Patients' Experiences of Psychotherapy for Psychological Distress Attributed to Attendance at Boarding School

"The Denial, Shame, and Privilege Double Bind"

Mairi Emerson-Smith

A thesis submitted for the Doctorate in Clinical Psychology

Doctorate in Clinical Psychology

University of Essex

2018 cohort

Submission Date: 6th of April

Word Count: 40,000

The doctoral thesis has been anonymised so that no participant or service identifiable information is available. All identifiable information has been changed to keep the identity of the participant's confidential.

Abstract

Background: ‘Boarding school syndrome’ is a term used to describe psychological distress linked to the experience of attending boarding school. Psychotherapy has been used to treat patients who relate their psychological distress to attending boarding school, however there is little evidence of research into the therapeutic process and patient experience.

Aim: This study aims to investigate adults' experiences of psychotherapy who have experienced psychological distress related to attending boarding school. It makes an original contribution to the literature by providing in-depth analysis with a qualitative methodology and expands the understanding of participants' experiences of psychotherapy.

Method: A qualitative approach was used to investigate in depth the experiences of participants who had experienced psychotherapy. Twelve participants took part in semi-structured interviews. Interviews were analysed using thematic analysis.

Results: A total of six themes and corresponding eighteen sub-themes were developed from the data: (1) A therapist who provides validation of the boarding school distress experience in the therapy process after emotions are shut down in boarding school; (2) Finding oneself in therapy after the loss of identity in boarding school; (3) The double bind of denial, shame, and privilege as a barrier to therapy, and overcoming this barrier by recognising and accepting the boarding school distress; (4) A therapeutic process of transforming relationships after loss of intimacy in relationships in boarding school; (5) Trauma based therapeutic and specialist interventions and expert therapist to process the boarding school trauma; (6) Acceptance from others through group therapy and online forums.

Conclusion: Overall, participants reported that therapy can be complex and challenging, which appears to relate to the double bind of denial, shame, and privilege. The distress from the boarding school experience is often denied in childhood and in society, and the boarders can experience prejudice and shaming of their distress, so they shut down their emotions. Consequently, this can lead to denial of the boarding school distress and trauma in the therapy room, leading to barriers such as limiting identification, diagnosis, and therefore appropriate treatment. Participants conveyed it is helpful to receive expert therapist knowledge on boarding

school trauma, and to have the boarding school distress and trauma believed and validated. Additionally, it may be helpful to receive specialist trauma intervention, together with peer support such as online or group intervention, to normalise and process the distress and trauma experience. It seems this expert therapist knowledge aids in counteracting the boarding school experience of emotions being shut down, denial of the distress, loss of identity, and loss of intimacy in relationships. Participants expressed treatment can lead to change, such as increasing acceptance of the boarding school trauma, expressing emotion, rebuilding relationships, and re-forming self-identity.

Clinical Implication: The study informed an understanding and the development of psychotherapy for people with boarding school distress for clinical practice. The study also provided insight for other trauma clinical presentations, such as looked after children (LAC), child sexual exploitation, and child sexual abuse, by understanding the theory of the denial, shame, and privilege double bind. Moreover, it provided awareness of the impact of emotional neglect, and the separation of young children from caregivers in general, and the importance of fostering children's emotional development, which informs social care practices, education institutions, and Government policy.

Acknowledgements and Dedications

I would like to thank all the individuals who participated in this study. Without your contribution this study would not have been possible, and it was a privilege to listen to your voices and each one of your experiences. I was deeply moved by the difficulties you have faced and the courage it must have taken to share your stories with me, especially when many of you have had the experience of being silenced.

I would like to thank my fellow trainees, in particular, Ilaria, Chloe, and Krisztina, for their academic and emotional support during the thesis writing process, especially when facing a worldwide pandemic and home schooling. It was a pleasure sharing this journey with you all.

I would like to thank my stepdad Neil for all the hours of proofreading my thesis, which took great skill and endurance.

I would like to thank my thesis supervisors Susan McPherson and Penny Cavenagh for introducing me to the topic, dedicating time, and providing incredibly helpful feedback, which has improved my research and writing skills tremendously.

Finally, I would like to thank my partner Jake and my son Oscar for all of their support, for example for the precious time I spent away from them, and emotional support, when writing my thesis over the last three years.

Table of Contents

1 Introduction 9

1.1 Chapter Overview 9

1.2 Background 10

1.2.1 Boarding school in the UK 10

1.3 Overview of ‘Boarding School Syndrome’ 12

1.4 Literature Review of ‘Boarding School Syndrome’ 13

1.4.1 The presentation of boarding school syndrome 13

1.4.2 Developing the false self 14

1.4.3 Emotional cut off 14

1.4.4 Attachment and relationships 15

1.4.5 Positive aspects of boarding school 17

1.4.6 Survival 18

1.4.7 Boarding school trauma and trauma therapy work 18

1.4.8 Specialised therapeutic techniques 19

1.4.9 Boarding school syndrome treatment 19

1.4.10 Boarding school syndrome psychotherapy models 20

1.4.11 Limitations of the literature on ‘Boarding School Syndrome’ 20

1.5 Relevant Psychological Theory 21

1.5.1 Attachment theory literature 21

1.6 Childhood Trauma Literature 24

1.7 National Clinical Practice Guidance for the Psychological Treatment of Psychological Distress 25

1.8 Evidence-Base for Psychodynamic Psychotherapy and Humanistic Counselling for the Treatment of Psychological Distress 27

1.9 A Meta-Synthesis of the Qualitative Research of Long-Term Psychodynamic Psychotherapy and Humanistic Counselling 29

1.10 Method of Meta-Synthesis 30

1.10.1 Design 30

1.10.2 Inclusion and exclusion criteria 30

1.11 Search Strategy and Selection 31

1.12 Quality Appraisal 31

1.13 Data Extraction, Synthesis, and Interpretation 35

1.14 Results of Meta-Synthesis 37

1.14.1 Theme 1: Resistance and avoidance in therapy 37

1.14.2 Theme 2: Therapeutic space 39

1.14.3 Theme 3: Change in therapy 41

1.15 Discussion of Meta-Synthesis 44

1.16 Limitations of the Previous Research ... 44
1.17 The Rationale for the Current Study ... 46
1.18 Aims and Objectives ... 46
2 Method ... 47
2.1 Chapter Overview ... 47
2.2 Epistemology ... 47
2.3 Design ... 49
2.3.1 Qualitative analysis ... 49
2.3.2 Method selection ... 50
2.3.3 Data collection method ... 51
2.4 Participants ... 53
2.4.1 Recruitment ... 53
2.4.2 Eligibility criteria ... 53
2.4.3 Intervention ... 53
2.5 Procedure ... 53
2.6 Data Analysis ... 55
2.7 Credibility Checks ... 56
2.8 Ethical Approval ... 56
2.9 Ethical Issues ... 56
2.10 Patient and Public Involvement ... 57
2.11 Researcher Reflexivity ... 58
3 Results Chapter ... 61
3.1 Chapter Overview ... 61
3.2 Demographic Information ... 61
3.3 Overview of Findings ... 65
3.4 Theme 1: A Therapist Who Provides Validation of the Boarding School Distress Experience in the Therapy Process After Emotions are Shut Down in Boarding School ... 65
3.4.1 At boarding school emotions are shut down ... 65
3.4.2 Adult emotional language deficit ... 66
3.4.3 Validation of emotional distress in therapy connected to the boarding school experience ... 67
3.4.4 Emotional change in the process of therapy ... 68
3.5 Theme 2: Finding Oneself in Therapy After the Loss of Identity in Boarding School 69
3.5.1 At boarding school there is lack of identity, voice, and control ... 69
3.5.2 The therapeutic process of building the self ... 71

3.6 Theme 3: The Double Bind of Denial, Shame, and Privilege as a Barrier to Therapy, and Overcoming This Barrier by Recognising and Accepting the Boarding School Distress 72

3.6.1 Boarding school impact of denial in childhood ... 72

3.6.2 Boarding school impact of denial in adulthood and therapy ... 73

3.6.3 The denial, shame, and privilege double bind ... 75

3.6.4 Overcoming barriers of denial of the boarding school experience in therapy by being believed ... 78

3.6.5 Challenge of endings and breaks in therapy feeling like boarding school abandonment ... 80

3.7 Theme 4: A Therapeutic Process of Transforming Relationships After Loss of Intimacy in Relationships in Boarding School ... 81

3.7.1 Loss of early childhood relationships at boarding school ... 81

3.7.2 Loss of connection to home and the family nest ... 83

3.7.3 Early separation, abandonment, and trauma ... 84

3.7.4 Impact of boarding school on forming and maintaining adult relationships: sibling, parent, child, partner. ... 87

3.7.5 Impact of therapy on transforming relationships ... 89

3.8 Theme 5: Trauma Based Therapeutic and Specialist Interventions and Expert Therapist to Process the Boarding School Trauma ... 91

3.8.1 Alternative therapies and trauma-focused therapeutic interventions ... 91

3.8.2 Specialised and expertise of therapist ... 91

3.9 Theme 6: Acceptance from Others Through Group Therapy and Online Forums ... 94

4 Discussion Chapter ... 95

4.1 Chapter Overview ... 95

4.2 Summary of Findings ... 95

4.3 A Therapist Who Provides Validation of the Boarding School Distress Experience in the Therapy Process After Emotions are Shut Down in Boarding School ... 96

4.4 Finding Oneself in Therapy After the Loss of Identity in Boarding School ... 98

4.5 The Double Bind of Denial, Shame, and Privilege as a Barrier to Therapy, and Overcoming This Barrier by Recognising and Accepting the Boarding School Distress ... 99

4.6 A Therapeutic Process of Transforming Relationships After Loss of Intimacy in Relationships in Boarding School ... 102

4.7 Trauma Based Therapeutic and Specialist Interventions and Expert Therapist to Process the Boarding School Trauma ... 113

4.8 Acceptance from Others Through Group Therapy and Online Forums ... 116

4.9 Clinical Implications ... 117

4.9.1 Clinical treatment of boarding school distress and trauma ... 117

4.9.2 Impact of the prejudice of class and privilege on clinical practice ... 117

4.9.3 The denial, privilege, and shame double bind, relating to other clinical presentations. 119
4.9.4 Implications for education and policy 120
4.10 Political, Economic, Social, and Power Issues 125
4.11 Further Research 126
4.12 Strengths and Limitations of the Study 127
4.12.1 Strengths 127
4.12.2 Limitations 128
4.13 Researcher Reflexivity 129
4.14 Conclusion 130
References 132
Appendix A: Topic Guide 151
Appendix B: Elliott Client Change Interview Schedule 153
Appendix C: Additional questions examples added to Client Change Interview Schedule 156
Appendix D: Information Flyer 157
Appendix E: Research Information Sheet 158
Appendix F: Participant Consent Form 160
Appendix G: Agency Support Organisation Contacts 161
Appendix H: Data Analysis Excel Extract from the Thematic Analysis 162
Appendix I: Ethics Approval from the University of Essex Ethics Committee 163

1 Introduction

1.1 Chapter Overview

This chapter introduces the context for the present research, which explores patients' experiences of psychotherapy for psychological distress and trauma attributed to attendance at boarding school. In the first instance, the background and political and social context of boarding schools in the United Kingdom (UK) are explored. To promote balance, both the strengths and limitations of boarding school will be explored through a review of the literature. Next, the chapter provides an overview of the term ‘boarding school syndrome’, giving a synopsis of the topic. The chapter then presents a review of the current literature that explores psychological distress and trauma linked to attendance at boarding school, and key themes will be discussed.

From the literature review, it was concluded that there were gaps in the current research. One gap was the limited exploration of patients who experience distress attributed to attending boarding school experiences of psychotherapy. A second gap is that there are methodological concerns in the literature, in that it is primarily case descriptions with limited scientific rigour in the research methodology. Later, the topic will be reflected on from a psychological theoretical perspective; theories that relate include attachment theory and trauma theory. At the time of writing there was limited empirical research around psychotherapy for psychological distress for attendance at boarding school. Therefore, the current evidence-base for psychotherapy for the treatment of psychological distress is explored in this chapter. The chapter finally provides a meta-synthesis of patients’ experience of psychotherapy, based on the two psychotherapy models highlighted in the literature as relevant to boarding school trauma: long-term psychodynamic psychotherapy and humanistic counselling. The overall conclusion drawn is that due to gaps in the literature, is a systematic, in-depth, exploration into the experience of psychotherapy of patients’ who attribute their experience of psychological distress and trauma to attendance at boarding school is needed.

1.2 Background

1.2.1 Boarding school in the UK

According to the Boarding School Association and Independent School Council (ISC), there are approximately 470 boarding schools in the UK (ICS, 2019; Martin et al., 2014). Around 6% of the school UK population attend boarding school. There are different types of boarding, such as full-term, semester, weekly, and flexible. Full-term boarders go home at the end of an academic year, semester boarders go home at the end of the academic term, weekly boarders go home at weekends, and day pupils go home every day. Flexi-boarding is where children board 1-2 days a week and on the other days go home after school. Full boarding remains the most popular; however, there has been a shift toward weekly or flexible boarding, which has increased to 17.9%. The number of boarders has remained stable over time. In 2000, there were around 75,000, and in 2019, 72,912 (ISC, 2019). The age and type of boarding will be discussed. Firstly, junior boarders/prep boarding school is from the age of 7 to 13 years. At this age, 50% are full boarders (4,459 pupils), and 50% are weekly or flexible boarders. Secondly, from 11 to 16 years, senior boarding school includes 80% full boarders (38,734), 10% weekly, and 10% flexible. Finally, from 16 to 18, sixth form boarders include 89% full boarders (29,719), 7% weekly, and 4% flexible. In terms of nationality, 66% are white British, and 34% minority ethnic background (ISC, 2019). The cost of boarding is around £40,000-£45,000 per annum (ICS, 2019).

1.2.1.1 Associated benefits of boarding school

According to the Boarding School Association, boarding schools provide several benefits, such as excellent education, provision of extracurricular activities, and structure, and they claim to improve children's self-discipline, maturity, and independence (Martin et al., 2014). It has been suggested that children who are older and have decided independently to attend, and those with challenging home lives, such as facing abuse, may be more likely to benefit from boarding (Schaverien, 2011).

Children may be sent to boarding school for various reasons, such as parental work-related issues, parental travel, or parental choice. Travel reasons include parents who are working overseas, such as in the Armed Forces, or parents who hold government positions and need to

move around regularly, and therefore need the stability for their children that boarding school provides (Hodges, 2013). Work related issues include parents who work in jobs requiring very long hours, thus, boarding provides consistent after school activities and care (Hodges, 2013). Alternatively, the decision to attend boarding school is due to parental choice, such as the benefits of attending a school with high attainment levels in a different country, extracurricular activities, or structure (Hodges, 2013).

Martin et al. (2014) completed a study that was based on twelve Australian secondary schools. They investigated pupils' well-being, motivation, and engagement, in both day students and boarding students. The study found no differences between day students and boarders in most of the outcomes measured. One key finding was that parental relationships were more positive in boarders than day students. The authors hypothesised that boarders' relationships with parents were improved because the time they spend together is of higher quality and more joyful due to it being at weekends and during the school holiday periods. According to the authors, some contemporary boarding schools in Australia have improved their practices. For example, there are now more modern communications, so boarders are more frequently and extensively in touch with their parents, and leave arrangements are less restrictive than in the past (Martin et al., 2014). According to the authors, in Australia, boarding schools also now pay greater attention to pastoral care and family involvement (Martin et al., 2014).

However, a criticism of the study by Martin et al.'s (2014) is that it is based on children aged eleven upwards, with a mean age of fourteen years, and did not include younger children. In boarding schools in the UK, children board from the younger age of seven, so this may have biased the results and made them an inappropriate comparison to UK boarding schools. Additionally, this study may not be comparable to the UK, as it is only based on Australian schools, who work quite differently from UK boarding schools. Furthermore, the study was funded by the Australian Boarding School Association, whose mission statement says it "exists to promote the interests of boarding schools in Australia". Additionally, the author's previous employment had been as a dean in boarding schools. Therefore, due to these last two factors, there may have been a conflict of interest between the author and the study, such as issues around impartiality, meaning the outcomes of this study should be considered with caution.
Another area of concern of Martin et al.'s (2014) study is that the questionnaires were administered by teachers in the school, which may have influenced the results. The children

might have been concerned about confidentiality, so therefore might have been less open about their true feelings about their experience of boarding school. Also, children's mental well-being was not directly measured, as the measures primarily looked at quality of life and personality factors, rather than direct measures of mental health. Finally, the measures were administered when children were attending boarding school, but no pre- or post-attendance measures were taken. Measures taken post attendance would have been important, as some boarding school trauma literature claims that issues related to boarding school, such as the impact on mental well-being, transpire in adulthood not childhood (Duffell & Basset, 2016; Schaverien, 2015). The methodology of the study could have been improved if an independent person had administered the questionnaires. Further improvements to the questionnaires would be to add mental health measures, as well as measures taken before, during, and after boarding school attendance. Overall, when comparing this study to UK boarding schools, the outcomes of this study should be taken with caution.

1.3 Overview of 'Boarding School Syndrome'

'Boarding school syndrome', or people experiencing psychological distress and trauma as a result of attending boarding school, is a relatively new concept within the literature. The psychotherapist Dr Joy Schaverien (2004) first coined the term. Nick Duffell (1995), a pioneer in the field, who is also a psychotherapist, devised the term 'boarding school survivor'. He described 'boarding school survivors', as individuals who attended boarding school and shared a similar set of characteristics, such as high achieving. These boarders tended to be unaware that they were experiencing a set of psychological symptoms related to their boarding school experience. Schaverien (2011) also identified a set of symptoms among former boarders called 'boarding school syndrome'. In the paper, the author describes children who had been sent to boarding school as young as four years old, thus experiencing ruptures in their attachments to their primary caregivers. The author claims that this repeated loss leads to the shutdown of intimacy in adulthood, leading to the suppression of feelings and difficulties with intimate relationships. According to Schaverien, there are several symptoms attributed to boarding school syndrome, including problems with intimacy, self-reliance, denial of pain, a need for control, being an overachiever, discomfort in asking for help, as well as attachment issues, depression, anxiety, burn-out, and relationship issues. The author argues that burn-out can have an impact on the ability to work, such as needing to be signed off work with stress, and

relationship issues can include marriage breakdown and difficulties bonding with children. However, these symptoms are thought to be widely misunderstood, making the treatment process challenging (Duffell & Basset, 2016; Schaverien, 2011).

1.4 Literature Review of 'Boarding School Syndrome'

A review of the literature was undertaken on the psychological impact of attending boarding school (Barclay, 2011; Bull, Mclntosh & Clark, 2008; Duffell, 1995; 2000; 2011; 2014; Duffell and Basset, 2016; Grier, 2013; Laughton, Paech-Ujejski, & Patterson, 2021; Lauryn, 2012; Palmer, 2006; Power, 2007; 2013; Schaverien, 2004; 2011; 2011b; 2015; Simpson, 2018; Jack, 2020; Trimingham-Jack, & Devereux, 2019).

In the following literature review, several key concepts were found such as, boarding school syndrome presentation, developing the false self, emotional cut-off, attachment and relationships, survival, positive aspects of boarding school, boarding school trauma and trauma therapy work, specialised therapeutic techniques, and boarding school syndrome treatment. They will be discussed in depth below.

1.4.1 The presentation of boarding school syndrome

A core concept in the literature reviewed was the unique presentation of 'boarding school syndrome' (Barclay, 2011; Duffell, 2014; Schaverien, 2004, 2015; Simpson, 2018). According to Schaverien (2015), 'boarding school syndrome' may present as other immediate presenting problems not apparently directly linked to boarding school, such as relationship difficulties, depression, or work-related problems. Schaverien (2015) defines 'boarding school syndrome' as a group of learned behaviours and emotions that follow boarding school attendance. She emphasises that it is not a medical term or to be used to pathologise individuals.

One of the critical presentations of 'boarding school syndrome' described in the literature is challenges in building and maintaining intimate relationships (Barclay, 2011; Duffell, 2014; Laughton, Paech-Ujejski, & Patterson, 2021; Schaverien, 2004; Simpson, 2018). Duffell (2014) states he has experienced numerous accounts from partners of ex-boarders who convey stories about their partners struggling with intimacy, expressing love, and communicating emotion, linked to their early boarding experiences. Simpson (2018) describes accounts of ex-

boarders presenting with issues in forming and sustaining relationships, including marriages and parent-child relationships, which they relate to their boarding experience.

Conversely, many ex-boarders may present as well functioning adults (Duffell, 2014). They may be socially able, successful, have high social status, be high achievers, and many occupy highly influential positions (Schaverien, 2004). However, it has been found that underneath lies symptomology of emotional and relational dysfunction (Duffell, 2014).

1.4.2 Developing the false self

The second concept that transpired from the literature was that ex-boarders whilst attending boarding school experienced a development of a 'false self' (Bull, Mclntosh & Clark, 2008; Duffell, 2014; Laughton, Paech-Ujejski, & Patterson, 2021; Palmer, 2006; Schaverien 2011; Simpson, 2018; Jack, 2020). Duffell (2014) describes how ex-boarders may present as outwardly confident and very focused on achievements. The author explains that they may make statements about attending boarding school such as 'it never did me any harm', it was 'character building' and how they are now 'robust', 'independent' and 'self-sufficient'. However, Schaverien (2011) explains that self-sufficiency and vigour, may present in order to cope with boarding school. Duffell (2014) and Simpson (2018) found that many boarders created a protective mask or shield around themselves during their boarding school experience to protect against and cope with the unmanageable feelings of being sent away to boarding school. Some studies show they built a front, façade, or a false self (Duffell, 2014; Laughton, Paech-Ujejski, & Patterson, 2021; Schaverien, 2011; Simpson, 2018). Simpson (2018) noted that those boarders hide behind a false persona and hide their true self through "acting", "learning to feel very little", and that "boarding school life is like a pantomime", and they learned to present as successful, happy, and confident when masking desperate distressing feelings below the surface, such as anxiety.

1.4.3 Emotional cut off

The literature revealed that boarding schools, parents, guardians, and boarder peers do not encourage the expression of emotions during boarding school attendance (Duffell, 2000; Duffell & Basset, 2016; Laughton, Paech-Ujejski, & Patterson, 2021; Schaverien, 2015; Simpson, 2018; Jack, 2020). Instead, authors explained that boarder children were expected to

build self-reliance (Duffell & Basset, 2016; Laughton, Paech-Ujejski, & Patterson, 2021; Simpson, 2018). Duffell and Basset (2016) noted that ex-boarders said they were discouraged from expressing emotions, whilst at boarding school, which felt like an emotional cut off. This is explored further, by some authors who described a disconnection, shutting down, and dissociation, where boarding children are no longer feeling, only existing (Laughton, Paech-Ujejski, & Patterson, 2021; Simpson, 2018).

The literature reveals that boarders' emotions are not only discouraged but are often shut down by their families, peers, staff, and guardians (Duffell, 2000; Simpson, 2018). Those authors found that boarders attempted communicating with their parents to express their emotions about difficult experiences in boarding school, such as by sending letters, or verbally before going back to boarding school after the holidays. However, Duffell and Simpson note these emotions were often shut down, such as being told 'not to be sad' but to be 'brave' and to 'learn to hide their feelings'. This shutting down of their emotions often led to their emotions being 'held in' and children learning to 'get on with it'. The authors also explain that ex-boarders also had many stories of strict house mistresses and guardians, such as them not allowing children to express sadness through crying, and them discouraging these emotions from being expressed in letters home. Moreover, those authors reported that peers also seemed to react negatively to the expressing of emotions in boarding school, so emotions are held in due to fears of bullying. The pressure to suppress emotions was further emphasised when children in boarding school are praised for being obedient and conforming (Duffell, 2000; Simpson, 2018).

1.4.4 Attachment and relationships

The literature described the negative impact of attending boarding school on forming attachments and relationships (Barclay, 2011; Duffell, 1995, 2000; 2014; Duffell & Basset, 2016; Gottlieb, 2005; Grier, 2013; Laughton, Paech-Ujejski, & Patterson, 2021; Lauryn, 2012; Palmer, 2006; Power, 2007; 2013; Schaverien, 2004; 2011a; 2011b; 2015; Simpson, 2018). Duffell and Basset (2016) explain that boarding school results in a drastic change in which family attachments are deliberately broken and ruptured, and the normal process of child development is interrupted. Schaverien (2015), a psychoanalyst, identified in her patients that "early boarding ruptured their primary attachments". These early ruptures in attachment constitute a significant trauma, resulting in profound developmental trauma (Laughton, Paech-Ujejski, & Patterson, 2021; Schaverien, 2011). The long-term impact can result in

psychological issues in adults (Schaverien, 2015) and impaired adult attachment patterns (Schaverien, 2011). Some authors claim that sending young children to boarding school is a form of “child abuse” and ‘child neglect’ (Duffell & Basset, 2016; Schaverien, 2004).

It appears that the normal gradual separation process that happens in typical child development, when the child is at home with the parents, does not take place when going to boarding school (Duffell & Basset, 2016; Gottlieb, 2005). Many papers note that ex-boarders often feel a sudden and extreme “abandonment” from their parents (Duffell & Basset, 2016). Those authors describe an ex-boarder’s account of his teddy bear, used to ease the anxiety of separation from the parent, giving a sense of comfort and security. Once at boarding school, even from as young as age four, teddy bears were abandoned and destroyed, such as by being ‘ceremoniously burned’. This abandonment seems to convey the extreme and sudden separation from the parent that boarding school can bring.

The lack of parenting during the boarding school experience appeared to be a key idea in the literature (Barclay, 2011; Duffell, 1995; 2000, 2014; Duffell and Basset, 2016; Palmer, 2006; Simpson, 2018). Duffell (2014) illustrates the impact of a lack of parenting, such as the child must survive prolonged periods without ‘love, touch, or parental guidance, such as advice, direction, and supervision’. Simpson (2018) reports a ‘loss of closeness, love, laughter, and intimacy’ and states that boarding children can have alarming, persistent anxieties about the emotional and physical distance between them and their parents, such as intense, recurring fears about dying. The author writes, one child wondered, "If I die tonight, how long will it take my mother to find me?” and another who stated, "Bedtime, lights out! Slowly my heart grows heavy, and I want Mummy to kiss me goodnight, but she is not here. Gradually, a dark, heavy pain of emptiness grows in my chest” (Simpson, 2018).

The lack of a parenting adult to help work out feelings appears to impact developmental processes, such as the ability to negotiate childhood and teenage friendships (Simpson, 2018).

The literature also described boarding children not feeling safe in their new environment due to the loss of the familiarity of home, and a lack of nurturing and affection in the boarding school environment (Schaverien, 2011a, 2011b; Simpson, 2018). Simpson (2018) reported that boarding children often felt sad and lonely, missing parents' loving presence, such as daily

hugs, cuddles, kisses goodnight, goodnight story, and being held in the family unit alongside siblings.

The loss of trust in parents is evident in the literature due to the distance between them, and thus self-reliance is built (Lauryn, 2012; Schaverien, 2011; Simpson, 2018). The authors descriptions of ex-boarders' accounts of the boarding school environment as "emotionally barren and lacking in closeness and safety". In addition, according to the authors, boarding staff were rarely described as secondary attachment figures who provided what the parent should be providing. Instead, boarding school were described as "strict" and "fearsome" and likened to "wardens" and "spinsters", with a "sharp tongue", who "never engaged on an emotional level" and were "not maternal". The staff were also described as "unapproachable", "remote", and "harsh" (Simpson, 2018). Moreover, secondary new attachment figures may not be made at boarding school due to the experience of bullying and abuse, making these figures feel unsafe (Simpson, 2018). These difficult experiences can lead to a detachment in forming close and trusting relationships, which can carry on to adult life (Lauryn, 2012; Schaverien, 2011).

Conversely, positive relational figures were also described by some ex-boarders, such as house mistresses and teachers who were kind and accepting (Simpson, 2018).

