed research will make use of personal sensitive data.

Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.

20. Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.

YES NO

If **NO**, please indicate why this is the case below:

NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.

DATA ACCESS, SECURITY AND MANAGEMENT

21. Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES X NO

If **NO**, please indicate what alternative arrangements are in place below:

22. In line with the 5th principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.

1-2 years X 3-5 years 6-10 years 10> years

NOTE: Research Councils UK (RCUK) guidance currently states that data should

normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer.
(<http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf>)

23. Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.

Research data, codes and all identifying information to be kept in separate locked filing cabinets.

Access to computer files to be available to research team by password only.

Access to computer files to be available to individuals outside the research team by password only (See **23.1**).

Research data will be encrypted and transferred electronically within the European Economic Area (EEA).

Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See **23.2**).

NOTE: Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).

Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.

Use of personal data in the form of audio or video recordings.

Primary data gathered on encrypted mobile devices (i.e. laptops). **NOTE:** This should be transferred to secure UEL servers at the first opportunity.

All electronic data will undergo secure disposal.

NOTE: For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be overwritten to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.

All hardcopy data will undergo secure disposal.

NOTE: For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm.

23.1. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.

None

23.2. Please provide details on the regions and territories where research data will be electronically transferred that are external to the European Economic Area (EEA).

None

OVERSEAS TRAVEL FOR RESEARCH

24. Does the proposed research involve travel outside of the UK? YES NO X

24.1. Have you consulted the Foreign and Commonwealth Office website for guidance/travel advice? <http://www.fco.gov.uk/en/travel-and-living-abroad> YES
NO

24.2. If you are a non-UK national, have you sought travel advice/guidance from the Foreign Office (or equivalent body) of your country? YES NO NOT APPLICABLE

24.3. Have you completed the overseas travel approval process and enclosed a copy of the document with this application? (For UEL students and staff only) YES NO

Details on this process are available here <http://www.uel.ac.uk/qa/research/fieldwork.htm>

24.4. Is the research covered by your University's insurance and indemnity provision? YES NO X

NOTE: Where research is undertaken by UEL students and staff at an off-campus location within the UK or overseas, the Risk Assessment policy must be consulted: http://dl-cfs-01.uel.ac.uk/hrservices/documents/hshandbook/risk_assess_policy.pdf. For UEL students and staff conducting research where UEL is the sponsor, the Dean of School or Director of Service has overall responsibility for risk assessment regarding their health and safety.

24.5. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.

24.6. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs? YES NO X

PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS

25. How will the results of the research be reported and disseminated? (Select all that apply)

- Peer reviewed journal
- Conference presentation
- Internal report
- Dissertation/Thesis
- Other publication
- Written feedback to research participants
- Presentation to participants or relevant community groups
- Other (Please specify below)

OTHER ETHICAL ISSUES

26. Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?

No

CHECKLIST FOR ATTACHED DOCUMENTS

27. Please check that the following documents are attached to your application.

- Recruitment advertisement
- Participant information sheets (including easy-read where relevant)
- Consent forms (including easy-read where relevant)
- Assent form for children (where relevant)
- Evidence of any external approvals needed
- Questionnaire
- Interview Schedule or topic guide (see response to number 3 re: psychosocial methods)
- Risk assessment (where applicable)
- Overseas travel approval (where applicable)

27.1. Where it is not possible to attach the above materials, please provide an explanation below.

Appendix 9: Ethics letter of approval

The Tavistock and Portman 
NHS Foundation Trust

Quality Assurance &
Enhancement Directorate of
Education & Training
Tavistock Centre 120 Belsize
Lane London NW3 5BA

Tel: 020 8938 2548 Fax:
020 7447 3837 [www.tavi-
port.org](http://www.tavi-port.org)

Caroline Keaney
77 Warren Road
London E11 2LX

30th July 2015

Re: Research Ethics Application

Title: *'A psychosocial exploration of bereaved children's experience of exclusion from school: what understanding can be gained from a psychoanalytic perspective?'*

Dear Caroline,

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor. May I take this opportunity of wishing you every success with your research.

Yours sincerely,

A handwritten signature in dark ink, appearing to read "Louis Taussig". The signature is written in a cursive style with a large, prominent loop at the end.

Louis Taussig Secretary to the Trust Research Ethics Committee Cc Halit
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