1.4.5 Positive aspects of boarding school

On the other hand, some of the studies highlighted the positive aspects of the experience of boarding school (Duffell, 2000; Laughton, Paech-Ujejski, & Patterson, 2021; Lauryn, 2012; Simpson, 2018). Team sports were mentioned in several studies as positive, as they could give a sense of belonging, identity, and for some, compensate for the loss of the familiar environment of home (Lauryn, 2012; Schaverien, 2011, Simpson, 2018). The importance of friendships was highlighted as another critical aspect of value (Laughton, Paech-Ujejski, & Patterson, 2021; Simpson, 2018). Some also felt that boarding school had provided outstanding education and that they had learned skills, such as independence, resilience, and determination. Additionally, a positive aspect of attending boarding school was when leaving a home life that was neglectful, chaotic, or abusive, as boarding school provided stability and separation away from dysfunctional families (Duffell, 2015; Schaverien, 2015).

1.4.6 Survival

The idea of survival at boarding school is apparent in the literature (Duffell, 2014; Laughton, Paech-Ujejski, & Patterson, 2021; Schaverien, 2015; Simpson, 2018). As stated earlier, Duffell (2014) coined the term 'boarding school survivors', where the experience of boarding school had to be survived. The author revealed that children who attended boarding school had to adopt strategies when feeling unsafe and scared. Duffell and Basset (2016) outlined 'strategic survival personality (SSP)', where the boarder often adopts a strategy to survive boarding school that stays with them throughout school and beyond. Schaverien (2015) also concludes that the boarding child must adopt survival strategies to cope with the 'extreme cruelty' of boarding school, and due to this, the child stops feeling emotions. Strategies used include becoming 'invisible,' not say anything that would 'expose flaws', and 'conform' (Laughton, Paech-Ujejski, & Patterson, 2021; Simpson, 2018).

1.4.7 Boarding school trauma and trauma therapy work

A number of studies highlighted boarding school was experienced as a form of trauma (Barclay, 2011; Duffell & Basset, 2016; Grier, 2013; Laughton, Paech-Ujejski, & Patterson, 2021; Schaverien, 2011, 2015; Trimingham-Jack, & Devereux, 2019). Schaverien (2015) highlighted that trauma might be embodied, leading to conversion symptoms such as chronic pain, chronic fatigue, and digestive problems. Conversion can be defined as physiological symptoms that cannot be defined by a medical diagnosis. The author stated that the trauma may lie dormant in individuals, and they lead very successful lives, only to be faced with a trigger that reminds them of the trauma experienced in boarding school and then the trauma is re-experienced.

Some authors also highlight the importance of addressing trauma in therapy with this particular client group (Duffell & Basset, 2016; Schaverien, 2015; Trimingham-Jack, & Devereux, 2019). Schaverien (2015) described a patient who experienced several traumatic flashbacks about boarding school, similar to what might be expected in post-traumatic stress disorder (PTSD). The author described trauma work, such as helping the client form words or drawings about the trauma and separating the past from the present. In doing so, this aids the client in separating from the trauma, resulting in resolving the trauma. Another technique explored in the literature regarding trauma work is for the patient to visit the boarding school as an adult, which authors

describe as a strategy to separate the past from the present, thus resolving some of the trauma (Duffell and Basset, 2016; Schaverien, 2015).

1.4.8 Specialised therapeutic techniques

Several specialised therapeutic techniques for this particular client group were described briefly in the literature (Duffell & Basset, 2016; Lauryn, 2012; Palmer, 2006; Schaverien, 2011, Simpson, 2018). According to Duffell and Basset (2016), a therapist technique with ex-boarders includes helping them to recognise and accept their boarding experience, feelings, and the impact. The aim with this technique, is for the patient to change towards a more adult strategy for living, rather than strategies rooted in the traumatised abandoned child. The authors explain that change can be gained by understanding the survival techniques adopted as a child in boarding school and substituting for more healthy, adaptive behaviours (Duffell & Basset, 2016; Simpson, 2018). Other therapeutic techniques include working with the client's attachment patterns (Lauryn, 2012; Schaverien, 2011). Authors depict strategies that can be utilised, such as clients being open with their parents about the distress boarding school caused through talking or letter writing (Duffell & Basset, 2016; Schaverien, 2015). The authors explained a case, where the ex-border patient as an adult was open to the parent about the distress they experienced from attending boarding school and they were surprised to hear the parent regretted sending them. This openness enabled a healing effect, improved their relationship, and the patient felt liberated (Duffell & Basset, 2016).

1.4.9 Boarding school syndrome treatment

Patients who identify as having boarding school syndrome or psychological distress linked to attending boarding school, and who seek psychotherapy, are said to be a challenging client group (Duffell, 2011; Duffell & Basset 2016, Schaverien, 2015). They have been accustomed to an environment where they are emotionally cut off and continue to deny emotions and distress in adulthood and in therapy (Schaverien, 2011). Schaverien (2011) describes this challenge, where the ex-boarder patient has learned to suppress emotion and does not want to complain or cause a fuss, meaning the full traumatic impact of boarding is often missed in psychotherapy.

1.4.10 Boarding school syndrome psychotherapy models

The current literature on 'boarding school syndrome' discusses the psychotherapy models used currently to treat psychological distress related to attendance at boarding school. The literature recommends the use of psychotherapy models such as psychodynamic and humanistic (Duffell, 2011; Duffell & Basset, 2016; Palmer, 2006; Schaverien, 2015). Duffell (2011) states that the complex presentation of this client group and challenges with intimacy, may not be observed by a therapist using counselling theory. The author explains this is relevant when the psychotherapist utilising a counselling model does not encompass the analysis of transference. The literature suggests that psychodynamic and humanistic counselling model need to be adapted to the ex-boarder therapy patient (Duffell & Basset, 2016; Schaverien, 2015). In addition, authors note that a cognitive behavioural model, in the treatment of the trauma related to attending boarding school, "may not prove helpful or effective" (Duffell & Basset, 2016, pg. 121). Some discuss the usefulness of running group therapy workshops for ex-boarders or integrating humanistic and psychodynamic models (Duffell & Basset, 2016). However, a criticism of the recommendations regarding these specific psychotherapy models could be that they are also recommended due to the author's own therapeutic orientation and training. Nonetheless, a humanistic model may be a common model utilised when psychotherapy is sought by ex-boarders, as their presenting difficulties are often related to a break down in relationships, thus, a counsellor who works with relationship issues may be sought. Additionally, a psychoanalytic model may be recommended as suitable in the literature, as this model is often utilised for the treatment of patients with relational issues and childhood trauma, and this could be deemed similar to the ex-boarder presentation.

1.4.11 Limitations of the literature on 'Boarding School Syndrome'

In summary, the current literature, thus far, is growing but in its infancy. Additionally, the vast majority of the books and papers that outline the psychological impact of attending boarding school, use a limited research methodology with a lack of scientific rigour. For example, case descriptions are often utilised, either from the author's own life experiences of boarding school, people they have met, or through clinical observations of the authors own patients in their psychotherapy practice. Case descriptions can provide good exploratory information and give insight into individuals direct experiences. However, in some cases there may be personal biases in this method. For example, when a strict methodology process is not followed, this

may lead to researcher subjectivity that can create biases within the research, which can impact on the findings. Additionally, the current research has limited in-depth research methodology such as in the analysis section, as the use of single cases are descriptive, but these are not always analysed across data sets. Therefore, there is a lack of creation of an analysis, which provides more in-depth information. In addition, there is a lack of scientific rigour, such as methodological steps are not always transparent, and lack credibility checks, which would ensure the study was conducted rigorously and systematically, to improve the quality and reliability of the analysis of the data. Therefore, a literature review of the boarding school literature and a meta-synthesis of psychotherapy practice was undertaken, to overcome these gaps in the research literature.

1.5 Relevant Psychological Theory

1.5.1 Attachment theory literature

Attachment theory may provide some understanding of the distress and trauma experienced by children, who experienced a significant separation from their parents, due to attending boarding school, as previously described in the literature (Duffell, 2000; Duffell & Basset, 2016; Schaverien, 2004, 2011, 2015; Simpson, 2018). In this section, the attachment theory literature is divided into age-related categories to demonstrate some of the processes in action at each age range the child attends boarding school. The attachment literature focuses on exploring the processes of what may happen when the child experiences a significant separation from their primary caregiver, due to attending boarding school.

1.5.1.1 Infancy and early childhood attachment (Age 0-6 years)

The evolutionary system underlying attachment behaviour is thought to have evolved through natural selection, due to its survival advantage. The attachment system's goal is to seek proximity between the child and the attachment figure (parent). In doing so, it increases the chance of the child being protected from harm from the outside world (Ainsworth, 1989). The theory posits that the child is biologically predisposed to using the parent as their ‘secure base’, meaning a safe space close to the parent from which they can safely explore the world (Ainsworth, 1989). Studies have documented associations between maternal sensitivity and responsive care, such as providing a secure base at times of stress, and this is linked to secure

attachment in children (De Wolff & Van Ijzendoorn, 1997). Secure attachment can be defined as children who feel protected by their caregivers, and consequently as adults tend to feel safe, stable, and satisfied with their close relationships. Studies of early non-parental caregiver-child relationships found that high levels of previous and current sensitive caregiving, was linked to higher levels of child secure attachment (Anderson et al., 1981; Howes & Smith, 1995; Howes & Spieker, 2008). A large amount of research has demonstrated that secure attachment to parents in early childhood is linked to greater levels of cognitive, emotional, and social development, as well as positive school adaption, peer relationships, and emotion regulation, in childhood and adolescence (Aviezer et al., 2002; Kerns, 2008; Thompson, 2008). Therefore, healthy attachment behaviour characteristics include proximity seeking to parents, distress upon inexplicable separation, grief at the loss of parent due to separation, and secure base seeking behaviour in relation to parent and home (Ainsworth, 1989). In addition, in early childhood, parents, grandparents, and siblings may also function as attachment figures, known as secondary attachment figures (Howes & Spieker, 2008). Attachment systems may provide some explanations of the boarding school psychological distress presentation outlined in the literature, due to the early separation from parents, grandparents, home, and siblings, which according to this theory goes against the child's innate biological system of proximity to parent. It also consequently reduces the parent's ability to provide sensitive and responsive care, which could have long-term damaging effects on the child's attachment patterns. The research has shown impaired attachment patterns impact negatively on school adaption, peer and parent relationships and emotion regulation, as well as social, emotional, and cognitive development.

1.5.1.2 Latency and middle childhood attachment (age 7-12 years)

Ainsworth (1989) suggested that the attachment system changes in middle childhood from proximity to the attachment figure, to availability of the attachment figure. Here, the child can tolerate slightly longer separations, such as a 6-hour day separation to attend school. However, the child needs to know it is possible to readily contact the attachment figure, such as the parent, by telephone for example, or can reunite immediately when needed, especially following injury or distress to the child, such as when distressed such as feeling afraid or sad. Additionally, at this middle childhood age, research has shown that there is still, as in infancy, a strong preference for the parent over peers when they seek comfort (Kerns et al., 2006). These findings may link with the boarding school distress literature that describes an ‘emotional cut off’ experienced by children in boarding school from parents. Authors described boarders feeling

there was a lack of communication around emotions with parents whilst at boarding school, and any sort of communication was not always possible due to the physical separation (Duffell, 2000; Simpson, 2018). Therefore, the lack of the availability of the caregiver, due to the separation of boarding school, is likely to have damaging effects to the parent-child attachment patterns, and this has consequences for social, cognitive, and emotional development as previously described in the attachment literature.

1.5.1.3 Adolescence attachment (age 13-17 years)

The literature reveals that parents continue to function as attachment figures for children through adolescence (Allen, 2008; Berkowitz, 1979; Brodey, I965; Steinberg, 1990). Studies have demonstrated that at this stage, peer relationships also become strong attachment relationships. Nevertheless, most adolescents still seek parents and require their responsiveness when experiencing conditions of extreme distress (Steinberg, 1990). The adolescence stage is a crucial stage of psychological development, where there are dramatic bodily, biological, and emotional changes, as well as the integration of self-identity (Erikson, 1956; Jacobson, 1964). Studies suggest there is a gradual disengagement from parents at this development stage towards individuation and autonomy (Blos, 1967; Wilson, 1987). However, there remains a fluctuation between regressive dependency on the parent and a process of separation-individuation (Berkowitz, 1979). Research has demonstrated the importance that the family must provide an empathetic setting, where the child is helped to separate gradually from the parent, without being threatened by the withdrawal of support (Brodey (I965). The family needs to provide the child with separateness, whilst providing a responsive communicative distance (Brodey, I965). At this adolescent stage, the parents of boarding school children may assume the child can tolerate the long separation from the parent due to boarding. However, the attachment theory highlights that this is still a crucial developmental stage where the parent needs to be available and responsive to the child's emotional needs during times of distress or change, such as managing friendships, relationships, and body changes.

According to the literature, through boarding, parent-child attachments are deliberately broken and ruptured, and this results in the child experiencing an emotional cut off and shut down of emotions, which can lead to a long-term impact on their ability to manage emotions and relationships (Gottlieb, 2005; Duffell, 2000; Duffell & Basset, 2016, Schaverien, 2004, 2011, 2015; Simpson, 2018). For example, some ex-boarders in the literature described catastrophic

friendship breakdowns, excessive bullying and violence and sexual and emotional abuse from peers at boarding school, will resulting long-term effects on their ability to form and maintain friendships, working relationships, and intimate relationships. Therefore, according to the attachment literature, it may be assumed that this sharp separation from parents due to boarding, may have negative consequences on parent-child attachment patterns, resulting in social, cognitive, and emotional development issues. Damaged development has been shown in the attachment literature to be linked with difficulties in managing fluctuating emotions during puberty and adolescence, and impairment in managing complexities of friendships and relationships.

1.6 Childhood Trauma Literature

The boarding school distress literature has made links between attending boarding school and childhood trauma (Duffell & Basset, 2016; Schaverien, 2011, 2015). Childhood trauma is defined as "the experience of an event, by a child, that is emotionally distressing" (Spalletta et al., 2020). Childhood trauma is a type of child abuse, and there are different forms, such as physical, verbal, sexual, or emotional abuse, or physical and emotional neglect. Child abuse is defined by the World Health Organisation (WHO) as: "All forms of physical or emotional ill-treatment, sexual abuse, neglect or negligent treatment, or commercial or other exploitation, resulting in actual, or potential, harm to the child's health, survival, development, or dignity, in the context of a relationship of responsibility, trust or power" (Butchart, et al., 2006, p.9).

The consequences of childhood trauma, including emotional neglect that has been linked in the literature to attending boarding school, has been evidenced in neuroimaging brain studies (Bremner et al., 2003; Dannlowski et al., 2012; Pechtel & Pizzagalli, 2011). The impact of childhood trauma is disrupted brain development and long-term structural brain abnormalities, such as impairment to the hippocampus and amygdala. In addition, childhood trauma results in neurochemistry alterations, such as heightened cortisol levels, known as the 'stress hormone'. Additionally, childhood trauma impacts cognitive dysfunction, such as impairment to memory, executive functioning, such as inhibitory control and planning, and emotional processing and regulation (Bremner et al., 2003; Dannlowski et al. 2012; Pechtel & Pizzagalli, 2011).

The trauma literature also provides evidence of an association between early childhood trauma and mental health issues (Dannlowski et al. 2012; Chapman et al., 2004; Spalletta et al. 2020). These include psychosis, substance misuse, depression, anxiety, and eating disorders. The Adverse Childhood Experiences Study (ACE) explored childhood adversities, such as child abuse, including emotional neglect. It found a strong relationship between childhood adversities and adult health risk behaviours, such as alcoholism, drug abuse, depression, and physical health issues (Chapman et al., 2004; Felitti et al., 1998). Early childhood trauma, including emotional neglect, has also been linked to psychological disorders experienced in adulthood, which have a trauma element, such as somatisation, dissociation, and post-traumatic stress disorder (PTSD) (Chapman et al., 2004; Dannlowski et al. 2012; Spalletta et al. 2020). In the boarding school syndrome literature, Schaverien (2015) found that ex-boarders experienced significant trauma and some consequently experienced somatic symptoms, which could be linked to post-traumatic symptomology. Thus, for those who experienced trauma linked to attendance at boarding school, there may be a link between their early childhood trauma and mental health issues. However, currently the link between boarding school syndrome and post-traumatic symptomology, is based on clinical anecdotal information, and a wider quantitative study into trauma symptoms linked to attending boarding school, at the time of writing has yet to be undertaken.

1.7 National Clinical Practice Guidance for the Psychological Treatment of Psychological Distress

According to the British Psychoanalytic Council, people can gain psychotherapy treatment from a mental health professional, under the National Health Service (NHS), a voluntary organisation, or a private psychotherapist (Milton, 2007). There is a range of psychotherapy models offered in the UK currently, such as person-centred psychotherapy, cognitive behavioural therapy, counselling, humanistic therapy, and integrated therapy (Milton, 2007). At the time of writing, no known in-depth, evidence-based research has been conducted for the efficacy of treatment of 'boarding school syndrome', and therefore, there are no nationally agreed guidelines. People experiencing psychological difficulties related to attending boarding school can gain access to therapy from the NHS or privately, and because there is no current national guidance, they are able to access various psychotherapy models. Nevertheless,

according to the current literature reviewed, psychodynamic and humanistic models appear to be the common psychotherapy models utilised for this client group.

The National Institute for Health and Care Excellence (NICE) is an executive non-departmental public body of the Department of Health, which gives national guidance on the most appropriate and effective evidence-based clinical treatments for patients in health and social care. NICE recommends evidence-based psychological therapies for the treatment of a range of mental health problems. However, there is currently no set nationally agreed guidance for difficulties related to attendance at boarding school, as this is yet to be a recognised 'disorder' and resulting symptoms are wide ranging, such as relational issues, work related problems, anxiety, depression, somatic symptoms, and trauma. Therefore, a review of treatment guidance for a range of these symptoms is discussed next.

The 2011 NICE guidance for common mental health issues, including anxiety and depression, is low intensity therapy treatment, including cognitive behavioural therapy (CBT), behavioural intervention, or interpersonal psychotherapy (IPT) (NICE, 2011). NICE also recommends mindfulness-based cognitive therapy (MBCT) for mild to moderate depression, for those whose symptoms have persisted after these low intensity treatments have been implemented or for those who have experienced multiple episodes of depression. If the patient refuses all these treatments, then NICE recommends counselling or short-term psychodynamic psychotherapy for mild to moderate depression (NICE, 2011). However, according to the 2011 NICE guidance there is uncertainty about the effectiveness of counselling and short-term psychodynamic psychotherapy, because fewer studies are being published on these models, thus lowering the perceived evidence base (NICE, 2011). Furthermore, for moderate to severe depression NICE recommends high intensity psychological intervention such as CBT, IPT, or short-term psychodynamic psychotherapy, and, for children, psychodynamic psychotherapy is also recommended (NICE, 2018b, 2019). For trauma presentations, such as post-traumatic stress disorder (PTSD), NICE (2018) recommends trauma-focused CBT or eye movement desensitisation and reprocessing (EMDR).

Short-term psychotherapy is recommended by NICE, however currently long-term psychodynamic psychotherapy is not recommended by NICE as an effective psychological treatment for any mental health problems. In a systematic review study, Fonagy (2015)

demonstrated psychodynamic psychotherapy's effectiveness for mental health issues, such as depression, anxiety, eating disorder, personality disorder, and somatic disorder. An explanation as to why it is not included in NICE may be that the NICE evidence base primarily does not consider long-term outcomes (see McPherson, et al., 2018; McPherson & Hengartner 2019). Focusing only on short-term outcomes impacts how evidence of the effectiveness of psychodynamic therapy is interpreted (McPherson et al., 2018). Randomised control trials (RCT) for psychodynamic psychotherapy sometimes have 'sleeper effects' in which the effects emerge at follow-up instead of at the end of treatment. NICE guidelines are biased toward other psychological models, such as CBT, by not including follow-up data in evidence reviews. NICE values RCTs as the gold standard of research, and the psychodynamic psychotherapy model less commonly fits patients into a strict diagnostic category, which RCTs favour. Therefore, it becomes harder to evaluate psychotherapy models' effectiveness when NICE categorises mental health problems in RCTs. This way of categorising mental health problems in RCTs leads to a bias toward psychotherapies that define problems as symptoms (Shean, 2014). Nevertheless, RCTs are currently classed as the 'gold standard in research' and provide some useful evidence for deciding which therapeutic model is the most effective (Akobeng, 2005).

1.8 Evidence-Base for Psychodynamic Psychotherapy and Humanistic Counselling for the Treatment of Psychological Distress

The two core psychological models mentioned in the previous boarding school trauma literature review, are psychodynamic psychotherapy and humanistic counselling. Psychodynamic psychotherapy is a type of psychological therapy based on a psychoanalytic model that aims to help patients understand how their difficulties with relationships and emotions, relate to past childhood experiences (Luborsky, 1984). It proposes that we experience unconscious conflicts that need to come into conscious awareness to relieve emotional tensions. It is a talking therapy, and methods include the therapeutic alliance between patient and therapist, working with unconscious processes, and free association (Luborsky, 1984).

Humanistic counselling, on the other hand, is a talking therapy that involves a therapist listening to your problems and emotions. The counselling model aims to support difficulties

such as common mental health issues, difficult life events such as bereavement, relationship breakdowns, work-related stress, or low self-esteem. Humanistic counselling focuses on the patient holistically, their self-development, and individuals reaching their personal potential. (BACP, 2021). Humanistic counselling models, include Gestalt, person-centred, transactional analysis, psychosynthesis, and transpersonal therapy. Psychosynthesis integrates both psychoanalytic and humanistic models and emphasises personal and spiritual aspects (Lombard, 2014). Person-centred therapy is based on personal growth, and the counsellor offering unconditional positive regard to help the individual come to terms with their feelings (BACP, 2021).

In terms of quantitative research studies, there is evidence of the effectiveness of psychodynamic therapy for the treatment of complex mental health issues, such as chronic and major depression, personality disorder, eating disorder, and anxiety, including panic disorder (Fonagy et al., 2015; Leichsenring & Rabung, 2008; Milrod et al., 1997; Shapiro et al., 1994). A meta-analysis of 23 RCT's and observational studies, concluded that long term psychodynamic psychotherapy is an effective treatment for complex mental health issues (Leichsenring & Rabung, 2008). An RCT by Shapiro et al. (1994) found evidence of psychodynamic psychotherapy's effectiveness in treating major depression. The study included a 16-session psychodynamic-interpersonal psychotherapy treatment, based on Hobson's (1985) model. An RCT by Fonagy et al. (2015) compared the results of long-term psychodynamic psychotherapy to a control group of treatment as usual. The study included patients with long-term depression. The authors found a significant difference between the therapy and control group at the 24, 30, and 42 months follow up, thus, evidencing the positive impact of psychodynamic psychotherapy on the long-term treatment of depression.

Furthermore, quantitative research for counselling found there is some evidence for counselling's effectiveness to treat common mental health issues, such as depression, anxiety, relational issues, bereavement, and work-related difficulties (Bower, Rowland & Hardy, 2003; Rowland et al. 2001). A Cochrane systematic review, which included a meta-analysis of nine RCTs, which included treatment from a qualified BACP counsellor, found significantly greater clinical effectiveness of counselling compared to usual care, in the short-term, less than 6 months, but not in the long-term, 7-12 months (Rowland et al. 2001). However, a limitation to this study was that there was little data on long-term outcomes; therefore, the following study

was conducted, and it yielded similar results. A meta-analysis of RCTs and clinical control trials, included seven studies, which included therapy from a qualified BACP counsellor. The study showed modest improvement in short-term outcomes compared to general practitioner (GP) care, but not the long-term (>6 months). The study also found that counselling may not differ in effectiveness from other treatments such as CBT (Bower, Rowland & Hardy, 2003).

A criticism of RCT studies, is that they only evaluate the outcomes of quantitative research. Therefore, it is essential to also explore alternative methodologies, such as qualitative research, as it provides compelling evidence from the patient's perspective and considers patients' individual differences (McPherson & Beresford, 2019). Here, patient experience is explored on an individual basis, rather than using a reductionist approach, to reduce the person down to symptoms, and then to focus on the treatment of a diagnosis (Hilsenroth, Katz, & Tanzilli, 2018). Patient experience research is necessary as it requires listening to the patient's voice and considering patients' individual differences. Listening to the patients' voice is in line with the current NHS England drive toward patient empowerment, such as giving patients greater choice about their health care and involving them in evaluating and developing services (McPherson & Beresford, 2019; McPherson, Wicks & Tercelli, 2020; NHS England, 2016).

1.9 A Meta-Synthesis of the Qualitative Research of Long-Term Psychodynamic Psychotherapy and Humanistic Counselling

The current literature on the psychological impact of attending boarding school is sparse and uses a limited research methodology and lacks scientific rigour. Scientific rigour would ensure the research was conducted thoroughly and systematically, to improve the quality and reliability of the analysis of the data. Therefore, in addition to a literature review of the boarding school trauma literature, a meta-synthesis of psychotherapy practice was undertaken, to overcome these gaps in the research literature. There are no current agreed national guidelines on the psychotherapy treatment options for boarding school distress or trauma. Thus, instead the two most common models named in the literature will be reviewed in the meta-synthesis. The literature review revealed there were two core psychological models mentioned as associated to the treatment of boarding school trauma: long-term psychodynamic psychotherapy, and humanistic counselling. Thus, the purpose of the meta-synthesis was to understand patients' experiences of long-term psychodynamic psychotherapy and humanistic

counselling, by synthesising the current qualitative research findings. A positive impact of providing this meta-synthesis of current patient experience of common psychotherapy models related to boarding school trauma, is that later in the discussion, this can be compared to the experiences of psychotherapy by patients in this study. This can reveal some useful information, as it highlights some of the similarities and more importantly the core differences between the experience of patients in therapy who have common mental health issues, compared to patients who have specifically related their psychological difficulties to attending boarding school. The question to be answered in the meta-synthesis is: What is the experience of psychotherapy for clients who have experienced long-term psychodynamic psychotherapy or humanistic counselling?

1.10 Method of Meta-Synthesis

1.10.1 Design

A meta-synthesis was conducted to synthesise primary data of published studies from qualitative research (Campbell et al., 2011). A thematic synthesis, following Thomas and Harden's (2008) technique, was chosen to synthesise the studies. A thematic synthesis approach is transparent, delivers a comprehensive account of the data, and generates new ideas from the studies (Thomas & Harden, 2008).

1.10.2 Inclusion and exclusion criteria

The exclusion criteria meant that studies were excluded that were questionnaire only and psychotherapy models that were not the two models outlined in the research. In addition, studies were excluded if they focused on therapists' experiences of psychotherapy, concentrating on a specific part of psychotherapy only, and studies that were deemed as low-quality papers. The inclusion criteria consisted of studies that included: a qualitative research methodology, service user experience of therapy, adults 18 years or above, interview studies, and long-term psychodynamic/psychoanalytic or humanistic counselling models for any psychological condition. Long-term psychodynamic psychotherapy is approximately 30 sessions or more, and a minimum 7 months (NICE, 2019), whereas short-term psychodynamic psychotherapy includes an intervention consisting of 16 to 20 sessions over 4 to 6 months (NICE, 2018).

1.11 Search Strategy and Selection

An electronic search was performed in November 2019, using the databases PsychARTICLES, CINAHL, Medline, and PsychINFO, to search for published journal articles. The option used was 'Abstract' and 'Adult', and all years were included. The electronic search generated 2240 papers, five of which met the search criteria. An additional twenty papers were found by hand searching in the reference list, three of which met the search criteria. Thus, a total of eight met the search criteria (see figure 1 for the full PRISMA flow diagram of search outcomes). All selected studies used in-depth analysis and interviews to collect qualitative data. A summary of the studies characteristics can be viewed in Table 1.

The search terms were devised by following a SPIDER tool by Cooke, Smith, and Booth (2012) and the outcome is provided in the search terms below:

Adult OR "service user" OR male OR female OR client OR "psychodynamic psychotherapy" OR "psychodynamic therapy" OR "psychodynamic" OR "psychoanalytic" OR "psychoanalysis" OR "counselling" OR "humanistic Therapy" OR "person-centred Therapy" OR "person-centred psychotherapy" OR "humanistic psychotherapy" 3. "view*" OR "experienc*" OR "opinion*" OR "attitude*" OR "perce*" OR "belie*" OR "feel*" OR "know*" OR "understand 4. Interview OR qualitative OR "content analysis" OR "narrative analy*" OR "grounded theory" OR "interpretive phenological analy*" OR "ethnography" OR "longitudinal" OR "thematic analy*" 5. #1 AND #2 AND #3 AND #4

1.12 Quality Appraisal

To appraise the quality of the papers, both systematically and critically, the Critical Appraisal Skills Programme checklist (CASP) was applied to the research papers (Critical Appraisal Skills Programme, 2017). The tool is designed to monitor the trustworthiness, outcomes, and relevance of published papers (Critical Appraisal Skills Programme, 2017). It measures quality indicators such as scientific rigour, credibility, and methodology. The research papers were rated by the researcher according to this appraisal tool. In accordance with following advice by Fosse et al. (2014), it was decided that low-quality papers would be rejected, and only good quality papers would be selected. Poor quality papers were rejected due to a low number of

participants, lack of transparency and scientific rigour to the methodology, and a lack of in-depth analysis in the results section. Although some researchers, such as Pawson (2006), state that studies are not to be excluded due to quality, as low-quality studies can be of importance to a synthesis. Utilising this tool, it was found, that there was a very high rate of what would be deemed as very poor-quality papers in this research area.

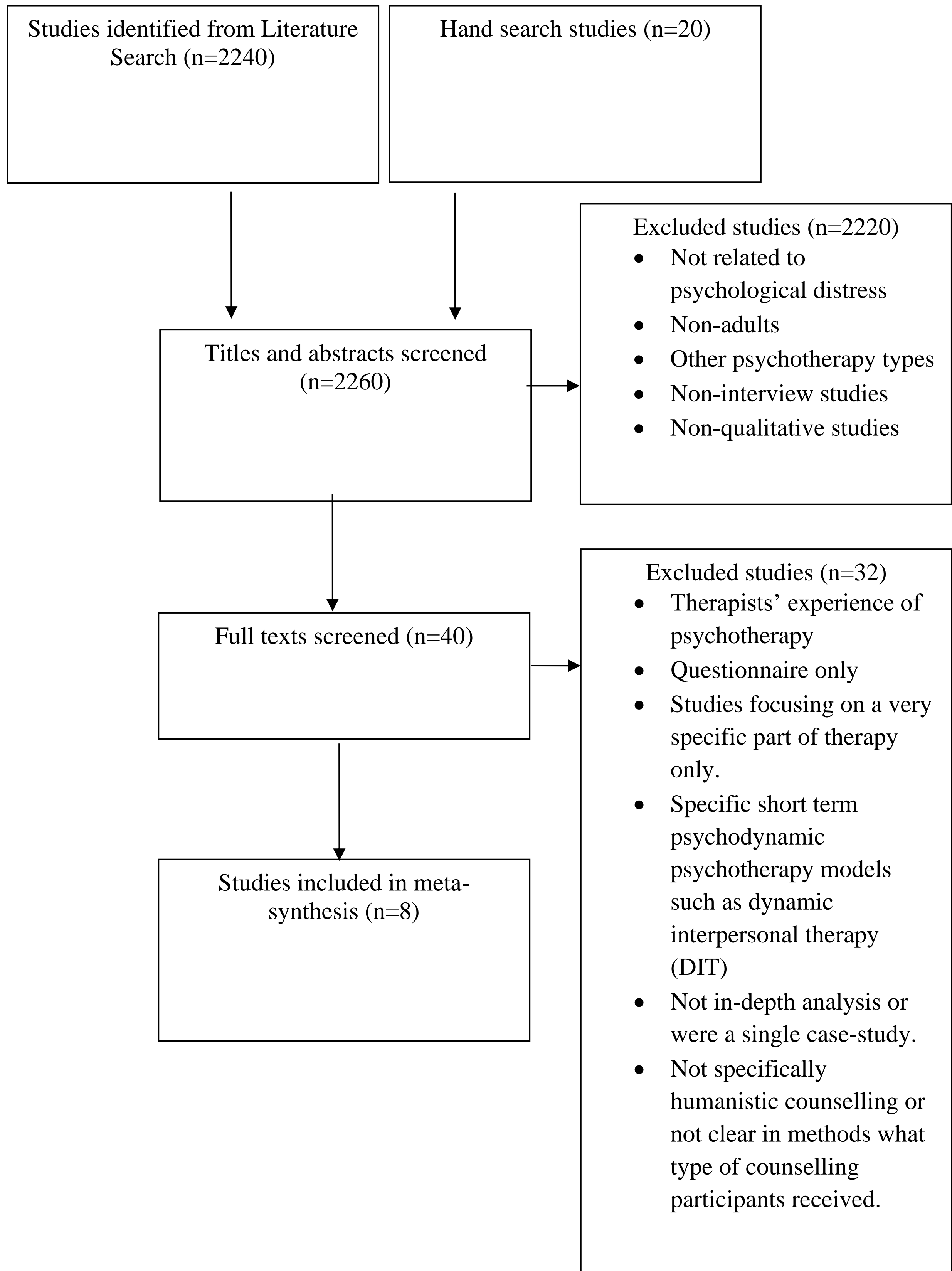

Figure 1. PRISMA flow diagram of search outcome

Table 1

Summary of characteristics of the included studies

Author Date	Country	N of participants	Sample	Therapy Type	Data collection method	Data analysis method
Rodgers (2002)	UK.	9	• Voluntary sector counselling service • Age =21-27 (mean =40) • Females=4, Males = 5	• Psychodynamic and humanistic counselling • 3-21 sessions (average 10)	Interview	Grounded Theory
Knox (2008)	UK.	14	• Advertisements in journals and counselling services • Age = 20-60 years • African=1, White British =8, Australian=1, Asian= 2	• Humanistic counselling	Interview	Grounded theory
Lillengren & Werbart (2005)	Sweden	22	• Institute of Psychotherapy • Depression, anxiety, personality disorder • Individual psychotherapy • Females=19, Males = 3 • Age (Mean) = 22.5	• Long-term Psychoanalytic psychotherapy • Duration: 8.6 months (between 7 and 32) • Frequency of one- two sessions a week	Interview	Grounded theory
Haskayne et al. (2014)	UK.	4	• Psychotherapy Service in the NHS • Age: 20- 50 years • Females=2, Males = 2 • Depression, low self-esteem, self-harm, social anxiety	• Long-term psychodynamic psychotherapy • Frequency: weekly • Duration: 12-24 months	Interview	IPA
Von Below et al. (2010)	Sweden	17	• Institute of Psychotherapy • Depression, anxiety • Individual psychotherapy and group therapy • Females=14, Males = 3 • Age (Mean) = 22	• Long-term Psychoanalytic psychotherapy • Duration: 27 months • Frequency: 1-2 sessions a week	Interview	Grounded theory
Grafaniki & McLeod (2002)	Canada	6	• Females=3, Males = 3 • Age = 25-40 • Loss, stress, sexual abuse, interpersonal relationship issues	• Humanistic counselling • Duration: 12 sessions	Interview	Narrative
Merriman & Beail (2009)	UK.	6	• Psychotherapy Service in NHS • Males = 6 • Age= 22-45 years • Learning disability and co-morbid mental health problems	• Long-term psychodynamic psychotherapy • Duration: 2 years	Interview	Interpersonal phenomenological analysis (IPA)
Lambert (2007)	UK.	8	• NHS primary care setting, voluntary setting, university setting • Males= 2, Females = 6 • Age= 20-60 years	• Person-centred and psychodynamic counselling	Interview	Thematic Analysis

1.13 Data Extraction, Synthesis, and Interpretation

The thematic synthesis technique by Thomas and Harden (2008) was the method utilised in this systematic review. The authors explain that thematic synthesis involves generating new theories by identifying patterns in the data. In the thematic synthesis, the process of completing the thematic synthesis undertaken in this study was the following. Firstly, all of the articles were read to become acquainted with the data. Data from the results section of the papers were then copied into Microsoft Excel. The coding process then took place, where all of the lines in the articles were given codes, by reading the text line-by-line and looking for patterns within the data. Themes in the data were then recorded in the next column as they arose in the data. Categorisation then took place across the whole body of the data by searching for similarities and differences across the data sets. Finally, the researcher formulated analytical themes by analysing all the noted categories. The cross-comparison of studies was then selected using the Excel programme (see table 2).

Table 2

Cross-comparison of studies by themes

Themes	Rodgers (2002)	Knox (2008)	Lillengren and Werbart (2005)	Haskayne et al. (2014)	Grafaniki and McLeod (2002)	Von Below et al. (2010)	Lambert (2007)	Merriman and Beail (2009)
Resistance and avoidance in therapy	*		*	*	*		*	
Resistance to emotions	*		*	*	*		*	
Resistance to change	*				*		*	
Therapeutic space	*	*	*	*	*	*	*	*
Clear boundaries and consistency	*	*	*			*	*	*
Being listened to and understood	*	*	*	*	*		*	*
Change in therapy	*	*	*	*	*	*	*	*
Talking as a release	*	*	*	*	*	*	*	
Acceptance of change					*	*	*	*
Emotional processing	*	*	*	*	*	*		*
New perspectives and restructuring	*	*	*	*	*	*	*	*

1.14 Results of Meta-Synthesis

The demographics in the selected articles (see Table 1), which synthesise the current literature on patients' experience of long-term psychodynamic psychotherapy and humanistic counselling, are now discussed. These included a wide range of self-reported clinical presentations, such as low mood, low self-esteem, self-harm, social anxiety, loss, stress, sexual abuse, and interpersonal relationship issues. The ages ranged from age 21 to 60 years old. There was a wide range in duration of sessions from 3 weeks to 2 years, with the long-term psychodynamic psychotherapy treatment being generally significantly longer than the counselling treatment. Therefore, the participants' characteristics were heterogeneous, due to the studies included and the differences between psychoanalytic and counselling models.

Overall, the thematic synthesis aimed to synthesise the current literature on patients' experience of long-term psychodynamic psychotherapy and humanistic counselling. The findings from the eight studies were synthesised, and three core themes were constructed: resistance and avoidance in therapy, the therapeutic space, and change in therapy. These themes and sub-themes are discussed in the next section.

1.14.1 Theme 1: Resistance and avoidance in therapy

1.14.1.1 Resistance to emotions

A synthesis of the current literature on patients' experience of long-term psychodynamic psychotherapy and humanistic counselling, revealed that five of the eight studies stated that resistance and avoidance are significant barriers to the therapy process (Haskayne et al., 2014, Grafaniki & McLeod, 2002, Lambert, 2007; Lillengren & Werbart, 2005; Rodgers, 2002). The studies highlight the pain of bringing emotions to therapy and how this is often avoided or hidden, especially in the beginning. The pain of the emotional content in therapy is described in those studies (Haskayne et al., 2014; Grafaniki & McLeod, 2002; Lambert, 2007; Lillengren & Werbart, 2005; Rodgers, 2002). An analogy of going to the dentist is portrayed in the study by Haskayne et al. (2014). The author speaks of "digging deep in painful areas, which remained sore after the session had ended. Like being treated by the dentist, the client may want to avoid this". The emotional content in therapy was also described as feeling 'dangerous' to clients. This is evident in Haskayne et al. (2014): "they perceive negative emotions as dangerous, and

it is hard work to discuss their feelings…and it is energy-consuming” (Lillengren & Werbart, 2005).

There was some understanding in the studies that unless painful emotions were experienced in therapy, there could be no moving on from these emotions (Haskayne et al., 2014; Lambert, 2007). Although this was recognised, it was hard for this process to occur, and patients were unsure if they could manage and 'deal' with the pain that comes with it (Lambert, 2007).

The resistance to and avoidance of the emotion is discussed in more depth in Grafaniki and McLeod’s (2002) study, where it is highlighted that the client may find it easier to discuss the cognitive element rather than the emotional element in therapy. The emotional element may be avoided due to the difficult feelings it creates. The author provides a specific example of this: "The client reports past or present information about themselves or others that is simple and easy to share. This material carries more cognitive rather than emotional overtones" (Grafaniki & McLeod, 2002). These authors go on to discuss the different ways in which clients will avoid and resist discussing emotions in therapy. Clients in therapy 'withhold' painful and negative emotions, or 'run away' from strong emotions, 'change topic', 'keep silent', make 'jokes', or 'pretend' that they are not feeling the emotions. The authors link this to the feeling of ‘stuckness' in therapy, such as little improvement in the therapy process. In the study by Rodgers (2002), the author also describes clients as hiding the emotional element at times in the therapy process, especially before coming to therapy and at the beginning stages of therapy.

1.14.1.2 Resistance to change.

Some studies stated resistance and avoidance of change as a significant barrier in therapy (Grafaniki & McLeod, 2002; Lambert, 2007; Rodgers, 2002). The studies highlight the difficulty in accepting change in the therapy process, especially at the beginning of therapy. The difficulty in 'accepting' change is particularly highlighted in the studies by Lambert (2007) and by Rodgers (2002). The author describes that clients’ have difficulty accepting change as they may fear permanent and significant changes, such as changes in their personality (Lambert, 2007). Conversely, Rodgers (2002) appears to link the difficulty in accepting change to the challenge in accepting that one has a 'problem' or difficulty in the beginning. The author refers to the fact that some clients hide their difficulties from others, such as family members.

1.14.2 Theme 2: Therapeutic space

1.14.2.1 Clear boundaries and consistency

Synthesising the literature on patients' experiences of long-term psychodynamic psychotherapy and humanistic counselling, found that six of the eight studies stated the importance of the therapeutic space in providing clear boundaries and consistency (Knox, 2008; Lambert, 2007; Lillengren & Werbart, 2005; Merriman & Beail, 2009; Von Below et al. 2010; Rodgers, 2002). In some studies, participants stated that they found continuity as a helpful component of therapy and aided in creating a 'safe space' (Lambert, 2007; Lillengren & Werbart, 2005; Von Below et al., 2010). For example, Von Below et al. (2010) highlighted this as a critical theme and stated: "The regularity of the appointments were described as helpful". The study by Lambert (2007) also highlights the importance of continuity and offers clear descriptions of the number and frequency of sessions that aided in clients feeling safe and 'relaxed'. Rodgers (2002) explored the importance of the space being 'protected' and not interrupted with clients. Continuity in therapy contributing to a 'safe space' is discussed in detail by Lillengren and Werbart (2005), and they linked the feeling of a 'safe space' in providing the client with the ability to explore the painful feelings that they may be blocking or avoiding.

Some authors described the therapy space positively when it provided a 'secure environment' and a 'neutral zone' (Lillengren & Werbart, 2005; Von Below et al. 2010). Also, in therapy, providing a sense of stability and a safe and secure space was highlighted as positive in facilitating the therapeutic relationship (Lilliengren & Werbart, 2005). The authors described this in more detail in the following: "The experience of the setting and the therapeutic relationship, involved the therapist having continuity".

Conversely, in several studies, the authors highlighted that a problem in therapy was created when continuity in the therapeutic space was not followed (Lambert, 2007; Merriman and Beail, 2009; Von Below et al. 2010). Merriman and Beail (2009) emphasise this point in the following: "Temporary absences or changes were perceived as obstacles". They also described the phrase 'pass the parcel' where clients feel they have been passed around from different therapists and that this is a detriment to their therapeutic process (Merriman & Beail, 2009). Therefore, this example portrays that a lack of continuity in the therapy can provide a barrier.

Furthermore, Lambert (2007) also highlights the impact of the therapeutic space through lack of continuity when there is an unexpected ending in therapy. Here the author explains that this can lead to clients feeling a strong sense of 'disappointment'.

1.14.2.2 Being listened to and understood

In seven out of eight of the studies, it was concluded that an important and helpful part of therapeutic space is the therapist and client interaction when they are provided with a space to be listened to and understood (Grafaniki & McLeod, 2002; Haskayne et al., 2014; Knox, 2008; Lambert, 2007; Lilliengren & Werbart, 2005; Merriman and Beail, 2009; Rodgers, 2002). A space to be listened to and understood facilitated clients to understand their emotions more deeply (Haskayne et al., 2014; Lilliengren & Werbart, 2005). Some clients felt their therapist could read their verbal and non-verbal body language and have high levels of 'attunement' to their subtle emotional state changes and be responsive to those (Grafaniki & McLeod, 2002; Haskayne et al., 2014; Rodgers, 2002). It was evident in Rodgers (2002) study that this 'attunement' aided in the process of the client feeling understood. A quote from the study demonstrates this feeling of being understood: "People seemed to feel a sense of relief that someone could see what was going on inside, that someone else knew and they did not have to struggle to make themselves understood". Haskayne et al. (2014) explained this helpful process in more detail: "Emotional sensitivity encapsulates many ideas described within the participants' narratives, including being emotionally in tune".

Many studies showed there was a helpful process of the client being understood in therapy, such as through active listening, acceptance, and authenticity, which facilitate clients to feel listened and understood (Grafaniki & McLeod, 2002; Knox, 2008; Lambert, 2007; Rodgers, 2002). Moreover, the feeling of acceptance was pinpointed by clients' as being valuable (Knox, 2008). Furthermore, a feeling of genuineness imparted by the therapist, was highlighted in some studies by clients as helpful (Knox, 2008; Rodgers, 2002). Finally, a non-judgemental space was considered imperative: "people wanted to be heard and not judged" (Rodgers, 2002).

1.14.3 Theme 3: Change in therapy

1.14.3.1 Talking as a release

Synthesising the literature on patients' experience of long-term psychodynamic psychotherapy and humanistic counselling, found that all the studies consider changes in the client (Grafaniki & McLeod, 2002; Haskayne et al., 2014; Knox, 2008; Lambert, 2007; Lillengren & Werbart, 2005; Merriman and Beail, 2009; Rodgers, 2002; Von Below et al. 2010). In seven out of eight of the studies, they allude to a process of the client holding in their experience of their difficulties before therapy and at the beginning of therapy, and then letting out these difficulties to the therapist through talking in therapy. Rodgers (2002) portrays this in more detail: "On coming to counselling, people may often feel they have not been able to talk about their problems or difficulties before". The author says: "people have permission for the first time to say what is really going on instead of holding it all inside". “Counselling is their first opportunity to say what they have not been able to tell anyone else”.

In many studies clients described a type of ‘release’ when talking in therapy. Clients stated that it 'felt good to talk' and 'to ventilate' their own thoughts and feelings, which seemed to result in the sense of 'relief', 'release' and 'offloading', (Lambert, 2007; Lillengren & Werbart, 2005; Merriman & Beail, 2009; Rodgers, 2002). The process of talking was described as ‘collaborative’ and ‘explorative’ and included the therapist ‘asking questions and ‘summarising’ (Lillengren & Werbart, 2005). There was a strong connection found between talking about difficult things and making progress. In the studies, talking was described as 'helpful’, ‘curative', and aiding clients in 'making sense' of their difficulties (Lambert, 2007; Lillengren & Werbart, 2005; Merriman & Beail, 2009; Rodgers, 2002).

1.14.3.2 Acceptance of change

Some of the studies reported that the transformation in therapy, is aided, by the acceptance of change in their lives (Grafaniki & McLeod, 2002; Lambert, 2007; Merriman and Beail, 2009; Von Below et al., 2010). For example, Lambert (2007) and Grafaniki and McLeod (2002) describe clients have moved toward ‘accepting’ changes in their lives due to having therapy. For example, changes such as significant life events, for instance an end of a relationship, early retirement, or death of a parent. "Instead of getting on with my life, I have been trying to get

backwards” (Grafaniki & McLeod, 2002). Conversely, Von Below et al. (2010) describes clients who are now experiencing the change as positive toward the end of therapy. They explain change as having a positive impact on 'behaviour', 'perspective', and 'personal insight' (Grafaniki & McLeod, 2002; Lambert, 2007; Merriman & Beail, 2009).

1.14.3.3 Emotional processing

Seven out of eight of the studies examined the practice of emotional processing in therapy and found that it was a helpful factor in the progression in therapy (Grafaniki & McLeod, 2002; Haskayne et al., 2014; Knox, 2008; Lillengren & Werbart, 2005; Merriman and Beail, 2009; Von Below et al. 2010, Rodgers, 2002). Patients being aided in the process of experiencing their emotions was a central theme across many studies. Of great importance was the patient having been allowed to express and share their emotions. Lillengren and Werbart (2005) conveyed the importance of the therapist communicating to clients that expressing emotion is ‘allowed’ and that it is acceptable to ‘experience’ emotions (Lillengren & Werbart, 2005).

The process of taking time in emotional processing is discussed across some of the papers as of importance in the therapy process (Haskayne et al., 2014; Lillengren & Werbart, 2005). One item in the discussion is the bringing up of difficult and painful emotions from the past, which aids in understanding and making things more explicit, leading to a greater sense of 'self-coherence’ (Lillengren & Werbart, 2005). Also, "emotions are experienced and understood over time" (Haskayne et al., 2014). Haskayne et al. (2014) demonstrated this point in more detail: "In order for clients to trust their therapist and open up about their emotional experience, it seemed to take time. If rushed, then it would result in withdrawal from their therapist”.

The studies also convey the process of emotional processing leading to a development in clients to better understand and acknowledge their feelings. For example, therapy improved their ability to express, reflect on, and label their feelings (Knox, 2008; Lillengren & Werbart, 2005). Furthermore, it led to other helpful changes, such as improved ‘self-understanding’, positive emotions, and feeling 'better', 'energised' and more 'at ease' (Knox, 2008; Von Below et al. 2010). Finally, the therapist’s 'validation' of the client's emotions led to a development in clients such as a greater sense of 'self-worth', 'empowerment' and 'self-acceptance' (Knox, 2008).

1.14.3.4 New perspectives and restructuring

All the studies included a theme relating to progression in therapy, where clients experienced new perspectives and restructuring (Grafaniki & McLeod, 2002; Haskayne et al., 2014; Knox, 2008; Lambert, 2007; Lillengren & Werbart, 2005; Merriman and Beail, 2009; Von Below et al. 2010; Rodgers, 2002).

The studies reflected on the positive impact of therapy on clients being able to restructure their difficulties (Haskayne et al., 2014; Lillengren & Werbart, 2005; Von Below et al., 2010; Rodgers, 2002). Rodgers (2002) explains restructuring in greater depth as: "coming to see things from a different perspective, of things 'fitting' better and feeling more integrated". Here it seems clients can make sense of their difficulties by making sense of the ‘why’, to improve their understanding (Lillengren & Werbart, 2005; Von Below et al., 2010). The therapist offered an 'objective perspective', and the therapist would 'name the difficulty' (Rodgers, 20020). Additionally, the studies highlight the importance of seeing patterns and making a connection to the past (Haskayne et al., 2014; Grafaniki & McLeod, 2002; Lillengren & Werbart, 2005). Finally, defining problems and 'setting goals' was a structuring part of therapy that helped understanding and provided ways to cope (Lillengren & Werbart, 2005; Von Below et al., 2010).

The studies reflect on seeing new perspectives and others' perspectives as a positive impact of therapy, which can aid patient progression (Grafaniki & McLeod, 2002; Lambert, 2007; Von Below et al. 2010). This new perspective is evident in the following quote by Lambert (2007): “a client observed that he had started to see things from his own mother’s perspective and, as a consequence, was beginning to appreciate other perspectives which may be different from his own".

In some studies, the therapist helped the client gain a new perspective and restructure their difficulties, leading to clients experiencing increased feelings of control (Grafaniki & McLeod, 2002; Lillengren & Werbart, 2005; Von Below et al. 2010; Rodgers, 2002,). This is evident in Rodgers (2002): "Instead of feeling lost and helpless, the person regained a sense of direction and a framework to work from", and also when stating “The act of working through things with the counsellor was another critical aspect of restructuring". Through this process in therapy, clients were more able to "let go of things", and clients were also more able to be "more in

control and content" (Rodgers, 2002, Von Below et al. 2010). Additionally, it appears this led to an improved quality of life, such as clients exposing themselves to situations previously avoided, thus improving their ability to 'move on' (Von Below et al. 2010).

1.15 Discussion of Meta-Synthesis

The two most common psychotherapy models utilised in the treatment of psychological trauma related to attendance at boarding school include long-term psychodynamic psychotherapy and humanistic counselling. The meta-synthesis synthesised eight qualitative studies relating to patients' views of long-term psychodynamic psychotherapy and humanistic counselling. The eight studies demonstrated repetition across studies, resulting in crucial themes being identified: resistance and avoidance in therapy, the therapeutic space, and change in therapy. The review results provided information on the essential processes in therapy for these two relevant psychotherapy models, such as barriers, therapeutic space between client and patient, and the process of change. Qualitative papers with high-quality methodology using a scientifically rigorous approach were limited. Mainly papers on this topic included limited methodology, such as case studies with a low-level number of participants. Additionally, some studies did not include a transparent methodological process, with a clear and step by step procedure of analysis and did not use an established analytical framework. Therefore, a limitation to the meta-synthesis is that there were a low number of high-quality papers published in this area.

1.16 Limitations of the Previous Research

The literature review identified unanswered questions around the experience of psychotherapy for patients who relate their psychological distress to attending boarding school. Thus far, in the boarding school distress literature, case descriptions into the topic have identified that the therapy process for this particular client group can be challenging. The current research base for patients who relate their psychological distress to attending boarding school is minimal, and even more limited is an understanding of their experience of psychotherapy.

Discussed previously is the criticism of the boarding school trauma literature, which includes mainly case descriptions, which provide good exploratory information but lack scientific

rigour. For example, researcher subjectivity can create bias, which could impact on the findings. Secondly, a lack of transparency of the methodological steps, absence of in-depth analysis of the results section, and no outlined credibility checks, can impact credibility that the literature was conducted rigorously and systematically, which may have impacted on the quality and reliability of the analysis of the data.

Additionally, the case descriptions in the boarding school trauma literature are based on retrospective accounts of boarding school trauma, which have faced some criticism. The reliability of retrospective accounts has been debated within the research literature (Burgess & Phillips, 2006; Fisher, et al. 2011; Rutter & Maughan, 1997; Talari & Goyal, 2020). Firstly, with any qualitative research methods, there is not the aim to determine causation between childhood trauma and current distress, but rather determine an association. In qualitative research what is collected is an individual's narrative about their childhood experience and how this has impacted on them in the here and now. Criticisms of utilising a retrospective account, by asking about an individual's childhood experience, include the questioning of the validity and reliability of long-term memories (Rutter & Maughan, 1997; Talari & Goyal, 2020). Retrospective accounts of memories may be subjected to recall bias, as memory is not always accurate and can be altered over time (Talari & Goyal, 2020).

Conversely, a number of research studies have demonstrated that reports of childhood abuse and trauma are relatively reliable over time (Burgess & Phillips, 2006; Fisher, et al. 2011; Rutter & Maughan, 1997). The alternative option to retrospective research, is collecting accounts from children who are currently experiencing trauma or abuse. In the literature, this is deemed as in some cases unethical and may not be reliable. The lack of reliability of current trauma accounts is said to be due to the impact of trauma on memory such as denial, dissociation, and repression. In addition, the lack of reliability of current trauma accounts is said to be due to the impact of the normalisation of the trauma by the perpetrator, fear of reprisal, fear of stigma, or what is commonly found in children who are experienced abuse or trauma is the inability to identify an experience as abusive (Fisher, et al. 2011; Burgess & Phillips, 2006). To conclude, the evidence on the reliability of retrospective accounts and thus the current literature on boarding school trauma is varied, the research lacks scientific rigour, and there is a limited specific research into patient experience of psychotherapy. Therefore, a

more in-depth analysis is needed from a qualitative approach looking at patient experience of psychotherapy.

1.17 The Rationale for the Current Study

A qualitative approach was selected for this study to investigate, in-depth, adults with psychological distress related to attending boarding school, experience of the process of psychotherapy. As this is a new area of research, the hope is that this in-depth exploration will enhance an understanding of psychotherapy for patients who relate their psychological distress to attending boarding school, and possibly influence future clinical practice. Patient experience research is necessary due to listening to the voice of patients' and considering patients' individual differences and is in line with the NHS drive toward patient empowerment (McPherson & Beresford, 2019; McPherson, Wicks & Tercelli, 2020; NHS England, 2016). Additionally, it will provide insight into the impact of children's separation from caregivers in general, which will inform education and social care practices and Government policy.

1.18 Aims and Objectives.

This study aims to investigate adults' experiences of psychotherapy who have experienced psychological distress related to attending boarding school. Therefore, the purpose of this study is to investigate the following research question: 1) What are the experiences of psychotherapy for adults with psychological distress related to attending boarding school?

2 Method

2.1 Chapter Overview

This chapter begins with an introduction to the epistemological position that has informed this study. Secondly, it describes the methodology and justification of its relevance to this study. What follows is a detailed description of the procedures undertaken, including the data analysis procedure, to provide transparency to the research. Moreover, a description of the ethical issues and consideration of quality assurance is discussed, with consideration of ethical and quality standards to ensure the study's scientific rigour. Finally, a reflective account of the research process is conveyed to promote the quality of the research process.

2.2 Epistemology

Good practice whilst conducting research is to be transparent about the epistemological position as a researcher. (Braun & Clark, 2006). The epistemological position includes views of how knowledge is acquired. The ontological position is the stance on the concept of reality. Both positions can influence the methodology of the research. Therefore, it is important to reflect on these positions so that possible influences on the data can be reflected on during the research process. It also encourages transparency in the research process, which provides clear communication of processes to the reader of the research.

Thematic analysis can be applied to a range of epistemological approaches (Braun & Clark, 2006). It is compatible with essentialist/realist, constructionist, and critical realism paradigms. An essentialist paradigm refers to a fixed phenomenon, such as a fixed reality of the world (Braun & Clark, 2006). Here it is understood that there is only one direction to the impact of language on meaning; that language enables individuals to express meaning and experiences. Unlike social constructionism, it does not express that socially constructed meaning within different societies and groups influences language. A realist approach conveys that motivations, experience, and meaning can be theorised in a straight-forward way because a simple relationship is assumed between experience and language. In that language reflects and enables one to articulate meaning and experience (Potter & Wetherell, 1987; Widdicombe & Wooffitt, 1995). Critical realism sits between an essentialist and constructionist paradigm. This

theory focuses on the material and reality but understands that these have limits. It acknowledges how people make meaning of their experience as individuals, and how social groups influence individual experience, rather than as just a collective reality (Braun & Clark, 2006). According to Willig (1999), in critical realism, language impacts the construction of individuals' social realities; however, these constructions are constrained by a material world. A material world is one that is physical, quantifiable, and measurable.

This study has been conceptualised from an ontological perspective, that the view that reality is not a fixed, known, and measurable entity; instead, multi-perspectives and realities can be experienced simultaneously and are valid. The epistemological perspective influencing this study is ‘social constructionism'. Social constructionist epistemology is understood as social experience shaping discourses in society, and conversely, discourses shaping social experience (Braun & Clark, 2006). Therefore, this would mean that the analysis of the topic of psychotherapy for participants who relate their psychological distress to attending boarding school has been constructed from a subjective perspective. In that, it has been jointly constructed from the participants' individual social experience and the researcher's perspective of the data. According to the authors' epistemological and ontological position, the experience of psychotherapy for participants has been socially constructed. Their views would have been influenced by their own personal narrative, past experiences, and other people’s narratives, including the therapist's narrative.

Partaking in qualitative data analysis, according to the researchers' epistemological and ontological position, means that the researcher will be making many assumptions about the data from their own individual, socially constructed experience, and viewpoint. Therefore, the researcher used an inductive method to analyse the themes in the data sets. The inductive method is a process of coding the data without trying to fit it into a coding frame, which pre-exists or pre-exists in the researcher's presumptions and prejudices (Braun & Clark, 2006). However, due to the researcher's social constructionism position, the researcher is aware that their preconceptions cannot be totally eradicated from the analysis of the data (Braun & Clark, 2006). Preconceptions can, however, be reflected on during the data analysis process, by being aware of these influences on the data and providing quality checks. These quality checks will be discussed in more depth later in the credibility check section. The researcher aimed to identify themes at both the semantic and latent level, considering both the explicit and

underlying meaning. This method may be said to be more in line with a social constructionist method (Braun & Clark, 2006), as assumptions and meanings are theorised as underpinning what is semantically stated in the data (Braun & Clark, 2006).

2.3 Design

2.3.1 Qualitative analysis

A qualitative approach was chosen to investigate participants' experiences of psychotherapy in-depth. The current dominant approach in medical health care research is to apply quantitative research designs, which are from a positivist tradition (Doyle, 2009). This tradition follows the view that there is an objective reality, and that science measures the causal relationships between two quantitative measures (Doyle, 2009). The researcher tests a hypothesis by analysing large samples of data. It persists that the researcher is unbiased and objective when undertaking research (Doyle, 2009). It uses a reductionist approach, reducing the theory down into its parts. This is a top-down approach, starting with a theory, and testing this theory in the research process. From a positivist stance, the research topic of psychological distress linked to attending boarding school and therapy experience would be seen as a measurable entity. However, psychological distress linked to attending boarding school is currently a new topic both clinically and within the research arena. There has been very little research into this area, especially research with a high level of methodological rigour. Therefore, this concept of boarding school distress or boarding school syndrome has yet to have set parameters to its definition. Boarding school syndrome is a term that has been discussed in the literature; however, this is not yet a measurable concept or a measurable diagnosis, as it has not been widely defined within the literature. In addition, psychotherapy for the treatment of psychological distress related to attendance at boarding school is also a new area of investigation. There is currently no evidence-based research into the treatment of this set of difficulties. In the literature, there are several psychotherapy treatment approaches that are discussed to treat boarding school distress; however, these approaches do not follow a nationally agreed set manualised approach, due to the new nature of the concept of boarding school distress. Besides, it may also be argued that this type of diagnosis is a socially constructed concept (Bentall, 1999).

Alternatively, a qualitative approach is about investigating human experience. It investigates the reality that persists in others by analysing the qualitative nature of their experiences. It also provides a deeper understanding of a smaller sample, and it uses an inductive approach, which is a bottom-up approach. Here you start with an observation and look for patterns in the data, which then leads to the creation of a theory (Doyle, 2009). Qualitative analysis can be instrumental in generating new ideas about a particular topic that has yet to be investigated in depth. Therefore, it fits well with the current research project topic, which is investigating experiences of therapy in relation to difficulties attributed to attending boarding school, which, as of yet has not been well investigated scientifically.

Qualitative analysis also focuses on the meaning that the participants place on the influence of therapy. This provides greater depth to the analysis that may not be captured in quantitative analysis. For example, quantitative questionnaires measure only the outcome of therapy. Outcome measures are pre-constructed and predefined questionnaires from the researcher's perspective, which do not leave space for the participants' or therapy patients' ideas. These types of questionnaires may give information on change but are less effective in providing the depth of information about why and how the change occurred, so they focus less on the process of therapy (Elliott, 2012; McPherson et al., 2020). Conversely, it is the process of therapy, the why and how the change occurred, for this particular client group, that is of interest due to psychotherapy for 'boarding school syndrome' being a relatively novel concept and treatment.

2.3.2 Method selection

A thematic analysis was chosen to analyse the interviews, following the technique by Braun and Clarke (2006). This approach is flexible and provides a rich and detailed account of the data (Braun & Clarke, 2006). Thematic analysis is not grounded in a particular theory or ontological or epistemological position, giving it greater flexibility, so it can be applied to a social constructivist position (Braun & Clark, 2006). The thematic analysis allows identifying, analysing, and reporting patterns within and across the data sets (Boyatziz, 1998). This process allowed an analysis of participants' experiences of psychotherapy by exploring the similarities and differences across participants' perspectives. The choice for thematic analysis is driven by the research question, what are the participants' experiences of psychotherapy? The thematic analysis allows insight into the perspectives of participants across data sets to look for similarities and differences in these data sets, giving an overview of the experience of the

psychotherapy for all participants. The aim is to find repeated patterns of meaning across the data sets (Braun & Clark, 2006). As the thematic analysis focuses on the patterns across all the participants' experiences, rather than within the individual participant stories, this feels more relevant to the research question. Thus, the participants' experience of psychotherapy is more likely to be influenced by a set period of time, rather than a description of the person's whole life story. A description of the whole life story appears to be less important for this topic; thus, a method that includes not just within, but also across investigation is helpful. In addition, thematic analysis is known to have high transparency levels due to its clear step-by-step approach. This clear step-by-step approach can provide the reader with clear guidelines to follow and gives clarity for researchers who wish to complete similar research in the future.

2.3.3 Data collection method

Semi-structured interviews were selected as the data collection method to give some direction to the questioning, due to the sensitive nature of the topics being discussed with the client group, while allowing participants some freedom to discuss the topic from their own frame of reference (Burck, 2005). A semi-structured interview schedule was designed specifically for the study (see Appendix A). The interview questions covered the following topics: experiences of therapy, relation to boarding school, changes in therapy, the process of therapy, expectations of therapy, therapeutic relationship, and ending in therapy. Participants were asked broad questions in these areas, followed by prompts where needed. Prompts and follow up questions were used to enable the elaboration of participants' views and experiences.

The interview questions were constructed after consultation with the relevant literature, such as the boarding school distress literature and patient experience of psychotherapy literature. In developing the interview schedule (see Appendix A), established guidelines were followed, including Elliott's (1996) Client Change Interview Schedule, as adapted, and expanded in the paper by Poulsen, Lynn, and Sandros (2010) (see Appendix B and C). The paper used the topic guide to investigate patient views on the therapy change process. The author of the Client Change Interview Schedule has completed several research studies into the concept of change processes in therapy (Elliott, 1989; 1991; 2008; 2010). In these studies, the author reviewed the concepts around the change process in therapy, such as the strengths and limitations of each concept, in order to devise the questionnaire. Greenberg (1986) developed change process research to bring together outcome measure research and process research (Elliott, 2012). Thus,

change process research, aims to explain why change in therapy occurs, whereas outcome measures do not; they measure only that change has occurred (Elliott, 2010; 2012). The Client Change Interview topics included questions such as general experience of therapy, changes noticed since therapy began, what caused the change, and helpful and unhelpful aspects of therapy. The added questions by Poulsen, Lunn, and Sandros (2010) included expectations of therapy, therapeutic relationship, and therapy endings. In addition, additional relevant papers were considered in order to gain clarity that similar questions were being applied within multiple papers, these included: Nilsson et al. (2007); Timilak and Buckroyd (2013); and Leonidaki, Lemma, and Hobbis (2016). From these papers, some questions were added to the topic guide, to add prompting questions, and lengthen the protocol to gain depth of information. The final topic guide included questions in the following core areas; general experiences of therapy, relation of therapy to attending boarding school, changes noticed since therapy began, what caused the change, helpful and unhelpful aspects of therapy, expectations of therapy, therapeutic relationship, and therapy endings.

Twelve semi-structured interviews were carried out, as this number provided rich data. The number of interviews were stopped when the researcher felt there was a full volume of data, and there were not any significantly new themes being discovered in the data. Participants were given the choice to be interviewed either face-to-face, by telephone, or by video platforms such as Skype or zoom. A variety of interview method options were offered in order to allow inclusion of participants from a variety of geographical locations. All participants opted for a telephone interview. No technological issues or data quality issues were faced by the researcher when using this interview method. Conversely, the researcher found using this method, enabled participants to answer questions fully and in-depth. Research into phone interviews has demonstrated its benefits. For example, offering more anonymity, which may enable participants to be more open, as well as providing a wider network of participants as there is no need for travel, and less response bias due to the researcher making facial expressions (Hill et al., 2005; Musselwhite, Cuff, McGregor, & King, 2006).

2.4 Participants

2.4.1 Recruitment

Participants were recruited using an opportunity sampling method and then a snowball method. An opportunity sampling method was used, as participants were sought out who have a specific experience of distress related to attendance at boarding school and have attended psychotherapy. Then a snowball method was utilised as some participants recommended other suitable candidates. Participants were recruited from publicising the project, such as through organisations for ex-boarding school members who relate their psychological distress to attending boarding school. Participants were recruited by sending a flyer (see Appendix D) to these relevant organisations for boarding school distress. The flyer was then posted on their newsletter and participants contacted the researcher directly by email for more information.

2.4.2 Eligibility criteria

Participants eligible for the study met the following criteria: 1) an adult aged 18 years or above, 2) identify as experiencing psychological distress related to attending boarding school, and 3) completed psychotherapy treatment. The following were excluded from the study: 1) if they were unable to give informed consent.

2.4.3 Intervention

Participants received two different types of models of psychotherapy; these included psychodynamic and humanistic counselling. Full details of the types of psychotherapy participants received can be viewed in the results chapter.

2.5 Procedure

A pilot interview was carried out with one person who has had an experience of attending therapy, but is not currently in therapy, and who was not involved in the study. They gave feedback on the questions in the semi-structured interview. This interactive process allowed feedback on the questions in the interview, to allow adaptions to be made where necessary to

the working, in order to promote participant comprehension. The data collected in the pilot interview was not included in the research.

Prospective participants were recruited using an opportunity sampling method, through posting a flyer in a newsletter of a boarding school distress organisation. Participants who responded to the flyer, were emailed an information sheet to read before deciding whether to participate (see Appendix E). Participants were then contacted by the researcher by email to discuss the research project and screen for suitability and confirm consent to participate. If they were happy to proceed, an interview time was booked. Participants then completed a brief demographic questionnaire (see Appendix A), and participants signed the consent form (see Appendix F), both sent by email, and returned by email or post to the researcher's assigned University of Essex post address.

Before the interview began, the participant information sheet was read, and any questions discussed. Consent was explained and agreed, and the then the researcher informed participants about confidentiality and the right to withdraw verbally. Participants were notified that interviews would be transcribed, and any identifying information will be made anonymous and kept confidential. Additionally, the participants were made aware before the interview commenced that they could stop the interview at any time. After they gave permission, the interviews were audio recorded using a Dictaphone.

A semi-structured interview schedule was followed (see Appendix A). On average, the interviews lasted 60 minutes. The interview questions covered the following topics: general experience of therapy, how does their therapy experience relate to their boarding school experience, changes in therapy, the process of therapy, expectations of therapy, therapeutic relationship, and ending in therapy. Participants were asked broad questions in these areas, followed by prompts where needed.

Once the interview had finished, the researcher thanked participants for their time, and gave time to ask if participants had any further questions. All participants were emailed support agency helpline numbers at the end of the interview (see Appendix G).

2.6 Data Analysis

The data was analysed, whilst relating the data to the research question, what are the experiences of psychotherapy for adults with psychological distress as a result of attending boarding school. The interviews were transcribed verbatim. Transcripts from the interviews were analysed using thematic analysis by methods described by Braun and Clarke (2006). According to Braun and Clarke (2006), thematic analysis, involves identifying patterns in the data to develop an understanding of the participants' conveyed meaning in the text. In the thematic analysis process, an inductive method was employed to provide themes that were strongly connected to the data (Braun & Clark, 2012). Firstly, the transcripts were read wholly to become familiar with the data and to identify subtle elements. Initial preliminary thoughts were recorded in the notes word document. Transcripts were then copied into Microsoft Excel, and three columns were created with headers code, theme, and note. Each transcript was coded inductively without trying to fit into a pre-existing coding frame by reading the text and looking for patterns (Braun & Clark, 2006). Line by line coding took place, where the text was highlighted, and initial codes were written by typing in the next column (see Appendix H for an example of the coding document and process). As themes were developed within each manuscript, these were recorded in the next column.

The researcher aimed to identify themes at both the semantic and latent level, which meant considering both the explicit and underlying meaning. Following the coding, was the categorisation across the whole body of the data to ensure depth and breadth (Braun & Clarke, 2006). Categories were created by searching for patterns, such as similarities and differences. The categories were analysed, by grouping similar ideas, looking for similarities and differences, and reflecting on the research question, resulting in the researcher formulating sub-themes and finally themes. Using the Excel programme, the researcher selected each individual theme across all data sets and then cut and pasted the corresponding data into a separate Excel sheet. Meaning each theme had a separate Excel spreadsheet, and within each Excel spreadsheet, there were separate tabs for different sub-themes; this aided the categorisation process. Sub-themes were discarded or collapsed into another if there was not enough data to support them. Lastly, the transcripts were re-read to check the themes. Finally, the data was considered again concerning the research question 'what are the experiences of psychotherapy for adults with psychological distress as a result of attending boarding school'.

2.7 Credibility Checks

A number of credibility checks were used to ensure the study was conducted rigorously and systematically to improve the quality and reliability of the data analysis (Braun & Clark, 2012). To ensure the process was transparent, an audit trail was noted. To ensure the quality and validation of the research process, the researcher met with the supervisors at the time of data analysis, to reflect on the process. A mind map of the themes and sub-themes were created and shared with the researcher supervisors, to enhance transparency (see figure 1).

In addition, a reflective diary was kept in order to reflect on the position, views, assumptions, and personal experiences that may have influenced their analysis of the data. This constant reflection is important, as the researcher has an active role in analysing the data (Braun & Clark, 2006). A limitation of a qualitative method is that the researcher's knowledge, experience, and theoretical positions may influence the analysis process (Braun & Clark, 2006). Therefore, to counter-act this, throughout the research process, the researcher completed this reflective diary, to consider any bias within the data analysis process. In addition, good practise guidelines were followed, such as a willingness to stay open to participants' viewpoints and being consciously aware of personal prejudices (Burck, 2005; Willig, 2008). For example, it was helpful prior to starting the interviews and after completing the interviews, to write down personal pre-conceived ideas and prejudices around privilege and class, a theme that was relevant to the data. The consideration of personal prejudice helped with the ability to stay open to an alternative perspective that arose in the data around privilege, which was different from pre-held prejudice.

2.8 Ethical Approval

Ethical approval was obtained from the University of Essex Ethics Committee (see Appendix I).

2.9 Ethical Issues

Ethical approval was gained from the University of Essex Faculty of Science and Health. All participants, prior to the interview, were asked for their written informed consent to participate

and reminded of their right to withdraw. As part of this consent process, confidentiality was explained, including safeguarding procedures, and they were asked to consent to their data being used for research purposes. Data was stored in an anonymised database on a password protected memory stick. All confidential information on the memory stick was kept in a locked cabinet. Data will be held and destroyed in fulfilment of the requirements of the Data Protection Act, 1998.

The participants were not taken from a clinical sample. However, there was a chance that the participants had experienced psychological distress or were currently experiencing psychological distress, therefore, they were classified a vulnerable group. However, they had all received therapy prior to the interview, which demonstrates they had support structures in place to medicate the psychological distress they may have experienced. Questions about distressing topics were not asked directly; however, there is risk that there were topics discussed that the participant may have found distressing, which may have come up indirectly. To compensate for any possible distress during the study, a number of procedures were put in place to mediate this. For example, there was a plan in place if any participants displayed significant distress during the interview, such as a break, a debrief, and encouragement for them to seek support from their current or past therapist. However, the need for these procedures did not arise. Other procedures were put in place to mediate distress, such as the interview questions were tested in the pilot study, and all participants were given relevant support agency helpline numbers at the end of the interview, in case they were needed (see Appendix G). Due to the fact interviews took place by telephone call, all participants were given the helpline numbers as standard, in case any distress was not observed by using this medium. Time was also given at the end of the interview to discuss with participants that this would be the procedure and leave space for any questions.

2.10 Patient and Public Involvement

Patient involvement in research is paramount due to the position that service users should have a central voice and role in service design and development, as well as research. Patient involvement is vital due to the importance of being able to listen to the voice of patients. Patient involvement is in line with the NHS drive toward patient empowerment, through greater choice about their health care, and involvement in evaluating and developing services (McPherson &

Beresford, 2019; McPherson, Wicks & Tercelli, 2020; NHS England, 2016). In this study, people with lived experience of psychological distress related to attendance at boarding school and psychotherapy, were involved in the research process. Feedback was gained from an individual who had experienced boarding school and psychotherapy, who was not included in the study, on the pilot interview. The feedback was taken into consideration and some wordings of the questions were slightly changed to improve clarity. In addition, the researcher's supervisor had an experience of psychotherapy connected to boarding school experience. Therefore, someone with lived experience was involved in advising on the method and the underlying approach throughout. Other people with lived experience of distress related to attendance at boarding school, have advised on the research process, such as the director of the boarding school distress organisation, who advised on the relevancy of the topic area. Additionally, a publisher with lived experience of boarding school distress, advised on relevant publications for the literature review. Furthermore, a talk was attended by a publisher with lived experience of boarding school distress, who helped to shape the direction of the research project. For example, this talk led to a focus of the research question on the experience of psychotherapy, as it was advised in the talk that this was an area of complexity, as well as a gap in the research.

2.11 Researcher Reflexivity

Reflective practice is the process of thinking about the research process, in conscious awareness, so you can reflect on and analyse your decision making (Cousin, 2013). The epistemological perspective influencing this study is 'social constructionism'. Therefore, I feel it is of importance to reflect on the research process. A social constructionist view permits that the researcher cannot be separated from the research process. Cousin (2013) states from a social constructionist perspective, the researcher is entangled in the research process. Both the research is influenced by the researcher, and the research process impacts on the researcher. What the researcher sees or hears in the research process is influenced by the past experiences gained. Therefore, it is imperative to reflect on and consider my pre-conceived ideas of the research topic.

My interest in distress attributed to attending boarding school began when I heard one of the lecturers discuss the topic and a lecture by the topic author and person of lived experience,

Nick Duffell, on 'boarding school syndrome'. What initially drew me to this area, was that I was particularly interested in the trauma and separation element in childhood and how this possibly relates to attachment theory. I have a personal interest in childhood trauma, separation, and attachment. My interest in attachment theory developed while I was completing my MSc in infant observation and psychodynamic child development Masters. Here, I completed a two-year observation of an infant from birth to two years of age. I learned a great deal about the importance of the mother and infant relationship and the importance of attachment and the care that should be taken in managing separation from the primary caregiver. The attachment and separation psychodynamic literature were very much part of the course, and I particularly have been influenced by ideas and theories from psychoanalysts and attachment theorists such as Bowlby (1979) ‘secure base', Ainsworth (1969) ‘strange situation', Bion (1962) ‘containment’, Winnicott (1986:1953) ‘holding’ and ‘transitional object’, and Mahler (1963) ‘separation’.

My pre-conceived ideas about boarding school distress, were around broken attachment. I wondered about the detrimental impact of early separation on children from their primary caregiver. I also wondered about the impact to the attachment, prior to starting boarding school, has on a child’s ability to manage successfully in the boarding school environment, where there is a significant separation.

In addition, my interest in the qualitative analysis of patients’ experiences of psychotherapy developed when completing a literature review for an assignment for the doctorate. My literature review topic was a meta-synthesis of working-age adults experience of psychodynamic and psychoanalytic psychotherapy. Here, I became more interested in the limited evidence base for psychodynamic psychotherapy and for qualitative research papers.

I selected the subject area for my doctorate purposely, so that I did not have a direct link with the topic area and so I did not hold a particularly strong emotional link to the topic. I did this in order to improve objectivity in the research process. I found in my past, during my research experience when completing my MSc project, that I had an emotional link with the research topic. I felt it became harder to become detached from the data, when analysing the results, so not to bias the results. It found it was more difficult for me to be more objective. One key aim in this research was that I could be as objective as possible when analysing the results. Therefore, the topic is about boarding school, but I have not attended boarding school, as I

attended a mainstream school in Scotland, so I felt I could stay slightly more emotionally distant from the topic area.

Both of my researcher supervisors have attended boarding school and I was aware of the influence this may have on the research process, in terms of design, as well as data analysis. I kept in mind to be reflective on my own position, as someone who has not attended boarding school and my supervisor's positions as people who have attended boarding school. So, for example, this came with many benefits as my supervisors have a huge amount of insight and inside knowledge about boarding school that I would not have been privy too.

3 Results Chapter

3.1 Chapter Overview

This chapter presents a description of the results of this study. First, demographics are presented to illustrate the sample. Second, six themes and corresponding sub-themes will be drawn and described from participants accounts.

3.2 Demographic Information

Twelve participants' who had an experience of receiving psychotherapy and attributed some of their difficulties to attending boarding school, took part in the study. Table 1 presents the full characteristics of the participants. Ages ranged from 44 years to 82 years old. There were 8 female and 4 male participants. Participants received different types of models of psychotherapy, the most common included group therapy, psychoanalytic psychotherapy, and counselling. Participants received psychotherapy for a minimum of 1.5 years, a maximum of 30 years, and with a mean of 11 years and median of 5 years. Participants received psychotherapy for an average of 1 time a week. Ages of starting boarding school ranged from 4 years to 13 years and a mean and median age of 9 years. The number of years participants attended boarding school ranged from 4 years to 12 years, with a mean of 8 years and median of 7 years. Participants self-reported experiencing different types of psychological difficulties. Participants indicated these were primarily experienced in adulthood, but by some, these were experienced in both childhood and adulthood. In some respects, these psychological difficulties were explained as related, but not always independently, to attending boarding school. The types of psychological difficulties listed included relationship difficulties, anxiety, depression, low mood, low self-esteem, dissociation, physical health issues, separation anxiety, and PTSD.

Table 1

Characteristics of participants

Participant ID	Age	Gender	Ethnicity	Therapy Model	Length in Therapy	Frequency Received Therapy per week	Age Started Boarding School	Years in Boarding School	Self-reported Psychological Difficulty
P1	70	F		Person Centred counselling	15 years	1	13	4	Relational Issues
P2	51	F		Integrative - Transactional Analysis, Humanistic Counselling	1.5 years	1	11	7	Low mood, Anxiety, Relational Issues
P3	58	F		Counselling. CBT, Gestalt, Jungian Psychodynamic psychotherapy	4 years	1	4	12	Relational Issues
P4	56	F		Humanistic Counselling, Group Therapy	30 years	1	11	5	Low self-Esteem, Dissociation
P5	70	F		Group Therapy, Psychodynamic Psychotherapy, CBT, Tamalpa, Person centred Counselling, Mindfulness	30 years	1	5	12	Physical Health Issues, Relational Issues, Separation Anxiety
P6	74	F		Person centred Counselling, Psychoanalytic Psychotherapy, Couples Therapy	2 years	1	10	5	Depression, Relational Issues
P7	73	F		Psychodynamic Psychotherapy	8 years	1	12	6	Anxiety, Depression, PTSD
P8	71	M		Psychosynthesis counselling, Group therapy	3 years	1	8	9	Low self-esteem, Anxiety, Depression
P9	82	F		Psychoanalytic Psychotherapy	3 years	1	9	8	Anxiety, Depression
P10	44	M		Group therapy, Humanistic Counselling	2 years	1	12	6	Anxiety
P11	60	M		Person-centred Transpersonal Counselling, Jungian Psychoanalytic Psychotherapy	5 years	1	8	10	Relational Issues
P12	74	M		Counselling	25 years	1	5	12	Relational Issues

Table 2

Cross-comparison of participants by themes and sub-themes

Participant Number	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Theme 1: A Therapist Who Provides Validation of the Boarding School Distress Experience in the Therapy Process After Emotions are Shut Down in Boarding School	*	*	*	*	*	*	*	*	*	*	*	*
1.1 At Boarding School Emotions are Shut Down	*	*	*	*	*	*	*	*	*	*	*	
1.2 Adult Emotional Language Deficit	*	*				*	*	*	*	*	*	*
1.3 Validation of Emotional Distress in Therapy Connected to The Boarding School Experience	*	*	*	*	*	*	*	*	*	*	*	*
1.4 Emotional Change in the Process of Therapy	*		*			*	*	*		*		
Theme 2: Finding Oneself in Therapy After the Loss of Identity in Boarding School	*	*	*	*	*	*	*	*	*	*	*	*
2.1 At Boarding School There is a Lack of True Identity, Voice, and Control	*	*	*	*	*		*	*			*	*
2.2 The Therapeutic Process of Building the Self	*	*		*	*	*	*	*	*	*		
Theme 3: The Double Bind of Denial, Shame, and Privilege as a Barrier to Therapy, and Overcoming This Barrier by Recognising and Accepting the Boarding School Distress	*	*	*	*	*	*	*	*	*	*	*	*
3.1 Boarding School Impact of Denial in Childhood	*	*	*				*	*	*		*	*
3.2 Boarding School Impact of Denial in Adulthood and Therapy	*	*	*	*	*	*			*	*	*	*
3.3 Denial, Shame and Privilege Double Bind		*	*	*	*	*			*	*	*	*
3.4 Overcoming Barriers of Denial of the Boarding School Experience in Therapy by Being Believed	*		*	*	*	*	*			*		
3.5 Challenge of Endings and Breaks in Therapy Feeling like Boarding School Abandonment			*		*	*	*				*	*
Theme 4: A Therapeutic Process of Transforming Relationships After Loss of Intimacy in Relationships in Boarding School	*	*	*	*	*	*	*	*	*	*	*	*
4.1 Loss of Early Childhood Relationships at Boarding School	*			*	*	*	*	*		*	*	*
4.2 Loss of Connection to Home and the Family Nest	*			*		*		*			*	*
4.3 Early Separation, Abandonment, and Trauma	*	*	*	*	*	*	*		*	*	*	*
4.4 Impact of Boarding School on Forming and Maintaining Adult Relationships: sibling, parent, child, partner	*	*	*	*	*	*	*	*	*	*	*	*
4.5 Impact of Therapy on Transforming Relationships	*	*		*		*	*	*	*	*		
Theme 5: Trauma Based Therapeutic and Specialist Interventions and Expert Therapist to Process the Boarding School Trauma	*	*	*	*	*	*	*	*	*	*	*	*
5.2 Alternative Therapies and Trauma-Focused Therapeutic Interventions	*		*	*	*			*	*		*	*
5.3 Specialised and Expertise of Therapist	*		*	*	*	*	*			*	*	*
Theme 6: Acceptance from Others Through Group Therapy and Online Forums	*	*		*	*		*		*		*	

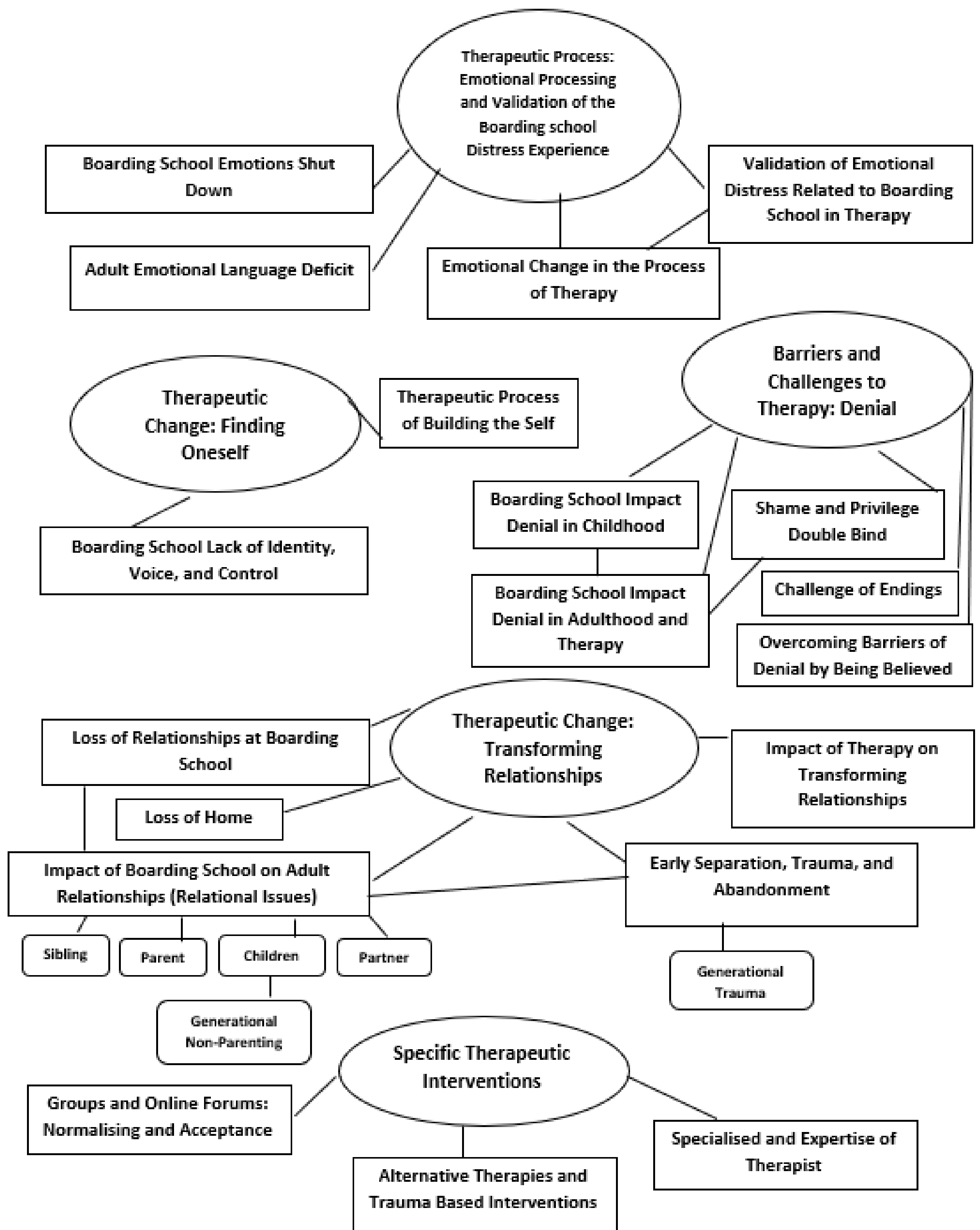

Figure 1: *Thematic Map*

3.3 Overview of Findings

Thematic analysis by Braun and Clarke (2006) was used as an approach to guide the author in the process of the author analysing the interview transcripts. A total of six themes and corresponding eighteen sub-themes were constructed by the author, see Table 2 for a description of cross-comparison of participants by themes and sub-themes, and Figure 1 for the thematic map, which shows early thought process to the creation of themes, these are later developed into final theme names. The themes are examined in detail below.

3.4 Theme 1: A Therapist Who Provides Validation of the Boarding School Distress Experience in the Therapy Process After Emotions are Shut Down in Boarding School

In the first theme, participants described the importance of the therapy process of processing emotions related to their boarding school distress. Participants discussed that in boarding school their emotions are often shut down and as adults they have an emotional language deficit. Many valued receiving validations from the therapist of their boarding school distress experience, which felt quite different from their boarding school experience, and some noted a positive change in their emotional state through the process of therapy.

3.4.1 At boarding school emotions are shut down

Participants described that their experience during boarding school was that, from several avenues, their emotions relating to boarding school were shut down by others. They explained that the boarding school environment was not a place where feelings were recognised, acknowledged, named, or explored.

Some participants spoke of peers and school staff reacting negatively if emotions were shown in boarding school. One participant describes having to shut down their feelings, as staff often ignored or punished emotional expression.

> *"So, I learned at boarding school even more to hide my feelings….I remember one time I walked over to the school and I was crying, and I was sitting on the platform behind the head mistress, I just couldn't stop myself from tears rolling down my face. And then*

the whole of the school, teachers and those that were there… One teacher said to me 'are you alright?', and everybody else just ignored me, what I think now, must have been obvious distress…"It's like, as a school we do not go there. We do not recognise that somebody is upset." (P1)

Many participants describe closing off emotions as the boarding school experience of being separated from home was too painful, and this was a way to survive.

"And I think that is a replay of the boarding school experience, of you cannot afford to feel. The grief, I cannot afford the grief I am feeling, about being sent here, away from home. I have to cut it out, so I had to cut off feelings." (P8)

"Because my emotions were, sort of, pulling yourself into a different place in order to go back to boarding school. Be brave, and not mind, that you are missing home and… you know, everyone else is so fine. So, you have to close off." (P2)

Many participants also described parents as shutting down emotions that related to the experience of boarding school.

"A ghastly, sort of, bleak hotel, and we were sitting in the hotel dining room, and I was going to have to go back to school quite soon, I was sitting, crying. And she said, 'do stop crying', she said, 'it's not much fun coming here to visit you if you cry all the time." (P9)

3.4.2 Adult emotional language deficit

Some participants described that due to the boarding school experience, they felt they had difficulties as adults with emotional expression. The lack of emotional expression and language learned at boarding school, left one feeling they did not have the emotional literacy to hand as an adult.

"Having to always ... keep your emotions in. And boarding school is well known for you just, sort of, get on with it and not thinking about yourself or how you might feel, you just carry on. So, the lack of expressing oneself and the right words to use if you

did want to express yourself. I have no emotional words to hand, not that I didn't know about them, but it was just not something you used." (P7)

Participants also portrayed the boarding school experience left them less able to ask for help from others.

"And the boarder finds, the really traumatised boarder finds it very hard to ask for help. Because the only time they asked for help it was not forthcoming. You give up asking". (P12)

3.4.3 Validation of emotional distress in therapy connected to the boarding school experience

Participants voiced the importance in the therapy process of the therapist acknowledging and validating their emotions that related to their boarding school experience. Many described an emotional block linked to the distress of the boarding school experience, and the important part of therapy was processing these emotions.

"You know, learning to reconnect with my own emotions, which I completely blocked off, because they were just too horrifying, as a young man, to encounter. Whereas a child to encounter, I could not handle them, so just ward them off. But of course, when you isolate yourself from your own emotions, you isolate your ability to be able to be in emotional relationships with others. So that has been a huge part of the therapeutic work, from my early twenties, it's kind of reconnected to that part of me." (P10)

Many spoke about how different it felt to have their emotions validated in therapy compared to the boarding school experience where emotions were not expressed.

"So, at boarding school, I was dismissed. You know, nobody cared. Nobody was interested. And I knew they did not give a shit, really, about me. Maybe that is what was surprising, was being heard and being cared about. And so, yeah, being in therapy is, sort of like, the opposite of being in boarding school." (P4)

"And the whole process being such a different experience of support, acceptance, understanding, willingness to express feelings etcetera, that didn't happen in my family and didn't happen at boarding school." (P1)

"I think one of the troubles with boarding school is that you learn not to make a fuss. You learn here that your unhappiness is not worth mentioning, that you just have got to get on with it. And I think one of the things that therapy helped me to do was to say, this, I am allowed to make a fuss about this... It gave me confidence, really, to recognise that my feelings are, sort of, you know, valid." (P9)

Conversely, one participant explained that as their emotions were so blocked off due to the boarding school experience, they felt they were unable to express emotion in therapy.

"But I could never cry about something because crying was not something you did at school. So that is something I very, very rarely do, so I never cried in therapy, I just felt emotional. But I have never been able to let my emotions go, and spill out, and that probably still is the case. I always feel like they've got to be kept in, mostly." (P7)

3.4.4 Emotional change in the process of therapy

Some participants described that an outcome of therapy was improved expression of their emotions. One participant, whilst describing their experience of change in therapy, depicted an improvement in their ability to name their emotions.

*"Yes, I think I am far better able to distinguish different aspects of how I'm feeling and to be able to put words to it or to put images to it. So, I can define what I'm feeling much better." (*P8)

Another named a positive impact of therapy was allowing the expression of emotions linked to their boarding school experience; they felt this process led to a reduction in their psychological difficulties.

"I am now, after many years, more able to speak about my feelings, and speak about what happened in the past. It took me a long time. Quite often, I just could not get the

words out, as though they were, sort of, stuck in my throat and would not go any further. I think I am leading a freer, happier life because I am less anxious. I'm certainly not so depressed." (P3)

3.5 Theme 2: Finding Oneself in Therapy After the Loss of Identity in Boarding School

In the second theme, many participants discussed that a crucial part of change within therapy was the process of self-development. Some discussed how this differed from their boarding school experience, where they felt a lack of identity, voice, and control.

3.5.1 At boarding school there is lack of identity, voice, and control

Some participants voiced that their experience of boarding school left them feeling they did not have a true and genuine identity, and they had little voice and control over their experience.

"One of the problems of boarding school is that the, you're not seen or heard or listened to." (P12)

"The important thing was there was absolutely no self-expression…You know, it goes into my stomach, it goes into my physical health. All these fears of things, about, well, not being me really. Not being allowed to be me, I suppose." (P5)

The loss of the true self is described as a way to survive whilst at boarding school by some participants. A type of armour and mask is named, to put on to hide the true self, as a way of protecting against the strong emotions, such as pain and fear, experienced in boarding school.

"Well, we put on a shell... Nobody feels the vibration inside. Nobody understands what is actually going on. You, sort of, live a false life. You live behind the mask. You live like phantom of the opera in the dungeon…masquerade paper faces on parade. You look around it is another mask behind you. We are all living a false lie. We are not living the true self, the embodied self. We are living the ego self. So, the ego is driving the personality, hiding the true self. And the bleeding child, in terms of boarding school… it is… then what does the child do? It is being beaten and abused by its own

parents in lockdown (in boarding school). It has got nowhere to go. It will stay with that and become someone else, in order to survive." (P12)

Some describe the lack of true self being expressed, as being due to their experience of boarding school, where an individual's voice is not seen as important, a lack of self-individuation, and powerlessness.

"I mean one of my memories of boarding school is my headmistress constantly telling me off and telling me how I should be like this or that. And the total non-acceptance from her about how I was." (P1)

"I had to just be graphic to everything they told me… so I was devalued, I didn't have a voice… I grew up where we never argued, you did as you were told." (P5)

"So basically, you just had to be like absolutely everybody else. I mean, the important thing was there was absolutely no self-expression." (P5)

"I think I felt pretty powerless, both at school and at home. I thought I am not in charge of my life. I am not choosing to be in this place, and yet I see no way out of having to be here. So, I think I felt powerless." (P8)

Some participants spoke about how, on the outside, the individual who has attended boarding school appears confident. However, underneath there is a lack of self-knowledge and self-esteem.

"Because people who go to boarding school are so shut off and guarded, and we put, and I think we have got these really constructed, you know, we have absolutely mastered the art of turning into these people, you know, looking after ourselves, and blocking ourselves off. And we appear on the face of it to be these, incredibly, you know, self-assured and very often successful, and, you know, everything looks fantastic on the outside. And actually, if you've been to boarding school, essentially, you're fucked!" (P3)

"I think I felt frightened. I think I developed a kind of a front that appeared confident appeared competent, and jokey, and that was masking feelings of deep, kind of, inadequacy underneath. And also, a sense of not knowing, kind of, who I was." (P8)

3.5.2 The therapeutic process of building the self

A helpful process in therapy is described by many, as the building of the self. One states that building the self in therapy is a completely different process than the one at boarding school, where they were not allowed to be an individual.

"I think the process of therapy was a unique gift to me; it was time spent just entirely on me, which I never had. As opposed to just being at school and just being a number, or a problem, or a, you know, that sort of... not being allowed to be an individual." (P2)

Similarly, another participant talks of the experience of therapy as building confidence, one that is genuine, and not a false self-confidence or persona as was described earlier, as derived from attending boarding school.

"So outwardly I probably might have looked the same and been outgoing… whereas I would be shrinking inside. But now I could be outgoing, and it's genuine." (P6)

A participant, whilst describing their feeling of a great loss of their home life, by living in boarding school, leading to feelings of failure, stated that the therapy process had a positive impact on their self-esteem.

"When I was at school, I disassociated from the loss of my home. So, it (boarding school) left me with a feeling like I was a failure. I felt like I was not loveable; I felt like I was going to be left at any moment. I felt like I did not deserve very much, so I entered an abusive relationship…So low self-esteem…And now, you know, my self-esteem is much better. I have a great relationship and I'm not worried about being left." (P4)

3.6 Theme 3: The Double Bind of Denial, Shame, and Privilege as a Barrier to Therapy, and Overcoming This Barrier by Recognising and Accepting the Boarding School Distress

In the third theme, several barriers and challenges in the therapy process were mentioned by participants, such as denial, shame, and endings. Participants named these barriers to therapy as perhaps linking to their boarding school experience, such as a denial of the negative or traumatic aspects of boarding school. This denial continued in adulthood and in the therapy process, where the boarding school distress was often not talked about or pushed away. The challenge of endings in therapy was also a subtheme, which many linked to their boarding school experience.

3.6.1 Boarding school impact of denial in childhood

Some participants state the impact of boarding school on psychological distress as being often denied in childhood by others and by themselves. Some participants discussed how the denial of the effects of boarding school is normalised within families and can be across generations.

> *"Then how can you do it (send a little boy of eight away to school)? Particularly how can a mother do it? But I think there may well be in many of these families a, kind of, a denial of a reality about the experience for that little boy." (P8)*

> *"So, I think therein lies the problem with boarding school, that you normalise what is incredibly abnormal." (P3)*

> *"And it's odd that these reasons get repeated down through families. But the damaged father will say, 'well it never did me any harm, I'm sending you away. It will be the making of you'. And sure, enough it is the making of them, but not in the way that the father expects." (P8)*

A participant described that when she spoke to her mother about her challenges in boarding school, she was silenced by being named as 'selfish'.

"And she made me write on little stick-it's all the things; there was a lot of "do not be's" in childhood, which were more to do with going to boarding school, like don't be upset, don't be selfish." (P2)

The denial of childhood physical, emotional, and sexual abuse in boarding school was also said to be denied by others when spoken about in childhood.

"When I went to, you know, at seven, and my uncle said look, this master is after me. I cannot even remember how he put it. It did not get through. No, it wasn't picked up on, it was denied." (P12)

A denial of the distress of boarding school was also experienced by the children themselves, as participants stated they were unaware of at the time, as a sort of coping strategy.

"Well, I think you don't always realise when you're at boarding school what your distress is. And boarding school is well known for you just, sort of, get on with it and not thinking about yourself or how you might feel, you just carry on." (P7)

"So, it has a huge effect on everything, boarding school. But of course, at the time I didn't realise that." (P12)

3.6.2 Boarding school impact of denial in adulthood and therapy

The majority of participants named that the distress they experienced in boarding school was denied in their adulthood. Many linked this to have influenced their therapy process, as the boarding school experience was often avoided or denied in that space also. The impact of boarding school was not only denied in childhood but also continued to be denied in their adulthood.

"Well, I stayed in denial I think, a lot, about the deeper aspects of the damage and the wounding, that were as a result of boarding school." (P11)

Some participants described how the denial of the psychological impact of boarding school would be continued in adulthood, not only by themselves but also within families. If it were to

be brought up and spoken about, they were often faced with it being avoided, denied, or not talked about.

> *"I've got a brother who I'm completely estranged from now. He also went to boarding school, and he is a couple of years older than me. And I think for him I am a little bit too dangerous to know because he is completely shut off from his experience. We have virtually no contact at all, and I think that it is too scary for him. I don't think he can go there, really."* (P3)

> "I*t took me a long time, for example, to talk to my siblings about my boarding school experience and their boarding school experience, and the differences, and the way it affected each of us."* (P1)

> "*I've got three sisters and none of them has worked on their boarding school stuff. And one of them in particular lives in denial."* (P4)

> *"And I always say that I hated it (boarding school). They do not like that. And my brother does not like that, and he does not really let me talk about it. He says, 'oh you make too much fuss about all that."* (P9)

A participant describes the boarding school experience as traumatic, and that in the denial of the psychological impact of boarding school, it is a trauma that in society is neither recognised nor admitted.

> *"And we are dealing with a circumstance where that trauma is not acknowledged, or recognised, or worked with. This is not just a personal issue; this is a societal issue within the United Kingdom."* (P10)

Many linked this denial of boarding school distress as having an impact on their therapy process, as the boarding school experience was often not recognised, avoided, or denied in that space also.

“I’d thought about the boarding school, self-contained persona that I had to develop, and I think that is what caused the disruption in continued therapy. Because in order to survive at boarding school, and because my parents would not take me away when I wanted to be taken away. There was very much a sense of ‘what are you making such a fuss about?’ you know? You are very lucky, you are only half an hour away from home, and you can come out at lunch and Sunday. With a slight ‘pull yourself together’. So, when I then found myself in therapy, sitting there talking about certain difficulties I was having with life, and relationships, and emotions, and depression, anxiety and so on, the voice in my head, the ‘pull yourself together’ voice was ever-present.” (P2)

"And I'd been diagnosed as depressive, probably earlier than that, sort of, early 90's. I never quite understood why I was so depressed. So, you know, each time I went to therapy it was probably for something specific, but it was not to do with boarding school. It was not really picked up by anybody… I mean, now it is like the first thing I ask them. And often people say 'well, nobody's ever asked me that before', or, you know, 'it's parallel to my own experience'. And I would point out that very specifically, if I knew they had been to boarding school, I would share my own experience and say, you know, 'this is something that is not always picked up', and actually if you have been to boarding school, you may not realise it." (P6)

“At the time I didn’t realise it had anything to do with boarding school. A lot of people do not realise, you know, for years. they have visited all sorts of therapists and boarding school is never mentioned.” (P6)

3.6.3 The denial, shame, and privilege double bind

Participants described privilege and shame as a barrier to therapy. A type of double bind seems to be explained by where the privileged element of attending boarding school prevents the negative aspects being talked about or named due to feelings such as shame. Many participants spoke of the privileged component of going to boarding school, being overly emphasised by parents and when in school. They described several keywords that demonstrate this emphasis on their privilege of attending boarding school such as 'special', ‘lucky’, ‘parental sacrifice’, and ‘to be thankful’. The description of their privilege was often felt to be in quite a juxtaposition to their negative feelings inside.

"There was a lot of hypocrisy at my school, and that summed it up for me, that, you know, you could swim, but you mustn't be heard swimming. And I thought it was a bit like, you know, you are privileged to be here, but you are, you know, actually, you are really unhappy. You're very lucky girls, but this is the worst time of your life." (P9)

"I think it was the first time I realised that even though my childhood seemed very privileged, actually it was emotionally very stunted." (P2)

This overemphasis on the privileged element of boarding school is named by participants as can create a disconnect between their painful feelings and the actual experience, causing the emotions to be shut off or denied.

"Because what they always tell you at boarding school is, 'you are so lucky to be here. Your parents are making sacrifices for you to be here, and you're very privileged you're at such a good school'. And yet you do not feel like that; you feel as though you have been, you know, rubbished, and put in this, kind of, ghastly place. And so, you get this, sort of, disconnect between your feelings and what you are supposed to feel. And that is really disconcerting for a child, that, you know… I was told the opposite, that my feelings are not important. And there is no reason why people should pay attention to my unhappiness, I am lucky to be where I am, learning what I'm learning." (P9)

"And I think part of the social, the conditioning that traditional boarding school is very clever at creating for the majority of people, is this sense of privilege, this sense of getting a special education, of being lead through various hoops of achievement. And positive reinforcement, combined with, what in my day was pretty severe discipline and punishment as well, it gives you this false sense that you are ok. When actually you're a pretty fucked up person." (P11)

Participants described others often assumed that because the person is privileged by attending boarding school, they cannot possibly feel any negative emotion toward it.

"Well denial in me, as to what was happening, when I came to realise it. But denial in the other that, you know, you are privileged to be doing what you are doing; therefore,

you are lying to us. They denied hearing what was being said. They did not want to look at it. They were always saying, you know, you must be very thankful that your relatives were looking after you, and the relatives were saying you should be very thankful you're going back to this lovely school." (P12)

"And of course, you know, trauma, when it is couched in privilege, is generally dismissed, right? It is not honoured or recognised, because it happens in the context of privilege. So as a result, you know, it is not something I ever validated in myself, that I was a trauma survivor, nor was it something that society or the relationships that I was in, was ever validated towards me, right." (P10)

Some participants described feelings of shame and fear that relate to talking about their boarding school distress. One directly mentions the double bind of being told you are special and privileged by attending boarding school but feeling underneath something quite the opposite.

"It does seem to ring true to me that the trauma from boarding school is probably no reason to be any worse than for someone who is pushed into a care home as a child, for instance… I think it is being misunderstood, and people like me are being shamed for wanting to acknowledge the seriousness of it. Because it is easy on the outside for people to say, well, you know, your parents had money, you were privileged. You got this good education, so what right have you got to say that it was a fucking horrible experience. But I now see through that, and I think it is unfair to say that. Because it is like a double bind, really. Because you are being told that you are a special person, you are in the top five percent of privileged children in the country. And your parents are telling you that it is all for the good, and yet you find out, and you know deep down that there's something desperately wrong about being sent away from home at such a tender age." (P11)

Some participants directly relate to a feeling of shame when they talk about their boarding school distress to others. One participant stated they would rather say to others that they have been in care than say they have been to boarding school, due to public assumptions that it is a great privilege to have attended boarding school.

> *"The other thing is, I find very peculiar, and there are probably years of therapy in this one, is that I find it very difficult to tell anyone that I've been to boarding school. And it is easier for me to say that I have been in care because I think people can relate to that. Because if you have been in a care situation, I honestly do not think that there is any difference. I think, sort of, the general public understand what that means, or they have got an idea of what that actually means. Whilst, as soon as you say boarding school, I think something closes and they have got absolutely no idea, they have got no idea what it means. They just think that you have come from, had some enormous privilege or… so it is, yeah. So, I am quite secretive about it… I'm ashamed of it."* (P3)

Some participants spoke of these feelings of shame and privilege of boarding school relating to their therapy experience. They said they felt their therapist assumed because they were privileged by attending boarding school, they cannot possibly feel any negative emotion toward it. They must be overreacting, or easily irritable, seen as over excessive. The issue is deemed as unimportant, and the topic may even create in others irritation.

> *"Yeah, but then went into therapy, or began to do courses. Oh, you went to boarding school, you know, what is that whinging about, let us really talk about the good stuff."* (P12)

> *"No one else in my family had ever been as indulgent as to have therapy or analyse that boarding school could possibly have been damaging. And the act of having therapy was slightly dramatizing your role, or it is the wrong values. So, to be trying to make those changes, to be doing something so frowned upon.*" (P2)

3.6.4 Overcoming barriers of denial of the boarding school experience in therapy by being believed

Participants spoke about a helpful element of the therapy process, is to overcome the barrier of denial of the boarding school distress, by voicing the impact of boarding school and be believed about its implications. After the experience of the boarding school distress was not accepted and denied within school staff and families, it seems to have that acceptance and no doubt was influential in the therapy process.

"And it (therapy) has validated me, but also given me an ability to explain to mates of mine… why it's important not to invalidate abuse when it happens, you know, in context of privilege." (P10)

"And what did that acceptance look like in therapy? Well, it is a physical thing, in terms of a look of the body, and expression of the body. But it is also the content of the words, but also the way that the words are expressed. And the complete belief that my experience was what I said it was…So it was everything, verbal and non-verbal in the way that the therapist heard, and never questioned, and never doubted what I said. It was important to me." (P1)

A process of realisation and acceptance in the therapy process, of the emotional impact of attending boarding school, is mentioned as helpful by participants.

"I think there was a process of acceptance…. there was genuinely a piece of, like, accepting myself as a trauma survivor, you know. And that took a long time; it took a long time for me to validate that, you know? And own that, you know, and then begin to work on it. So, there is a period of acceptance, that I think is a big piece of understanding, and building analysis, and reading of literature, and like, 'oh my fucking god, this is a thing', you know? So, I think that has been a big piece of the work." (P10)

"In my very early experiences of therapy, I never even realised that the issue was boarding school. And it is only after years of therapy that I realised that everything begins and ends with my experience of boarding school and being subjected to boarding school, especially as you are very, very small, at a young age. When I first started therapy, I had no idea that anything was anything to do with boarding school, it never even crossed my mind. Whilst now I'm at a place where I absolutely realise." (P3)

Conversely, some participants stated that if the therapist had made the links between their boarding school experience distress and their current difficulties, this would have had a significant impact on their lives.

"Going to boarding school at five has had a humungous impact on my life, including my marriage, which broke down. And I feel really upset and really cross, in a way. Because I have had counselling all my life. It would have been really helpful if somebody had asked me about it… And had my ordinary doctor, who was a boarding school survivor, did not acknowledge the trauma of it… These things need to be dealt with early on, because my childhood, boarding at five, you know I would casually talk about going to boarding school, but nobody ever, ever asked me about it. And my marriage maybe could have survived, and we could have all been a lot happier…If I had I been given opportunities to deal in a real way, with boarding school, earlier on in my life, of course, my life may be different." (P5)

3.6.5 Challenge of endings and breaks in therapy feeling like boarding school abandonment

Endings are also mentioned by participants as a barrier to therapy. Many describe the parallels with attending boarding school where they experienced painful separations such as from family and endings and breaks in therapy where they experience feelings of abandonment.

"I got very close to the men in that group because we did share so deeply during that time. And I felt huge amounts of grief about that ending. And I think that is just to say, that another aspect of boarding school was that hellos and goodbyes, particularly goodbyes, they become very, very painful. Because there are so many goodbyes. You know, family taking you out for the day or the weekend, and then taking you back to school and you have to wave them off. And I speak to other ex-boarding schoolers, who say that endings and goodbyes, and all of those sorts of things can be really triggering." (P11)

"Endings have always been a worry, for me. I have always had that feeling of being left and abandoned, like you were left and abandoned at school. And so that is something that lasts for life." (P7).

"(Endings in therapy) are you know, awful, because of course that's the separation. There is the relief, do not want to do that anymore. But endings and together are very difficult. Leaving school and coming back to school was traumatic. Going back to my

relatives and leaving was both a relief and traumatic. So, the ending is important, but it's also very difficult." (P12)

3.7 Theme 4: A Therapeutic Process of Transforming Relationships After Loss of Intimacy in Relationships in Boarding School

A fourth key theme is the therapeutic process of transforming relationships. Several sub-themes were devised, such as the impact of the boarding school experience on the loss of early childhood relationships, home, and family nest, resulting in the feeling of abandonment and psychological trauma. Secondly, the impact of boarding school on forming and maintaining adult relationships. Finally, the effect of the therapeutic process is described by participants as having a positive impact on rebuilding their ability to develop and maintain healthy relationships.

3.7.1 Loss of early childhood relationships at boarding school

Participants described one of the impacts of the boarding school experience is the loss of early childhood relationships. Many describe the boarding school experience linking to a feeling of loneliness, being on the outside, not fitting in anywhere, and feeling rejected.

> *"I think that was one of the issues for me at school, was that I felt in a bubble, isolated from the world. I could see the world out there, but we were not engaged with the rest of the world, all the time you were at school. And when I was home because I knew nobody, I was in another bubble where I was not engaging with the; there was no way to engage with the world. So, I think I felt very outside. I think, I just felt very on the edge, outside. I certainly felt rejected, certainly."* (P8)

Many spoke of the loss of a nurturing parental figure, that can offer comfort. This is conveyed by a participant's description of an incredibly difficult moment as a child in boarding school, where they had felt the loss of a nurturing figure to help them when feeling sick and feeling too scared to seek that comfort from the school staff.

"And then I have experienced periods of feeling extraordinarily lonely and having to learn that there was no one to go to, there was no lap to sit on, there was no one to soothe your fears. And I had to manage all that within myself." (P11)

"I lay there, this little six-year-old with a pool of sick beside me, too afraid to call out. I can see it now, me in the bed with sick beside me. Like when I slept on the edge of the bed, and I panic, looking over this now. I can remember that being, in that I was too frightened. This little five-year-old that has been sent away." (P5)

The loss of the relationships with friends by moving away to live at boarding school was also mentioned.

"*It was difficult to have friends at home, because everyone, you know, growing up tends to have their friends, their school friends. And of course, when you're at boarding school most of your friends at school are living miles and miles away somewhere else."* (P11)

Some describe another impact of moving away to boarding school is the loss of the sibling relationship. There was a difficulty of only seeing them in the school holidays, impacting the closeness of the relationship, resulting in a lack of knowing and understanding each other.

"I had two brothers, and they both went to boarding school as well. And I feel that I did not really have a relationship with either of them, because we were, I mean I was two when my older brother went to prep school. So, the holidays were the only time when I saw them. So, I did not really have a relationship, at all." (P6)

Participants also mention a loss of the parental relationship due to the separation of living at boarding school. Two describe the closeness and the depth of relationship was consequently changed due to the time and distance apart.

"And relationships with parents (changed), I could never talk to them. I never talked to them about anything personal. I would have half an hour phone calls on one occasion; I think I was, sort of, dismissed. So, in my own mind, I was not going to talk about

anything to them, ever again. That was probably made at school. So that is what I did. And that carried on into adult life. I gave up on my mother; I could never talk to her. And I think she wondered why, but that was the reason there was a distance here because you did not have that warmth because you were never at home. So, you did not really connect with your parents, well I did not, not very well. I remember just having a, talking about ordinary things, or maybe just having a cup of coffee, but nothing, nothing that involved myself, or my worries, or anything like that… it was a sort of, distant relationship." (P7)

"Again, it is leaving, you know, family, and they'd left. So, when I saw my mother and father three years later, I thought who the hell are these people? I thought I had left. I was another person. I came back different. They thought a little boy of six and a half was going to come back, when an eleven-year-old boy came back who was much, sort of, changed. And I could not fit back in this, sort of, idyllic, idealised, sort of, you know, that you are. That equally, they had changed for me. Because they did not turn up to school, they did not send birthday cards, and they did not send me a cake. They did not send me a tuck box. So, I came back to a, you know, a house that had moved, you know, into a room that I did not have memories of. A stranger in my own family." (P12)

3.7.2 Loss of connection to home and the family nest

A loss of connection to home and the family nest, by attending boarding school, is also spoken about by some of the participants. A disconnect is described, a loss of the home as it was pre-boarding school: warm, well known, and nurturing. Now on return from boarding school after an extended length of time away, it felt cold, distant, no longer recognised or nurturing.

"There becomes a disconnect between home and school. School is perceived often to be cold, not warm, like home and although boarding school was so narrow in terms of it being a prison." (P11)

"One of the other features that I experienced is a dislocation from home… I just felt not connected to that, to my family home, for me, from thirteen onwards." (P8)

On the other hand, boarding school home is described as having a significant lack of the elements that make a home nurturing and give a sense of attachment and belonging.

> *"But with your home, your garden, your animals, your friends at home, all the things that go to make up the wider sense of attachment that isn't just with the parental model. All those losses, you had to deal with."* (P1)

Conversely, a participant spoke of a feeling of connection to home, whilst being at boarding school, due to their sibling keeping in close contact with them through letter writing about news from home.

> *"Well, my sister was very kind. She's two years older than me, and she used to write to me at boarding school and keep me, give me her sense of what she felt would help me, have some relationship or some connection with home and what was going on".* (P11)

3.7.3 Early separation, abandonment, and trauma

Participants described early separation from parental figures and the home, and feelings of abandonment, as an impact of attending boarding school. Some described the length of time being away from parents, as breaking the attachment between the child and parent. Some only saw them on holidays, some only at weekends, and many had little phone or letter contact in between.

> *"And you could go out at weekends during the day if your parents came down, but otherwise you didn't see your parents between the beginning of term and the end of the term. We were not allowed to use the telephone unless it was an emergency, and my mother usually sent me one or two letters a week. So, as far as I was concerned, that was a very substantial breaking of that attachment."* (P1)

> *"Well, I think just the very fact of the experience of being thrust out of the family nest. With all sorts of preparation and reassurances from parents that this is normal, and this is good for you, and this will make you into a better person, and a proper man, and so on. All of those things. In spite of all that, the shock, and the pain of suddenly finding yourself alone and as a small person in a big school. In which there is no love, there is*

no personal interest in you, and care for you beyond a kind of, a minimum level of health and safety. That is a huge shock in itself." (P11)

A participant describes the separation feeling is so anxiety-provoking that they had constant worries about their parents dying.

"So one was that 'black' feeling and another was this desperate anxiety, that came from nowhere and I felt my parents had died, and in those days, there were no mobile phones, and you couldn't ring." (P2)

Several participants talk about the feeling of 'abandonment', psychological 'trauma', and loss of 'trust', by being sent to boarding school, no longer feeling supported or cared for. A feeling of no longer being loved, concerned about, or important. One questions that separation from parents when attending boarding school at an early age may cause developmental trauma.

"Well, it was a lack of love, and a feeling of abandonment, and no trust of anybody and feeling of being just dropped. But it is just the mere fact of being in boarding school, away from your family with nobody to care for you or understand you or talk to you." (P7)

"Right, so I just don't believe children of the ages that go to boarding school should be going to boarding school at all until they're sixteen. Because of that developmental trauma associated with abandonment." (P10)

"You know, as I've gone into this, I've actually had highly traumatic, violent experiences, as well as being in a developmental trauma circumstance, where essentially you are removed from your family container, and raised in an environment where even in the best circumstance, there is care but there is no love, right? So that, kind of like, abandonment that takes place, right? And then the trauma that's associated with that leaves you with the same impact as being in a specific traumatic event." (P10)
"The very people I'd put my trust in left me." (P12)

One participant talks about the difficulty of separation from parental nurturing figures when feeling hurt and distressed.

> *"And again, I am speaking about parenting, I hit my head and had to go to the hospital, and …there is no one listening, where were you? You weren't there, my mother wasn't there."* (P5)

Some describe this feeling of separation and abandonment, at boarding school, as having an impact on their emotional well-being, such as feeling traumatised, panic, dissociation, and anxiety.

> *"And it is as though, you know, I am faced with a situation, and suddenly it is that little child standing there with, like, a rabbit in their headlights, being expected to manage a situation, which there's no way they could do. And where is the adult? You know, I have disappeared somewhere. I am not there, I freeze, I go into, kind of, not even fight or flight. I go into; the autonomic nervous system is just… everything freezes. And sometimes I literally can't speak."* (P11)

> *I start to go into a panic, and it is just goodbye syndrome, this anxiety, that I feel it now in my body. And we used to get it, probably, I do not remember, before we went away, back to school. And maybe before we came home, too. And it was like when you are at home it would be all 'would you like your favourite meal?' and everything, and that would start to build up the anxiety, as I know at home I soon won't be around."* (P5)

> *"When I was at school I disassociated from the loss of my home, I guess. Which meant that my, I sort of, shut my brain down and didn't use it."* (P4)

> *"I think there's a developmental trauma, that is directly related to being abandoned."* (P10)

Conversely, some participants discuss a generational element to the trauma they experienced at boarding school, such as experiencing abuse or parents with mental health issues.

"My experience (at boarding school) was compounded by a mother who became more bi-polar (and hospitalised) through my teens while my father remained emotionally detached from me and the situation the family was experiencing. So, the two aspects of my home upbringing and boarding education are deeply intertwined." (P11)

3.7.4 Impact of boarding school on forming and maintaining adult relationships: sibling, parent, child, partner.

Participants spoke of the impact of attending boarding school was an effect on their adult relationships such as with siblings, parents, partners, and their children. Some described long-term difficulties with trust and abandonment that they feel is due to the boarding school experience, with every relationship such as partners, work colleagues, professionals, and friends.

"I think undoubtedly it (boarding school) impacted almost every relationship. I am clingy, I am possessive of, like my husband. Because I do not want to be abandoned. So, if he says he is going to take a promotion that involves a lot more travel, that is like a betrayal. So, I very much fear being abandoned, which also limits my desire to have many friends, because I am very wary of being let down, and yeah abandoned. I do not think I trust, and I feel easily humiliated. With any job I have done, any training I have done where everyone becomes very friendly and they all meet up, I do not. Yeah, I keep myself to myself because it's safer." (P2)

"You know, I couldn't get home. I never got a birthday card. I used to send birthday cards to myself in order to say my family loves me. Trying to find shelter in something that did not exist. In the end, you find shelter in yourself, and you put a shell round yourself. Put on armour, metaphorically. The only person I can trust is me. Terrified of having to go to the hospital and being anesthetised, how the hell can I trust these people." (P12)

A participant, whilst discussing feeling triggered in a relationship, discussed the significant impact of the emotional turmoil inside of him.

"And I learned some amazing stuff at boarding school. Of course, I got highly educated, and… but you know that is, it not much point in being a brilliant mathematician or whatever you are, if you're screwed up inside." (P12)

Some describe a long-term impact of boarding school on their family relationships where, as adults, they have very little or no contact with siblings or parents.

"My family, we totally lost track with one another. I mean, so, for instance, my older sister ... I lost touch with her. I have not spoken to my younger brother for thirty years; we have lost touch. Because we were no longer a family." (P12)

"I mean I've got a brother who I'm completely estranged from now. He also went to boarding school, he is a couple of years older than me... So, it completely broke my relationship with my brother." (P3)

Some participants talk about the impact of boarding school on their relationship with their children and the generational nature of non-parenting.

"And I also think that as they got into their early teenage years, I struggled with being compassionate. I think it is an ex-boarder thing, the tendency to dismiss complaints or worries or physical ailments… So that sort of, feeling like I want to dismiss it, or brush it aside, or that is it is not really important. I think that's in there, because of boarding school." (P4)

"It's (boarding school) has affected every single part of my life. Parenting, not being able. There are so many things that, my behaviour, everybody in my life, has been affected by boarding school. Coming out of boarding school, boarding school, and parenting… well I just feel it had to be a factor for me, also my father, he had been to boarding school and my grandfather had, so there was this generational non-parenting, if you like. So, my children have been affected. They have suffered emotionally and have difficulties." (P5)

Conversely, some participants talk about boarding school having a positive impact on them when they had their own children, as they provided them with extra care and love and did not send them to boarding school.

> *"My boarding school experience has influenced my relationship with them (children) in a positive way. So, we do not have negative everything. And I do not know, but you know, there was absolutely no way I was ever going to send them away to school even though I could have afforded it. And I always told them I loved them, which is not something my parents ever did to me."* (P4)

3.7.5 Impact of therapy on transforming relationships

Participants spoke of the impact therapy had on their relationships. All types of relationships were described as improving through the therapy process and in particular ones that related to boarding school distress.

> *"I would say that my therapy, as a result of the impacts of boarding school, has been nothing short of transformative upon my relationships to my family of choice, with my wife and my children, but also my family of birth, with my brother and my sister and my mum and dad."* (P10)

Some describe the impact of therapy of their relationship with their children and make links with their boarding school experience of not being allowed to show emotion or upset and felt to be selfish for showing those emotions. They also discussed the impact therapy had on changing their own behaviour as parents to their children.

> *"I think it did help me alter how I parented. She did an exercise with me, when we talked about the conditional love that I had received as a child. And she made me write on little stick-it is all the things; there were a lot of "don't be's" in childhood, which were more to do with going to boarding school, like do not be upset, do not be selfish, do not be… and so I wrote them all down and we put it on this big bit of paper. And I looked at it and she said 'well, there wasn't a lot of room, what were you meant to do? There's so many "don't do's"', and that really struck me as such an important thing in*

parenting. So, I think allowing my daughters to be what they needed to be and to be in a bad mood, to be demanding, to be all the negative things, was really helpful." (P2)

A participant goes further to describe the impact of therapy on their parenting. They tell how therapy can perhaps break the trauma element of non-parenting for families who have a generation of attending boarding school and consequently being non-parented.

"What happened to me is you grow up without parental role models. From the age of eight, I was not really around my parents. And so, there is no model; I have no place to turn to, other than the institutions I was raised in, to model how I raise my own children. So, an enormous amount of the therapeutic work I have been involved in… which is actually helping to build, almost like build memories of what it would have been like to have parents. My previous reference point was like a boarding house that was full of boys, and it was run by boys. It was violent, it was abusive, and the adults were not really present, you know... I have got no reference points, in terms of how to parent or raise my children, or how to build relationships with my children. Certainly, my parents, because of, both of them went to boarding school, and both of them were raised within a certain privileged class in the UK. So, they were already, even the day I was born, were not able to build proper or healthy relationships with their children. So, I have had to be a massive, steep learning curve about how to be in relationships with my kids. That has been a huge part of my therapy…So an analysis has been a key change, for me." (P10)

Partner relationships are also named to have improved by going through a therapy process that specifically explores the boarding school distress.

"I think difficulty (about attending boarding school) with intimate relationships; one has to build a kind of, protective layer, which is often called a strategic survival personality. So that nobody actually can get very near you. You put up those defences system, when you are small, because you dare not trust, or believe, or give yourself to somebody fully in case you are hurt, or abandoned, or let down again. So, our latest therapy was actually as a married couple, quite intensive couples' therapy. That was extremely helpful, and the lady that we saw had been to boarding school herself, and I

think they knew enough about the difficulties that she was, not overtly, but perhaps she was obviously able to ask the right questions and lead us in the right way with that understanding. And I think that's why the therapy was very successful." (P6)

3.8 Theme 5: Trauma Based Therapeutic and Specialist Interventions and Expert Therapist to Process the Boarding School Trauma

In theme five, participants outline that is helpful when working with clients with boarding school distress, to apply specialised therapeutic interventions and an expert therapist. Trauma-focused therapeutic interventions are named as helpful, as well as the expertise of the therapist, to be skilled and experienced enough to identify and discuss the boarding school distress and trauma experience.

3.8.1 Alternative therapies and trauma-focused therapeutic interventions

Some participants discussed how trauma-focused therapy interventions had been very helpful to help process the trauma they experienced from attending boarding school. Those mentioned were 'mindfulness', 'breathwork', 'body work', 'trauma healing work', 'movement-based expressive art', 'trauma-sensitive mindfulness', and 'art-based therapy'.

"I began to see that what could help me at this point, is trauma healing work, which involves a focus much more on body work, instead of psychological discussion. Somatic experiencing is one of the phrases they talk about, where… and I really see for myself how the experience, the damaging experiences literally become locked up in the body... And they can be released...And I can see now it is equally important alongside of having conscious awareness of the whole thing (boarding school trauma)." (P11)

"Another process, I did two weeklong mindfulness courses, which were brilliant, with the total intention of dealing with boarding school trauma." (P5)

3.8.2 Specialised and expertise of therapist

A critical specific therapeutic intervention discussed by many participants was the importance of seeing a specialised and expert therapist in managing clients with boarding school distress.

Some participants described a lack of change and progress within the therapy process unless the therapist is skilled and names the boarding school distress. Having the ability to name the boarding school distress takes skill and understanding, due to the protective nature of the 'defences' and 'hard shell' developed by participants during boarding school experience, to protect from the distress and trauma experienced at boarding school.

> *"Because I recognise that for all of the personal work that I have done, and all of the therapeutic talking therapy that I have put myself through, that the amount of real change and benefit has been very limited. And I can see now… that so many therapists who are not trained or aware of this syndrome (boarding school syndrome) they are not going to be able to be of a huge amount of help. Because we are so defective, we are so… we have such thick skin, and a hard shell.*" (P11)

> *"I can think back to one or two therapists that I signed up to have sessions with and recognised that we weren't really getting anywhere, we weren't really going anywhere. And that I was, in spite of my desire for it to be beneficial, I could see that I was almost too slippery for that person to be able to help get underneath my defences, and my shiny survivalist like… So those situations, I have to say, were unhelpful in the end, because the person just did not have the skill. I was too resistant, or there was a resistant energy in me, that did not want to be seen, did not want to reveal itself, did not want to enter the process. And, you know, that is boarding school syndrome in a nutshell."* (P11)

A participant goes on to further describe this nature, that someone with boarding school distress, is 'blocked off' and the difficulties are 'disguised' and not easy to diagnose or see. The distress is often masked on the outside as participants present as 'self-assured' and 'highly successful' unless the therapist has skill and training in managing clients with boarding school distress, this is often gone unnoticed.

> *"I've been to numerous therapists over the years. And the strength of it lies actually, for me, with the skill and the expertise of the therapist...She's got to have a depth of knowledge, especially around boarding school. I think that is the other thing, that very specifically relating to boarding school, you need people who are very specialised in that area, because I think it is quite a tricky area. Whilst now I am at a place where I*

absolutely realise, and I see a therapist who has very specifically got skills around that area. And certainly, after boarding school, god, I think I would say you need a specialised therapist about boarding school. Because I think that if it is not in the hands of a specialised person then it just becomes, sort of, you will never really get to the root of anything. (Someone with expertise in this area) they would be insightful and would have got experience about the very peculiar way that boarding school affects people, and how skilful people who have been to boarding school are at disguising things. I think a lot of people would not realise the ramifications of being sent to a boarding school and would just never be able to find the root cause. You need someone who has a real understanding, very specifically. You need to have therapy by somebody who will completely make the association between what you are and where you are, by what has gone on before. Because people who go to boarding school are so shut off and guarded, and we put, and I think we have got these really constructed, you know, we have absolutely mastered the art of turning into these people, you know, looking after ourselves, and blocking ourselves off. And we appear on the face of it to be these, incredibly, you know, self-assured and very often successful, and, you know, everything looks fantastic on the outside. And actually… if you have been to boarding school, essentially, you are fucked! Sorry to say it as harshly as that, but I do, I actually think that." (P3)

Additionally, a participant described that in past sessions with a therapist where boarding school distress was not picked up on at all, they felt perhaps this links to their view that boarding school is assumed to be a place of privilege and therefore, has no faults.

"You know that part of my history (boarding school trauma), there was no pickup on that. Probably they went to boarding school, or their children are at boarding school. Or, you know, they assume there can't be anything wrong with this system." (P12)

3.9 Theme 6: Acceptance from Others Through Group Therapy and Online Forums

Encapsulated in the final theme, participants highlighted the use of group therapy and online forums, in aiding the feeling of acceptance from others, and normalising feelings of distress from attending boarding school.

Many participants mentioned therapy groups, conferences, books, and online forums, which are directly related to experiences of distress related to attending boarding school, are all helpful interventions. These were described as helpful due to leading to increased understanding of the impact of being at boarding school on their current emotional well-being and behaviour. Additionally, these were named as helpful due to the communicating of shared experiences, which facilitated normalising of their experience of distress and acceptance from others.

> *"I was actually in a group with three boarding school survivors on that first weekend, on a years' course, and I was with other people who were as fucked up and had such a shitty time as a child as I had. So, I think the most helpful thing... has been, just being totally accepted for who I was. And again, it is the listening, not giving any advice, and total, total acceptance…That started me being more specific and realising that boarding school had played such a magnanimous part in my health, and my life and my relationships."* (P5)

> *"An enormous relief, I think, to meet up with people whose experience was in some way the same. The course managed to give us enough space for each of us to look at our own experience, and to understand the ... about the process of what happens in boarding school and the process that people need to go through to actually recover."* (P1)

4 Discussion Chapter

4.1 Chapter Overview

This chapter presents a discussion of the results of this study. Firstly, an overall summary of the findings will be discussed. Secondly, the findings will be discussed and interpreted in relation to the research question, the relevant psychological theory, and the existing literature. The clinical implications will be considered, as well as the strengths and limitations, and recommendations for future research. This chapter concludes with a personal reflexive account.

4.2 Summary of Findings

The findings are discussed in relation to the research question, which asks, what is the experience of psychotherapy for adults with psychological distress related to attending boarding school.

Firstly, participants discussed their experience of psychological distress related to attending boarding school during their childhood. Themes included, emotions being shut down, a lack of true identity, and denial of boarding school distress and trauma. Further themes transpired such as loss of early childhood relationships and attachments; loss of connection to the home and the family nest; and early separation, abandonment, and trauma.

Secondly, participants viewed their psychological distress during boarding school, for some, as linked to psychological distress in adulthood. Themes included an emotional language deficit, loss of true self and identity, and denial in adulthood of boarding school distress and trauma related to their boarding school experience. In addition, a further theme included difficulties in forming and maintaining relationships, including siblings, parents, children, work colleagues, and partners.

The experience of psychotherapy for those who have experienced boarding school distress was discussed by participants, including barriers to therapy, specific and specialist therapeutic intervention, and change in the therapy process.

Several barriers to therapy were expressed by participants who experienced psychological distress related to attending boarding school. A particular barrier to therapy was revealed of a double bind of denial, privilege, and shame. The feeling of attending boarding school being a privilege, alongside any named distress being denied, created a feeling of shame and denial of these feelings, memories, and experiences. Consequently, this creates a block in the therapy process. A second barrier to therapy was the challenge of endings and breaks in therapy feeling like boarding school abandonment.

The importance of a specific and specialist therapeutic intervention was conveyed by participants as particularly important for adults who have experienced psychological distress related to boarding school. Themes included the therapist's validation of the boarding school distress and being believed by the therapist of the boarding school distress to help overcome the barrier of denial. Groups and online forums were said to help normalise boarding school distress and provide acceptance from others. Additionally, therapists' expertise was of particular importance to overcome the denial of boarding school distress and the protective shell created during boarding school.

Finally, change within the therapy process was discussed. For example, an emotional change through the process of therapy, finding oneself after the loss of identity in boarding school, and transforming relationships after loss of relationships in boarding school. A more in-depth discussion of each key topic area will follow.

4.3 A Therapist Who Provides Validation of the Boarding School Distress Experience in the Therapy Process After Emotions are Shut Down in Boarding School

In the boarding experience, participants described a lack of recognition of their emotions, and it appears that emotional distress related to boarding school was never adequately acknowledged nor explored. Moreover, some participants stated that they experienced adverse reactions from staff, peers, and family at expressing emotional distress related to boarding school, such as being ignored, bullied, or punished. Conversely, participants described the importance of, in the therapy process, a therapist with knowledge of boarding school distress who provided validation of the boarding school distress experience.

This lack of recognition of emotional distress whilst at boarding school is consistent with the boarding school literature that indicates that boarding school staff, parents, guardians, and boarder peers, do not encourage or even adversely respond to the expression of emotions (Duffell, 2000, 2016; Schaverien, 2015; Simpson, 2018). According to the child development literature, a child expressing emotions and having these adequately received and processed by adults is part of healthy emotional development (Bion, 1962, 1966; Bowlby, 1980; Holmes, 1993). The importance of being listened to by the therapist was previously mentioned in the psychotherapy literature review (Grafaniki & McLeod, 2002; Haskayne et al., 2014; Knox, 2008; Lambert, 2007; Lilliengren & Werbart, 2005; Merriman and Beail, 2009; Rodgers, 2002). However, being allowed to express emotion related to their boarding school distress, and this not being shut down, seems particularly important for this particular client group.

Additionally, many participants feel they are left with an emotional language deficit as adults, which some relate to also impacting on the therapeutic process. This emotional language deficit seems unique to the boarding school experience because their emotions were shut down in boarding school during childhood. Not only do they struggle to express their emotional distress related to their boarding school experience, but some also expressed they find it very challenging to ask for or seek help. In addition, they discuss being in denial that such distress exists, as it is so painful and not well received within society, their peers, or family. As a result of this denial, it seems they can be a challenging client group to engage in the therapy process. This challenge to engagement is discussed in the boarding school literature (Duffell 2016, Schaverien, 2011, 2015). In the psychotherapy literature review, resistance to expressing emotions in the therapy process is previously mentioned. However, resistance to expressing emotions related to boarding school within therapy, seems particularly important for this client group. Resistance to expressing emotions related to boarding school within therapy appears to be due to the learned response of these emotions being denied and shut down during boarding school and throughout their adulthood.

Considering the emotional shut down and language deficit described by participants, a very skilled and knowledgeable therapist of boarding school distress seems to be helpful. Since the distress related to boarding school is so well hidden, armoured against, and denied, it is challenging for the therapist to observe and understand. Therefore, for this specific client group, a vital part of the therapy process is for the therapist to name, understand, and validate

the emotional distress connected to the boarding school experience. Many participants spoke about how different it felt to have their emotions validated in therapy rather than the boarding school experience where emotions were not expressed. In the psychoanalytic literature, Lillengren and Werbart (2005) convey that voicing painful emotions from the past in therapy aids in the understanding of the distress and trauma experience, which leads to a greater sense of 'self-coherence’.

Some named the process of validation of boarding school distress in therapy as creating a visible change in themselves through this process. They named improved expression of their emotions, more remarkable ability to manage emotional expression in others, and an outcome of these improvements was that it enhanced their relationships. In addition, some expressed that this process led to a reduction in their psychological difficulties, such as relational issues, anxiety, and depression. The counselling literature portrays that the therapist’s validation of clients’ emotions can lead to clients developing a greater sense of 'self-worth', 'empowerment' and 'self-acceptance' (Knox, 2008). Therefore, to conclude, key to the therapy process seems to be a therapist who provides validation of the boarding school distress experience, particularly as these emotions have historically been shut down.

4.4 Finding Oneself in Therapy After the Loss of Identity in Boarding School

A crucial part of change within the therapy process, was the process of self-development, following their boarding school experience where participants felt a lack of identity, voice, and control. A lack of authentic and genuine identity is in line with previous boarding school distress literature findings that indicate the development of a ‘false self’ in boarding school (Duffell, 2014; Schaverien, 2011; Simpson, 2018). The ‘false self’ is said to be learned by many boarders to present as successful, happy, and confident when masking desperate feelings below the surface, such as anxiety (Simpson, 2018). Creating an armour, mask, or shield is described by participants in this study and in the boarding school literature as masking their true self to cope with their distress (Duffell, 2000; Simpson, 2018). According to psychoanalytic literature, a ‘false self’ can provide a type of defence against pain experienced. However, this is often a fragile state and can be broken and shattered, such as when life events occur, such as relationship breakdown, separations, or job stressors (Winnicott, 1960).

Participants in this study reported a lack of voice, self-individuation, and control in boarding school, which can also lead to a lack of self-knowledge and low self-esteem in adulthood. Therefore, as voiced by participants in this study, a valuable part of therapy was the building of the self, one that is genuine, and not a false self or persona derived from the boarding school experience, and through building self-confidence. Some portrayed that therapy also had a positive impact on their self-esteem. Thus, participants conveyed that finding oneself in therapy was important process due to the loss of individual and true identity in boarding school.

4.5 The Double Bind of Denial, Shame, and Privilege as a Barrier to Therapy, and Overcoming This Barrier by Recognising and Accepting the Boarding School Distress

A barrier in the therapy process mentioned by participants was the double bind of denial, shame, and privilege. According to participants, denial of boarding school's negative or traumatic aspects was apparent during childhood, continued to adulthood, and in the therapy process. In these areas, the boarding school distress was often avoided, pushed away, or not discussed. Overall, any negative feelings related to boarding school during this time were invalidated by school staff and families, and then denied by participants themselves, and this denial was said to be normalised across generations. Participants considered this denial of their boarding school distress during childhood to have influenced their therapy process, as in therapy it was often not talked about, avoided, or denied in that space also. This denial of the negative or traumatic aspects of boarding school may be deemed as a type of coping strategy, as some said they did this to survive the boarding experience. This view is in line with the psychoanalytic literature that portrays denial as a type of psychological defence used to protect against harrowing feelings (Freud, 1992).

Secondly, a feeling of shame is conveyed by participants, linked to when they express their boarding school distress to others, such as family, peers, and in therapy. They relate this feeling of shame as being linked to the fact that they experienced continuously being told that it is a great privilege to attend boarding school; therefore, they should not feel distressed. The feeling of privilege derives from various voices, such as staff who deem people who attend boarding school as ‘special’, or parents who have apparently made many ‘sacrifices’ for them to be at a boarding school. Participants are made to feel they should be ‘grateful’ and ‘thankful’ to be

there, and told they are ‘selfish’ for speaking of their distress. Others in society also perceive people who attend boarding school as highly ‘privileged’ and ‘lucky’ for their boarding school experience. This complete mismatch of genuine feeling and how participants are encouraged to feel about boarding school seems to act as a silencer, and pushes the person into denial of the feeling, as a way to cope. It appears there is an invalidation of their psychological distress in the context of privilege. The feeling of shame is mentioned by many participants, due to having negative feelings toward something that is meant to be so magnificent. Shame is conveyed in the psychology literature and trauma literature as something compelling, and that often has debilitating effects, both for the client and in the therapy process, as it can silence the client and mask distress (Gilbert, 2011).

Participants in this study also describe the boarding school experience as a form of trauma. Similarly, in the boarding school literature, the experience of boarding school was recognised as a form of trauma (Barclay, 2015; Duffell & Basset, 2016; Grier, 2013; Schaverien, 2015). However, it appears clear from this study that trauma derived from boarding school is a trauma that, in society, is seldom recognised nor admitted. Participants describe that others often assumed that they could not possibly feel any negative emotion toward it or have experienced any emotional pain or hardship because the person is privileged by attending boarding school. Societal denial of any type of psychological trauma has been found in the trauma literature to have a damaging impact on the therapy process and acts as a barrier in therapy (Siegel, 1997; Solomon, 1995).

As a barrier to therapy, pulling together all of these elements, a feeling of denial, shame, and privilege, a type of double bind, seems to be explained by participants. The privileged element of attending boarding school prevents the negative aspects from being discussed or named due to shame. Others' emphasis on boarding school privilege was often felt to be in quite a juxtaposition to their negative feelings inside. They have been sent away and rejected, and yet told they are special because they have been sent to such a good school. The boarding school literature supports the finding; Duffell (1995), Duffell and Basset, 2016, and Partridge (2013) describe briefly a "double bind" that boarders find themselves in at boarding school, where they have been sent to boarding school by their families, yet they feel despair.

However, something novel in this study appears to be that participants described that the double bind might continue to affect them throughout their adult life and in therapy, where they continue to hide and deny the psychological distress related to attending boarding school. How can they express such negative emotion about attending boarding school, which their family, therapist, and society perceive as such a great privilege? Double bind theory in the psychology literature, is explained as when there is a conflict between two or more messages, and in each situation, you will be wrong or gain a bad outcome (Bateson, 1972). Therefore, you receive conflicting messages about the same thing, such as boarding school is a magnificent privilege, gifted to you by your parents, yet you are separated from your attachment figures and feel miserable. This is a conflicting message. If they stay at school, they will feel miserable but be privy to terrific education and privilege, leading to promised greatness. Alternatively, if they leave school, they will have their attachment figures but will have lost a great privilege and be a disappointment to their family. Therefore, both situations lead to a bad outcome; so, it is a double bind. In the psychology literature, it is suggested that this type of communication, a double bind, can lead to high levels of psychological distress (Bateson, 1972).

Therefore, according to participants, it seems a helpful element of the therapy process to overcome the barrier of denial, as recited by participants, is to voice the impact of boarding school and have acceptance from the therapist by being believed about its implications. It seems a process of realisation in the therapy process of the emotional impact of attending boarding school, and to have from the therapist acceptance and not be doubted, is highly influential. In the boarding school distress literature, Duffell (2016) and Barclay (2015) convey that a therapeutic technique with ex-boarders includes helping them recognise and accept their boarding school trauma experience, distressing feelings, and consequences on their life. However, for the therapist, boarding school trauma may be a challenging and complex arena to tolerate and manage, and due to the therapist finding the topic challenging, he or she may terminate therapy early (Duffell, 2016, Schaverien, 2015). The feeling of acceptance was also highlighted as valuable by clients in reviewing the psychotherapy literature (Knox, 2008). Nevertheless, unique to this study is participants feelings of acceptance from the therapist of the trauma experience, in the context of privilege, shame, and trauma. The context of privilege, shame, and trauma makes therapy a unique, complex, and challenging process for the client and therapist, as the boarding school trauma or distress experience, is likely avoided by both

client and therapist. Therefore, it needs to be the boarding school distress or trauma that is processed and accepted as an important factor in the therapy process.

In the psychology trauma literature, the experience of not being believed about the traumatic event or avoiding talking about a traumatic event can actually be re-traumatising for people (Ehlers & Clark, 2000). It can create feelings that they are to blame for the trauma; others do not care and can reduce therapeutic engagement and social withdrawal (Ehlers & Clark, 2000). According to psychoanalytic trauma literature, Siegel (1997) states the trauma memory may not all be in conscious awareness. Thus, bringing the trauma memory into consciousness, by putting frightening memories into words in the therapy process, may free the therapy client of associated trauma triggers in the here and now that cause distress. Therefore, it seems openly discussing and recognising the boarding school distress trauma, having acceptance from the therapist and the client themselves about the boarding school trauma, and being believed about its implications by society and the therapist, seems vital for this specific client group. This will help overcome the barrier to therapy of the double bind of denial, shame, and privilege.

Another barrier to therapy mentioned by participants is endings. Many describe the parallels with attending boarding school where they experienced painful separations from family and endings and breaks in therapy where they experience similar feelings of abandonment. Similar themes around challenges to endings and breaks in therapy were identified in the boarding school literature (Duffell, 2016; Schaverien, 2011). The therapist needs to be aware of these as triggers for this particular client group, who have experienced painful separations from their family. According to the psychoanalytic literature, distress around endings and breaks in therapy causing feelings of abandonment can be recognised, named as linking to childhood experiences, and worked through as part of the therapy process (Freud, 1933; Holmes, 2010).

4.6 A Therapeutic Process of Transforming Relationships After Loss of Intimacy in Relationships in Boarding School

Another critical part of the therapy process mentioned by participants was the process of transforming relationships, after periods of separation and loss of relationships when at boarding school. Several relational impacts of the boarding school experience were discussed such as the loss of early childhood relationships, loss of home and family nest, and early

separation from parents and siblings. These were noted as often leading to feelings such as abandonment, psychological trauma, loss of trust, no longer feeling supported or cared for, loneliness, being on the outside, not fitting in anywhere, and rejection. According to the boarding school distress literature, these feelings may be internalised, and children often interpret that this separation from their parents, due to be sent away to boarding school, must be because they are ‘naughty or ‘bad’ (Duffell, 2016; Simpson, 2018).

Findings suggest that due to early separation and feelings of abandonment and trauma, a loss to the depth and intimacy of their relationships during boarding school was described. The loss of depth to their relationships included loss of comfort, nurturing, closeness, and love. The loss of depth is said to be due to the physical and emotional separation from parents, friends, and siblings and their nourishing, reassuring, and comfortable homes. There was a lack of family contact at boarding school, such as phone calls, letters, and visits, as these were often discouraged as these experiences were considered to be too painful. In addition, a loss of depth to relationships was linked to the physical distance of boarding schools from home, as they are often far away from home or even in different countries. Children may only see their parents at weekends or during school holidays, spending extensive periods apart. Some describe this feeling of separation as impacting their emotional well-being, such as feeling traumatised, panic, dissociation, and anxiety. In the boarding school literature, Schaverien (2004) states that sending young children to boarding school is a form of “child abuse” due to parental emotional neglect. She describes this trauma as being similar to the trauma experienced by a child taken into the government care system.

The detrimental psychological impact of childhood early separation is well documented in the child development literature (Bowlby, 1952; 1988; Harlow, 1958a;1958b;1959;1965; Music, 2016; Winnicott, 1965). According to the child development literature, a child requires physical and emotional closeness to the parent, and if they do not receive this, they can develop significant psychological difficulties (Bowlby, 1952; 1988). Both psychoanalyst Winnicott (1965) and attachment theorist Bowlby (1952;1958;1988) place the utmost significance on the early relationship between the mother and child, and the consequential negative impact on the child's emotional development if this is disturbed. According to Bowlby (1952), it is highly likely that children with these early separations’ experiences will find their troubled inner worlds reflected in how they relate to others. Alongside the World Health Organisation (WHO),

Bowlby (1952;1995) published a paper, then a book, that stated that where children are cared for away from their families, this has a detrimental impact on the development and personality of the child. Consequently, this will have a prolonged psychological impact for the rest of their lives (Bowlby, 1952; 1995).

According to the child development literature, a child requires physical and emotional closeness, warmth, and responsiveness from the parent, and this is not something boarding school institutions can adequately provide (Bowlby, 1953; Bion, 1962). This closeness aids the child to thrive successfully and build resilience and emotional capability (Bowlby, 1952; 1988). A responsive and available parent is particularly important when the child is seeking comfort or is distressed. (Bowlby, 1988). Participants in this study describe many stories of being in a difficult and vulnerable position and not receiving adequate support from their parents, such as when feeling unwell, scared, abused, bullied, homesick, running away to home, and during friendship breakdowns. Children were in these vulnerable positions with no support from parents due to the separation from parents because of attending boarding school. Participants also described how they regularly had their expressions of distress shut down, ignored, discouraged from sharing with parents, and avoided. They found this particularly difficult and associated this with causing them lifelong pain and distress. In the child development literature, it is suggested it is the parent's role to help the child process these distressing emotions and help them navigate these situations to facilitate healthy emotional development (Bion, 1962; Bowlby 1988). Bowlby (1952) states that boarding school institutions cannot provide the security and affection, that the primary attachment figure, the parent, can provide.

The view of the importance of the parent providing emotional warmth and meeting basic physiological needs was in line with scientific studies by Harlow (1958a;1958b;1959;1965). In these rhesus monkey scientific experiments, it was concluded that parental figures provide far more than meeting the child's basic physiological needs (safety, warmth, and food). It is vital for the parent to meet the child's emotional needs such as love, tactile comfort, physical touch, and affection. They found a lack of emotional needs being met impacted the infants' ability to navigate social relationships, confidence, and consequently, their parenting ability. Therefore, the basic needs that the boarding school provide, described by participants, only meet their basic needs and not their emotional needs. According to the author, this alone is not

sufficient for the child, who also requires their emotional needs being regularly and consistently met.

A lack of physical closeness, nurturance, and affection due to the emotional and physical separation from parents is referred to by participants in this study, and this could be interpreted as a type of emotional neglect. Emotional neglect refers to “the failure to meet children’s emotional needs, and includes, for example, the failure to provide adequate nurturance and affection” (Stoltenborgh et al., 2011, pg. 346). Other examples of emotional neglect include failure to provide sensitive and consistent responses to the child's emotional needs, touch and affection, nurturance, and attention (Stoltenborgh et al., 2011). Emotional neglect also includes not listening to the child, not noticing when the child is sad, anxious, hurt, or angry, the child’s individual needs are not listened to or considered, punishment for showing feelings, and feelings being ignored or criticised as weak or overdramatic (Stoltenborgh et al., 2011). In addition, other examples included, the parent may not attend to the child’s social and emotional development, not attending to the child’s school performance, or expecting the child to manage situations beyond their emotional maturity level (Stoltenborgh et al., 2011).

Emotional neglect differs from physical neglect, which means failing to provide food, clothing, shelter, medical care, and education. However, emotional neglect is deemed as a type of child abuse. Emotional neglect is listed in national guidance by the National Society for the Prevention of Cruelty to Children (NSPCC) and World Health Organisation (WHO) as a form of child abuse (NSPCC: Radford et al., 2011; WHO: Butchart, et al., 2006). Child maltreatment/abuse is defined as: "All forms of physical or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual, or potential, harm to the child's health, survival, development or dignity, in the context of a relationship of responsibility, trust or power" (WHO: Butchart, et al., 2006, p.9). Therefore, child emotional neglect is a form of child abuse/maltreatment that can result in harm to the child's emotional development (NSPCC: Radford et al., 2011; WHO: Butchart, et al., 2006). Emotional neglect, such as a lack of physical closeness, nurturance, and affection is something participants outlined as their experience in boarding school from school staff. Additionally, they spoke about longing for these emotional aspects from their parents, however, they did not experience these aspects due to the physical and emotional separation of attending boarding school.

In recent cognitive neuroscience literature, evidence suggests a link between emotional neglect and impaired cognitive and emotional development (Aust et al., 2012; Dannlowski, et al., 2012; Music, 2016; Pechtel & Pizzagalli, 2011). Additionally, biological hormone investigation studies and neurological brain imagery studies, have shown that positive physical touch improves well-being (Music, 2016). It was also found that trauma such as emotional neglect has a negative impact on cognitive development and emotion regulation (Music, 2016; Pechtel & Pizzagalli, 2011). Physical touch can produce positive hormone changes, such as increased oxytocin, the happy hormone, which can increase feelings of comfort and happiness, and decrease stress and anxiety, and improve well-being (Music, 2016). On the other hand, trauma and emotional neglect can produce both extra high and extra low levels of cortisol, the stress hormone, which can impact feelings of hopelessness or distress. Trauma can also impair cognitive development, such as negatively impacting emotion regulation and memory (Bremner et al., 2003; Music, 2016). Furthermore, in a study by Aust et al. (2012), a significant positive correlation was found between emotional neglect and alexithymia. Alexithymia is a trait of the personality, where the individual has difficulties in identifying and communicating their own feelings and processing and interpreting the emotional aspects of social communication with others. Alexithymia is a risk factor for psychological disorders such as anxiety, substance misuse, depression, eating disorder, low self-esteem, and personality disorder. Additionally, early childhood trauma and childhood stressors, such as emotional neglect, result in lasting brain function changes, which results in disrupted cognitive process development. Brain function changes occur in the hippocampus, frontal cortex, and amygdala, resulting in reduced academic performance, memory difficulties, and impaired attention. In addition, brain function changes result in difficulties with emotional processing, processing emotional aspects of social interaction, and emotion regulation (Aust et al., 2012; Bremner et al., 2003; Pechtel & Pizzagalli, 2011). Therefore, the lack of emotional responsiveness, experienced by participants in this study, when at boarding school, may have long term impact on their cognitive and emotional development and brain development.

Conversely, studies on secondary attachment may provide a critique of the early work by Bowlby (1953) that focused purely on the mother-child relationship. Schaffer and Emerson (1964) presented evidence from their longitudinal observational studies that 'mothering' can be shared by several people, and children can form secondary attachment figures to different

people, such as the father, grandparent, family friend, or siblings. However, Schaffer and Emerson (1964) also found in this study that the mother was still found to be by far the most frequently chosen subject. In addition, in some cultures, ‘mothering’ may be performed by several family members, where there may be an ethos of a ‘village’ looking after a child. Providing the quality of care is good, and care is provided by people who remain consistent throughout time (Van Ijzendoorn & Tavecchio, 1987). Additionally, Lauryn (2012), in her study of adolescent attachment in a male boarding school, describes that the child’s attachment style prior to starting boarding school may impact their adjustment to boarding, such as a securely attached child may adjust to boarding school more easily than an insecurely attached child.

Parental employment and infant attachment have been a well debated area within the child development literature. Historically it was found that full time employed mothers were more likely to have insecurely attached children than part-time or unemployed mothers. These children specifically displayed insecure anxious-avoidant attachment styles (Belsky, 1988; Belsky & Rovine, 1988; Clarke-Stewart, 1989). Although, more recently, multiple studies have found no significant differences between employed and unemployed mother and child attachments (Stifter, Couleham, & Fish, 1993). A large National Institute of Child Health and Human Development (NICHD) early childcare study, in the USA, with 1153 infants and their mothers, across 10 sites, found there were no significant effects of childcare experience (quality, amount, age of entry, type of care) and infant security. However, what was found to be significant was maternal sensitivity and responsiveness to the child. For example, children were less likely to be securely attached, when there was low parental sensitivity, combined with poor quality childcare, higher hours of childcare, or more than one childcare arrangement. Therefore, a lack of parental sensitivity due to distance because of attendance at boarding school, described by participants, may have a negative impact on the child’s attachment to parents.

Conversely, mothers’ well-being and employment have been found as the indicator to securely attached infants. Some studies have found a correlation between parental employment and positive parental well-being, such as lower levels of depression (Hoffman, 1999). Additionally, Schaffer (1990) found evidence that for some children, such as those with an unhappy home life, they may develop better when cared for by others and with a mother who is at work, than

by a mother who is at home caring for a child but is unhappy. A study of 145 parent-child dyads in Australia assessed the association between mother's employment and infant attachment security. The study found that factors such as parental attitudes to work, such as commitment to work, and less anxiety about using non-family childcare, were more likely to have secure infants (Harrison & Ungerer (2002). For example, in a study by Stifter, Couleham, and Fish (1993) it was found children of high-anxiety employed mothers, developed anxious-avoidant insecure attachment styles. Other interacting factors include quality of the care, age of separation, maternal interaction and sensitivity, and length of hours separated from the parent (Belsky, 2001). Therefore, for some children attending boarding school, such as those with an unhappy home life, they may have more positive development when cared for by others at boarding school, than by a parent who is at home caring for a child but is unhappy.

Participants also describe the loss of the home as detrimental to their emotional well-being, which could be viewed as part of a loss of attachment structure according to the child development literature. The loss of home could be viewed as a loss of their secure base, formed with the parent who is an attachment figure, which can be encapsulated in the home by well-known reminders and other attachment figures, such as siblings and friends (Bowlby, 1988). Winnicott (1965) describes 'holding' as the role of the mother to the child as part of healthy development. Routines can be part of the 'holding', and as the child loses their home routine as they move away to boarding school, they also perhaps feel the loss of being 'held' by their parent. According to Winnicott (1965), lack of physical and psychological 'holding' can create high levels of distress and psychological impact for children.

According to the psychoanalytic literature, for healthy child emotional development, there should be a transitional period of gradual, short separations, across the age ranges from infancy and early childhood, to latency, and in adolescence, rather than a quick, prolonged, separation at a young age, as described by participants in this study who attended boarding school. Winnicott (1960;1965) describes in infancy and early childhood (age 0-7 years) that the child may be able to hold the parent in mind, and thus feel happy and secure, by being able to tolerate small separations, that can become gradually longer. However, if this is too long, their ability to keep an idea of the parent, which gives comfort, will be broken, and anxiety may set in due to imagined fear of death (Winnicott, 1960;1965).

In middle childhood (age 7-12 years), Ainsworth (1989) suggested that the attachment system changes from proximity to the attachment figure, to the availability of attachment figures. Here the child can tolerate slightly longer separations, such as a 6-hour day separation to attend school. However, the child needs to know it is possible to contact the mother, such as by telephone and to reunite when needed, especially following injury or distress to the child, such as when afraid or sad. Additionally, at this middle childhood age, research has shown that there is still, like infancy age, a strong preference for the parent over peers when seeking comfort (Kerns et al., 2006). These findings may link the descriptions of participants in this study, that talk about contact with parents being discouraged and times when feeling sick and being estranged from parents, both causing distress. Therefore, that lack of the availability of the caregiver, due to the separation of boarding school, could have similar damaging effects to the parent-child attachment patterns and consequences to social and emotional development.

At the adolescence stage (12-18 years), literature suggests that even at this stage, the parent should not withdraw support completely, as they are needed to help the child navigate relationships, which help facilitate healthy social emotional development (Brodey, 1965; Erikson, 1993; Koepke & Denissen, 2012; Winnicott, 1963). Parents need to support adolescents to navigate safe social relationships, aiding in their social development (Winnicott, 1963). Brodey (1965) agrees and states that the family must provide an empathetic setting where the child is facilitated gradually to separate without being threatened by the withdrawal of support. Koepke and Denissen (2012) describe that parents provide an essential process to adolescents, where parental feedback is an essential component of identity formation. In their concept of a disruptive development prototype, they hypothesised that persistent separateness and detachment, alongside persistent expectations for high levels of autonomy, from parents to children in the adolescent stage, can lead to identity development being prohibited (Koepke & Denissen, 2012). Furthermore, in a study that compared boarding and day pupils in Israel, the author found that boarding students reported a significantly lower sense of parental supervision and control from both parents, compared to day students (Blau & Blau, 2019). This coincides with participants descriptions in this study of feeling separated from parents when boarding and a lack of emotional support and lack of self-identification in boarding school. A breakdown of the parental relationship, at this stage, adolescence, evidence suggests that this can result in difficulties in navigating social relationships and impact on their long-term ability to manage

social relationships. Moreover, Erikson (1993) argues that a breakdown of identity at this stage can lead to detachment from others.

The attachment and separation literature just described, may link with the study findings, where participants describe a loss of intimacy in relationships when at boarding school, especially from parents. Participants in this study describe difficulty with social relationships in childhood that then impact them throughout adulthood. Some also describe a feeling as though their parents were dead, as they could not gain responsive contact, especially when feeling unwell. They described feeling very unsafe due to parents not being close by to offer comfort. They also described a lack of communication from parents, due to the physical separation, especially around emotions, which were often shut down in boarding school by parents and staff. Thus, demonstrating it is not only early infants that require parents' physical and emotional closeness and responsiveness, but this is also important throughout latency and adolescence in order to maintain successful emotional and social development.

It appears beneficial for the child, is when families maintain contact throughout the boarding experience, so the child continues to feel included. One participant spoke of a feeling of connection to home whilst being at boarding school due to their sibling keeping in close contact with them through letter writing. According to Bowlby (1952), he reviewed the academic data and states that a common assumption is that to help children settle better during boarding school, the parent and child are discouraged from contacting each other. Conversely, he states that parental visits and contact help with the adjustment and can help children feel more secure (Bowlby, 1952). Within the psychotherapy literature, contact between the child and parent and secure base of home benefits children (Bowlby, 1988; Winnicott, 1960). Winnicott (1960) discusses that the parent should provide ‘holding’ for the child, where the child is aware that they are being thought about, held in mind, such as the parent being aware of their development, both physical and psychological, when the parent is not with them. Families remaining in close contact with the boarding child could benefit the boarding school environment; this could be through letter writing, phone calls, regular and robust communication between home and school, and regular home visits.

Participants describe the impact of attending a boarding school on forming and maintaining adult relationships such as with siblings, parents, children, and partner relationships.

Interestingly, what participants discuss in this study is not only relationship loss with friendships and parents, but also the loss of relationships with their siblings, and the long-term impact of these relationships being broken in adulthood and they experience a number of relational issues in adulthood. Similarly, the impact of boarding school on parental relationships was found in the boarding school literature (Duffell, 2016, Schaverien, 2004, 2011, 2015; Simpson, 2018). Participants in this study also discuss the long-term impact of those broken relationships, such as long-term difficulties with trust and abandonment, which seems to impact every relationship, such as partners, work colleagues, professionals, and friends. In addition, there are often long-term ruptures in their families, where they may have minimal contact with their siblings and parents, as adults. In the psychoanalytic literature, it is conveyed that the attachment figure, the parent, if responsive and available for the child, gives the child a feeling of security, and encourages them to value and continue the relationship (Bowlby, 1988). Perhaps, boarding school presents as a barrier to the parents' ability or perceived ability to be responsive and available for the child, and perhaps is damaging to the attachment, impacting the long-term relationship.

It seems distinctive to the boarding school experience, as expressed by participants in this study, that boarding school distress can materialise within relationships in adulthood, and therapy can aid in repairing these broken relationships. So, the separation from families due to attending boarding school, is said by participants, to link to relational difficulties as adults. Additionally, the therapy process can aid to transform and repair broken relationships with others, such as children, siblings, and partners. Some describe the impact of therapy on their relationship with their children. They make links with their boarding school experience of not being allowed to show emotion or distress, and felt shame or selfishness for showing those emotions, especially considering the perceived privilege of attending boarding school. They go on to discuss the impact therapy has on changing their own behaviour now that they are parents with their own children.

Participants express an inter-generational element of the trauma and parenting in this study, and these patterns can be repeated in adulthood with their own children; however, therapy can be a way to break the cycle. Some express that boarding school alone is not the only cause of their psychological difficulties, and there are challenges already within their family, such as abuse and parental mental health issues. Conversely, the inter-generational element was also

discussed as related to boarding school. There are generations of children who have not been parented due to the separation of boarding school, and thus they describe having difficulties themselves parenting, which passes through generations. Some participants talk about not being able to play or process their children's emotions, due to not being parented themselves. Therefore, they describe having no parenting model to follow, because they could not observe these skills in their own parents. It seems the therapy process can perhaps break the trauma element of non-parenting for families who have successive generations attending boarding school and consequently being non-parented. For example, participants described skills they have learned from therapy, such as allowing their children to express emotions and not shutting them down like they experienced in boarding school. In the boarding school literature, trans-generational boarding issues are described. For example, the adult who boarded as a child and found the experiences distressing, had parents who also boarded as children, so their parents had no parenting model to follow when raising their child. Therefore, the ex-boarder parent and their child may have struggled to make good attachments even before the boarding experience (Duffell, 2016). According to the adult attachment literature, experiences of early relationships create internal working models and attachment orientations, and the attachment orientation of the parent impacts the attachment bond their children have with them (Rholes & Simpson, 2004).

Interestingly, participants describe the positive impact of therapy on rebuilding their ability to form and maintain healthy relationships. This impact on relationships whilst at boarding school is consistent with the boarding school literature, which indicates that there is a negative impact of attending boarding school on forming attachments and relationships due to early ruptures in attachment and the child development process (Duffell, 2016, Schaverien, 2004, 2011, 2015). The long-term impact of boarding is also considered in the literature and impacts adult attachment patterns (Schaverien, 2011; 2015). In the child development literature, Bowlby (1969) suggested that the child's attachment relationship with the parent functions as a prototype, influencing all future relationships. If this attachment relationship is disrupted, it can have severe consequences for an individual's relational abilities.

The process of transforming relationships in the therapy process was not a topic area highlighted in the psychotherapy literature review on counselling and psychoanalytic psychotherapy. However, therapies that tend to have a relational focus may be psychoanalytic

psychotherapy (Lubursky, 1984), family therapy, or couples counselling (Snyder, Castellani & Whisman, 2006). Family therapy aims to develop and maintain a healthy functional family, through exploring relational patterns and improving patterns of relating and communication between family members. Couple's therapy aims to explore current and past relationships, relational patterns, and skills to increase communication. Couple's therapy has been found to reduce relationship distress (Snyder, Castellani & Whisman, 2006). Psychoanalytic psychotherapy aims to improve problems with emotional processing, behaviour, and relationships with others. It creates awareness that current difficulties with relationships and emotions are related to past childhood experiences (Luborsky, 1984). Furthermore, the adult attachment literature portrays that adult attachment patterns are not fixed, can be developed, and are changeable, within the process of personal therapy and personal growth (Levy et al., 2006). Therefore, it seems an integral part of the therapeutic process and a change in the therapy process, is aiding the client in transforming their relationships, after the loss of relationships during boarding school.

4.7 Trauma Based Therapeutic and Specialist Interventions and Expert Therapist to Process the Boarding School Trauma

A specialist and expert therapist who can identify and manage clients with boarding school distress, was conveyed by participants as being of utmost importance. A skilled and experienced therapist is needed to identify and discuss the boarding school distress and trauma experience. There was a lack of progress within therapy if the therapist did not identify and help process the clients boarding school distress. Participants emphasise this takes skill and understanding of boarding school distress and trauma, due to the protective nature of the 'defences' and 'hard shell' developed by participants during their boarding school experience, to protect them from the distress and trauma experienced at boarding school.

Participants discussed that identification of the boarding school distress and diagnosis for themselves, was very challenging, as because of their boarding school distress they were ‘blocked off’ and their difficulties were 'disguised'. The distress is often 'masked' on the outside; to the therapist, the individual with boarding school distress presents as 'self-assured' and 'highly successful'. Unless the therapist has the skills and training in managing clients with boarding school distress, this is often gone unnoticed, and participants describe having years

of therapy with various types of therapists where their distress or trauma associated with boarding school distress was not asked about or identified.

In the boarding school literature, there is an agreement that many ex-boarders present as well functioning adults, socially able and successful, have high social status, and can be high achievers (Schaverien, 2004; Duffell, 2014). However, underneath lies emotional and relational difficulties (Duffell, 2014). According to Schaverien (2015), boarding school distress may present, in a non-identifiable way, such as through other immediate presenting problems such as relationship difficulties, depression, or work-related problems. One of the critical presentations described in the literature is difficulties in building and maintaining intimate relationships (Schaverien, 2004, Duffell, 2014; Simpson, 2018). Schaverien (2015) highlighted that trauma might lie dormant in individuals as they lead very successful lives, only to be suddenly triggered by a relatable cue, then trauma is then re-experienced.

According to cognitive-behavioural trauma psychology literature, trauma memories are poorly stored in memory; they are weakly elaborated and ineffectively integrated with context, place, and time (Ehlers & Clark, 2000). A negative impact on trauma memory storage is that parts of the brain are greatly affected by experiencing severe or chronic traumatic events. Therefore, there is a problematic recollection of these trauma memories (Ehlers & Clark, 2000). In addition, these trauma memories can be triggered by similar cues (Ehlers & Clark, 2000). In this study, participants highlighted examples of separations from children or partners as a trigger to their distress. According to this trauma literature, this may be deemed as a relatable trigger or cue. Due to the discussed difficulty in autobiographical memory storage of trauma memories, these relatable cues or triggers can be highly anxiety-provoking, as the threat is perceived to be in the here and now, such as “I am currently in danger”.

Additionally, there is no association with subsequent information, such as, “I am safe now” (Ehlers & Clark, 2000). For example, someone with boarding school trauma may experience a relatable trigger such as relationship breakdown or separation, which cues trauma memories of rejection and abandonment and separation at boarding school. Due to difficulty in autobiographical memory storage of trauma memories, the individual perceives the threat to be in the here and now, which is highly anxiety-provoking. Also, there is a lack of association with current information such as, “I am no longer in boarding school, alone and scared and

separated from my parents". Therefore, trauma memories poorly stored in memory can lead to several symptoms, such as avoidance of thinking about the memory; physical symptoms such as aches and pains, diarrhoea, irregular heartbeats, headaches, fibromyalgia, and chronic fatigue; feelings of panic, fear, and shame; using alcohol or drugs to block out the memories; irritability and anger; self-blame; anxiety; and depression (Van der Kolk, 2014; Friedman et al., 2007).

In the literature review of the counselling and psychoanalytic literature, which included all client groups, trauma-based therapy was not identified as a theme. Thus, perhaps for this particular client group, those who relate their psychological distress to boarding school, this type of trauma-based intervention may be helpful. Although not highlighted in the review, childhood trauma-based work can also be part of the psychoanalytic framework, as the main emphasis is on linking past childhood experiences to current relational patterns (Luborsky, 1984).

Specialised therapeutic interventions, such as trauma-focused therapeutic interventions, are outlined by some participants as something that they found helpful when in therapy for their boarding school distress. Participants highlighted trauma-focused therapeutic interventions as helpful to process the trauma they experienced from attending boarding school. The boarding school literature describes the importance of trauma-based therapy, working with attachment patterns, and clients rediscovering their true self, one that is more authentic and real and less reliant on masking and shielding from the distress learned in boarding school (Duffell, 2016; Schaverien, 2011; Simpson, 2018; Trimingham-Jack, & Devereux, 2019). According to the trauma literature, these memories are fragmented and often held within sensory processes (Rothschild, 2000). Therefore, an important part of the therapy process is to aid in the trauma being processed and the memories being stored accurately, through trauma processing, whilst in a grounded state, so having a feeling of safety.

Furthermore, this study identified that the boarding school trauma appears to be denied, and Schaverien (2011) highlights that boarding school trauma can be embodied. In the trauma literature, Rothschild (2000) suggests the trauma can be held within the body due to the memory process of trauma memories being a somatic and sensory process. Furthermore, psychiatrist and trauma specialist Van der Kolk (2014), in his book 'The Body Keeps a Score',

suggests that trauma is experienced in the body through terror, fear, helplessness, or flight or fight; however, articulation of this trauma through language is stilted. Therefore, some of the trauma intervention mentioned above may be deemed to aid in processing the trauma held within the body through non-speaking alternatives. According to the psychoanalytic literature, Freud (1992) states that denial is a defence that is challenging to work with in therapy. He claims that denial can be successfully processed, through working with the patient's unconscious. He describes how a therapist can utilise therapeutic tools that work with the patient's unconscious, such as hypnosis, free association, interpretation of dreams, interpretation of symbols, parapraxes, and transference. Overall, trauma-based therapeutic and specialist interventions seem a potentially useful tool to process boarding school trauma.

4.8 Acceptance from Others Through Group Therapy and Online Forums

Several specialised therapeutic interventions directly related to boarding school distress were highlighted by participants as helpful, as they provided acceptance from others, which seems particularly helpful when boarding school trauma is often denied. These included therapy groups, conferences, books, and online forums. These were said to aid in the feeling of acceptance from others, as these forums provide normalising of feelings of distress that relate to attending boarding school. Acceptance seems particularly important, as during their childhood and adulthood, their distress was often denied, so they did not feel acceptance from others, such as from family and society. The forums provide a shared understanding of the boarding school distress. These shared experiences normalise the distress and trauma experienced by attending boarding school and thus facilitate a feeling of acceptance from others. In the psychology literature, group therapy outcomes suggest that clients feel acceptance and normalisation from group therapy (Newbold, Hardy & Byng, 2013; Yalom, 2005). However, a finding, perhaps specific to the boarding school distress experience, is the initial experience of the magnitude of the non-acceptance or denial of their distress. This denial is experienced from many avenues, such as from boarding school staff, peers, family, and society. Therefore, gaining a feeling of acceptance, understanding, recognition, and validation from others, has an even higher significance and importance.

4.9 Clinical Implications

4.9.1 Clinical treatment of boarding school distress and trauma

The findings of this study can provide insight into the clinical treatment of boarding school distress and trauma. Findings suggest that any intervention to support people who have located their difficulties related to having attended boarding school should aim to promote acceptance of the distress experience, rebuild relationships, and self-identity. It seems working therapeutically with this particular client group may be complex and challenging due to the findings in this study of the double bind of feelings of shame, privilege, and denial of emotions, leading to a denial of the boarding school distress in the therapy room. According to the study findings regarding what the patients expressed as helpful, it seems the intervention requires expert therapist knowledge to be able to highlight the boarding school trauma, the distress to be validated, and a trauma specific element to the intervention, combined with peer support.

Societal denial of boarding school distress and trauma may be a perpetuating factor in treating these difficulties. Societal denial of boarding school distress and trauma seems to prevent proper diagnosis, inhibits people seeking help, and prevents adequate treatment. The presentation and identification of boarding school distress and trauma can be challenging due to this societal denial and shaming. It seems helpful that the therapists increase their awareness of boarding school distress and trauma, so these issues are properly explored in therapy and school counselling. Additionally, it is crucial to increase public awareness of boarding school trauma in order to reduce these prejudices and shaming.

4.9.2 Impact of the prejudice of class and privilege on clinical practice

Societal assumptions and prejudice around class and privilege, in general, may have an impact on clinical practice. Clinicians having an awareness of the impact of prejudice about class is relevant, both for working with parents of children at boarding school, and when working with affluent families in other mental health services. Working with children from upper- and middle-class families, clinicians may perhaps assume that their emotional well-being, relationships, and attachments to parents are appropriate, because they are not or have not experienced social deprivation. For example, they may have excellent housing, a nutritious diet, excellent educational opportunities, and access to a range of enriching social activities.

Historically, research such as in the adverse childhood experience (ACE) studies has demonstrated links between children from low-income families, who may be facing poverty issues, and childhood neglect. These links are due to the fact adverse childhood experiences, such as abuse, neglect, parental drug and alcohol abuse, parental domestic violence, parental mental health, parental separation, and parental incarceration, are found to be more prevalent in low-income families (Chapman, et al., 2004; Felitti, et al., 1998).

Conversely, research around affluent families and emotional neglect suggest that emotional neglect may arise due to parents' inability to respond to their children's emotional needs due to a combination of complex and covert issues. Higher class families' difficulties may be more covert, such as mental health issues, attachment issues, and emotional neglect. The research has found a combination of complex issues may lead to emotional neglect in these families. These issues include parental mental health issues, parental alcohol and substance misuse, parental domestic violence, work-related stress issues, and parents spending very little quality time with their children due to working very long hours or outsourcing large amounts of the care of children to paid carers (Bernard, 2018; Luthar & Becker, 2002; Luthar & Latedresse, 2006). This disconnect can create emotional and psychological issues for these children, that continue in adulthood (Bernard, 2018; Luthar & Becker, 2002; Luthar & Latedresse, 2006). Emotional neglect is listed in national guidance by the National Society for the Prevention of Cruelty to Children (NSPCC) and World Health Organisation (WHO) as a form of child abuse that can result in harm to the child's emotional development (NSPCC: Radford et al., 2011; WHO: Butchart, et al., 2006).

Research by Dr Bernard at the University of Goldsmiths found that the issue of power can arise with professionals and affluent parents, who are subjecting their children to emotional neglect due to the combination of complex and often covert issues mentioned previously. These types of issues can also be faced between boarding schools, and/or social workers, and parents. For example, parents are likely to have the resources, which means they can obstruct social workers or healthcare workers. Such as obstructing a full and clear assessment of their parenting ability or blocking appropriate support offered to them or their child. They may do this through well-articulated arguments, complaints to senior managers, elected councillors, and threats of legal action (Bernard, 2018). Lack of recognition and research on emotional neglect and abuse in affluent families means that a social bias remains. One that portrays that abuse and neglect are

more so and only prevalent in families of social deprivation. This bias can have implications for clinical practice, such as a lack of recognition of abuse (Bernard, 2018).

4.9.3 The denial, privilege, and shame double bind, relating to other clinical presentations.

The concept of the double bind of denial, privilege, and shame, found in this study, may relate to other clinical presentations, not only for clients with distress and trauma related to attending boarding school. This concept devised in this study portrays that a privilege, denial, and shame double bind for an individual, will include an element of shame that prevents the expression of emotion, a component of a trauma being denied, and a sense of privilege. For example, childhood sexual abuse by trusted parties, such as teachers, religious leaders, sports coaches, and celebrities. Abusers, in these positions of trust, may create an air that the child is privileged to be associated with them or to interact with them, such as they are in a position of power, well respected by others, looked up to, and people are in awe of them. The denial of the distress and trauma is often unconsciously or consciously used to control the person, such as no one will believe you, I did not hurt you, and you brought this on yourself. This may be deemed as part of being part of a grooming process. Another example of a denial, shame, and privilege double bind may be when considering looked after children (LAC). A looked after child may feel a privilege, denial, and shame, such that they should be grateful for being cared for when previously abandoned, even if facing abuse, which is then denied to social care by the carer.

Another example of a denial, shame, and privilege double bind may be child sexual exploitation (CSE) cases. For example, when the child is given privileges by the abuser, such as being given extravagant gifts, given protection, attention, and praised, consequently making the child feel happy. When the abuse starts, the abuser then denies the child's associated negative emotions. The abuser denies these bad feelings. The child then feels confused and ashamed to feel those negative emotions, when they are told they should be grateful for the privileges they received and not feel bad. To cope with this denial, shame, and privilege double bind, the child may push these difficult feelings away, and deny them. It is easier for the mind to process thoughts such as, "I am in a privileged position", "I have no bad feelings", than face the alternative. Thus, as a way of protecting themselves, their distress and trauma are never talked of again or acknowledged.

In all of these cases, there seems to be a denial, shame, and privilege double bind of on the one hand feelings of being happy, grateful, special, privileged; however, on the other hand, feeling abused, terror, fear, and neglected, leading to shame and diminishment of any negative feelings in consciousness. As discussed in this study, the double bind of denial, shame, and privilege of the distress may be the process that keeps the person in that position, without outwardly expressing their distress and trauma. The feeling of shame and contradictory information of good and bad may be the contributing factor that pushes the feelings down, into never being spoken of again, even in adulthood, and in the therapy process. This understanding may be helpful for clinical practice in a number of areas.

4.9.4 Implications for education and policy

The findings of this study may also hold implications for the education system and policy. A recommendation would be for schools to understand the importance of the child's emotional development and give this as much attention as educational attainment. As research suggests, when the child feels unsafe, scared, traumatised, bereft, and lonely, the child cannot think straight and retain information, and there are vast implications on executive functioning skills. Therefore, not only may there be implications on their long-term ability to form and maintain relationships, as well as develop psychological issues, but there may also be an impact on their educational attainment. In this study, participants expressed that their individual identity was not fostered in boarding schools, which they viewed as negatively impacting their long-term view of themselves and self-esteem. In addition, participants claimed that their emotions were shut down in school, and relationships with school staff and parents lacked depth.

Pastoral care in boarding schools aims to look after and cultivate pupils' emotional and social well-being; however, in the UK, the emotional and social development factors seem limited. In UK boarding schools, pastoral care appears to be varied in its application, but often is limited to providing chaplaincy, counsellors if needed, safeguarding leads, and teaching on personal, social, health and economic education (PSHE), and peer mentoring. One boarding school had a more forward-thinking pastoral initiative, such as using an in-house resident psychologist and an affective, social tracker survey, which monitors pupil's mental health and well-being. The school also included a varied and thorough PSHE timetable such as classes on healthy sleep, bullying, healthy relationships, puberty, sexuality, mental health, consent, parenting, gender equality, and drugs and alcohol. Unfortunately, it seems this level of pastoral care was in the

minority. Across most, if not all, of the boarding schools, there seems to be gaps in providing pastoral care that focuses on the child’s emotional well-being, emotional development, individual identity, long-term staff-child relationships, and close home-pupil-staff relationships and communication.

In Australian boarding schools, it appears several well-being and emotional development initiatives have been put in place to modernise the boarding schools to meet the emotional needs of the child (Martin et al., 2014). These include supporting pupils' well-being and emotional development, such as providing lunch time relaxation clubs, and teaching social and emotional skills. In addition, self-esteem development initiatives foster pupils' individual identities through individual character-building initiatives and building awareness of each student's character strengths. Furthermore, to foster individual identities, they provide regional and international yearly home visits, where the school staff visit the pupils' homes, to understand their individual cultural identities. Moreover, they include fostering long-term secure and supportive relationships between staff and pupils, such as form group teachers and coordinators working with them throughout the years, so solid relationships can be fostered between staff, student, and home. Another way to promote pupil well-being that they provide is to enhance strong communication between parents, school, and pupils by running termly boarding parent support groups. Parents can be updated on any developments at these support groups and can communicate with the school staff.

This study suggests that emotional expression of distress related to attending boarding school and thus separating from parents and other attachment figures needs to be allowed, encouraged, acknowledged, and not denied. The denial of these emotions may be more comfortable for the parent and school in the short term and present as though the child is happy. However, in the long run, if these emotions are denied, as highlighted by participants in this study, this could later lead to children as adults experiencing depression, anxiety, relationship issues, work-related issues, and breakdown. In combination with parents, schools should improve their capacity to allow children to express their difficult emotions. Perhaps both boarding and state schools should integrate more support from pastoral care, psychologists, and counsellors. These spaces should be facilitated in schools, where pupils are encouraged to express difficult emotions about attending school and separating from home and their families. It is crucial to have a space to talk about these issues, such as separation and the difficult emotions that come

with it. It is important the professionals link with parents to provide a holistic approach for the child. The child is allowed to express any issues to both school and parent; then, a plan can be put in place to support the child. Alternatively, a more insightful decision can be best made by the parent and child regarding whether boarding is the best choice for them or is psychologically damaging to their child. As highlighted previously, in the child development literature, it highlights the importance of acknowledging the distress that occurs for children to prevent damage to their emotional development (Aust et al., 2012; Bion, 1962; Bowlby 1988; Dannlowski, et al. 2012; Music, 2016; Pechtel & Pizzagalli, 2011). In addition, evidence has shown that when children experience traumatic and adverse experiences, being able to express and process the trauma can mitigate some, but not all, of the long-term consequences (Kerig et al.,2000).

It may be helpful for emotional literacy education to be provided for school staff, parents, and children at boarding school. For example, schools should be made aware of signs of emotional distress in children, as these may be hidden and shut down, such as not naming their emotion but instead saying they are experiencing "butterflies" or "homesickness". In this study and in the boarding school literature, some participants described their boarding school experience, naming their emotions as homesickness or butterflies, rather than naming them as emotions such as anxiety, fear, or sadness (Duffell, 2000; Simpson, 2018). Conversely, the disapproval of children expressing these emotions in boarding schools, as found in this study and previous literature, may also link to the political issue of the difficult power dynamic between parents and boarding schools. Boarding schools may not want to acknowledge any psychological distress or trauma in children in their schools to parents who pay fees and may consequently remove their child.

The negative impact of the early separation of children from parents due to school attendance, on emotional development, should be acknowledged and discussed more widely, and further support put in place by schools. The study has highlighted the challenges that occur during early separation between child and parent, such as loss of identity and loss of intimacy in relationships and the long-term impact on well-being, identity, and relational issues. Boarding schools may purposely put practices in place to stop this process, such as not allowing the gradual separation of child and parent at the start of boarding school by stopping contact between parent and child. As highlighted previously, the child development literature

highlights the importance of acknowledging the distress that occurs for children in separating from their primary caregivers at a young age. Support should be provided to encourage parent and child contact, such as regular contact with home and with siblings, through regular visits, letter writing, and phone calls. Lengthy periods of time away from parents should be discouraged, minimum separation periods put in place, or day boarding encouraged. As the attachment literature states, the child should experience a warm, intimate, and continuous relationship with the mother (Bion, 1962; Bowlby, 1953; Winnicott, 1960;1963;1965).

Additionally, schools could perhaps have regular discussions with home about the children as individuals, such as who they are, finding out about their identity, including likes and dislikes, family values, and family heritage. Treating children as individuals would foster their identity. The importance of a continuous secondary attachment figure was also found to be of importance within the literature. Boarding schools could foster long-term secure and supportive relationships between staff and pupils, such as form group teachers and coordinators working with them throughout the years, so solid relationships can be fostered between staff, student, and home. Therefore, it also seems important that carers are consistent. A supported separation of children from parents could negate the negative impact on emotional development.

Children's human rights, such as children’s right to have their voices heard, should be considered by both education and parents, when making decisions about childhood separations, such as when separating from parents to attend boarding school. The United Nations (UN) outlines the human rights of a child in the international agreement to protect children's rights, called the Convention on the Child's Rights. In this document, a child is defined as any person under the age of 18. Firstly, the document clearly states that it is the parent's responsibility to bring up the child, and the child should not be separated from parents. The right for a child not to be separated from their parents, is portrayed in right number nine and eighteen. Right number nine, 'Keeping Families Together' states 'children should not be separated from their parents unless they are not being properly looked after, such as if a parent hurts or does not take care of a child'. Right number eighteen states that 'parents are the main people responsible for bringing up a child'. Therefore, the convention on the child’s rights states that children have the right to not actually be separated from parents, like they are by attending boarding school, unless separation is due to neglect or abuse.

Secondly, the convention on the child's rights outlines children's views on issues that affect them, such as expressing distress about attending boarding school, are of importance and should be listened to, and they have a right to express their thoughts and feelings around these issues. The right for a child to have views on matters that affect them, and to share their emotions on these matters, as well as the right to have these views listened to by adults, is clear in the following rights numbered twelve and thirteen. Right number twelve, 'Respect for Children's Views', states 'children have the right to give their opinions freely on issues that affect them. Adults should listen and take children seriously'. Right number thirteen 'Sharing Thoughts Freely" states 'children have the right to share freely with others what they learn, think and feel'. The convention demonstrates that both boarding schools and parents should be allowing space for children's views and emotions about their boarding school experience to be expressed, as is their right. In addition, boarding schools and parents should allow a choice to be made by children about attending boarding school, and these views to be listened to by parents, as is their right.

Finally, the convention outlines that education should facilitate children's development of identity and personality, not just their talents. This is evident in the following right number twenty-nine. Right number twenty-nine 'Aims of Education' outlines 'children's education should help them to develop their personalities, talents, and abilities fully'. Thus, alongside parents, boarding schools should be creating ways to facilitate the development of the individual personalities of children, not only their attainment. This relates to this study, as according to this study, some participants felt their self-identity was impaired due to attendance at boarding school.

The study has highlighted some of the challenges of prolonged and sudden separation between child and parent, providing information for various education settings, and for education reform and policy. Challenges of prolonged and sudden separation between child and parent, impacting parental emotional responsiveness, can be considered in a number of settings, such as boarding schools, nursery, childminding, and grammar and state schools. These settings could provide help with the transition between home and the childcare setting, such as through good communication between home and school. It would be helpful for educational reform, to include guidance on mitigating the negative effects of separation from parents and enhancing emotional well-being and development. These settings could help to bridge the gap between

home and school, by employing measures to encourage strong attachments, such as shared computer systems, handovers, regular parent-education meetings, consistent figures for secondary attachments to form, communication diaries, and newsletters.

4.10 Political, Economic, Social, and Power Issues

The political, economic, social, and power issues related to this study will now be discussed. Boarding schools are a well-established part of British culture, aspired to, and they generate substantial financial income into the UK. With that comes considerable power, and perhaps resistance to change, which may prevent boarding schools from providing additional emotional support to children. Resistance to change may be in part due to the challenging power dynamic between parents and schools, where parents are the paying party. Boarding schools may not want to acknowledge any psychological distress or trauma in children in their schools to parents who pay fees and may consequently remove their child if they feel there is an issue. Schools may also not feel able to question emotional neglect from parents to children in their care, again due to the power dynamic of the parent being the fee payer, with the power to withdraw their child from the school. Therefore, issues with power may be a barrier in boarding schools and parents providing children with the emotional development they require.

Furthermore, there are societal views on child separation, which are also influenced by the western world's current economic position. The UK, and the rest of the western world, has a culture of materialism, capitalism, and competition. The societal focus on competition has possibly influenced a shift from a dominance of stay-at-home parenting to an increase in both parents working and the use of paid care providers (Clarke-Stewart, 1989). According to the Modern Families UK Index (2009), dual-income families are now the norm, with 76% of couple families having both parents in employment and 31% with both parents in full-time employment. In the current economic position, for education settings, the focus is primarily on the child's attainment rather than the child's emotional development, which is evident in school league tables, where attainment is what the schools are measured against. The focus on attainment rather than emotional development could be argued to stem from competition within the UK economy market. Finally, this study was written during the Covid-19 pandemic, and I wonder the impact this will have on flexible working, on worldwide travel for working purposes, and working from home for parents. This cultural worldwide shift may possibly lead

to future changes to views around prolonged separations between parent and children from working households.

4.11 Further Research

The study explored the experiences of adults receiving psychotherapy for psychological distress related to attending boarding school. The study gave insight into therapy with this specific client group, insights included the therapy process, change within therapy, barriers to therapy, and therapeutic techniques. Participants identified the experience of boarding school and psychological distress issues that may relate to it, such as separation from attachment figures (parents, home, friends, extended family), loss of self-development, and a form of trauma. One of the parts of therapy participants identified as helpful, was a specialised trauma intervention. Something which could be explored in more depth as future research, is a specialised trauma intervention for this specific client group. In addition, identified in this study was the importance of the therapist, family, and society acknowledging that distress and trauma related to attendance at boarding school. Additionally, overcoming the identified denial, shame, and privilege double bind, can create barriers to the therapy process in terms of diagnosis and treatment. Further and more in-depth research into the denial, shame, and privilege double bind would be helpful, both for boarding school distress patients and other clinical presentations such as looked after children, child abuse, and children experiencing child sexual exploitation.

New ideas around boarding school distress, identified in this study, could now be quantitatively explored in boarding school children by comparing boarding and day students. These include the impact of boarding school on the self and self-identity, such as self-esteem, self-individualisation, self-identity, and cultural identity. In addition, the impact of boarding school on attachment and relationships, such as intimacy of relationships to peers, siblings, friends, and extended family members; as well as the impact of boarding on attachment; and exploring secondary attachment figures such as friends, teachers, and other boarding school staff. Other factors found in this study, that could now be quantitatively measured include the impact of boarding school on expressing feelings, such as the denial of feelings, feelings of shame and privilege, and the ability to name and express emotions.

Possible mitigating factors to distress experienced at boarding school, suggested in this study, include age boarding began, parental contact, parental emotional sensitivity, and responsiveness. These factors could be explored quantitatively, whilst children attend boarding school. Possible risk factors prior to attending boarding could also be explored such as parental alcoholism, parental mental health issues, abuse by carer or family member, and level of emotional neglect.

An area that could be explored qualitatively so in more depth, with boarding children, that was highlighted in this study, include attachment and separation in boarding school. For example, emotional neglect, trauma, and secondary attachments and relationships formed in school. Finally, as attachment was an area that arose in this study, a longitudinal study could look at attachment structures in children before, during, and after boarding school.

4.12 Strengths and Limitations of the Study

Methodological and theoretical strengths and limitations included in this study will now be discussed.

4.12.1 Strengths

The study has a number of strengths, which will be discussed in depth. The study provided a deeper exploration of psychotherapy for clients experiencing psychological distress and trauma due to attending boarding school. The in-depth exploration enhanced an understanding of psychotherapy for patients who relate their psychological distress to attending boarding school, and the implication is that it can influence future clinical practice. It provides insight for other clinical implications such as CSE, sexual abuse, and trauma, through understanding the double bind theory of denial, shame, and privilege. Moreover, it provided insight into the impact of separation from young children from caregivers in general, which may provide information to inform social care practices, education institutions, and Government policy.

It provided in-depth research on the topic of boarding school distress and trauma, and adhered to scientific rigour through thematic analysis, meta-synthesis, literature review, reflexive account, University ethical procedure, and University doctoral research processes. Additionally, it provided a novel synthesis of the boarding school distress literature and

psychoanalytic and counselling psychotherapy literature. These both provided to fill the previous gap in the literature because there are methodological concerns in the literature, in that it is primarily observational case-study research.

4.12.2 Limitations

The study has some methodological limitations, which will be discussed in depth. Face to face interviews have been noted previously as the 'gold standard' in research (Holt, 2010; McCoyd & Kerson, 2006). The concerns around phone research seem to be around participant engagement (Holt, 2010). However, participants in this study engaged well over the telephone. There were no technical issues or any difficulties that stilted engagement. Conversely, answers were full, detailed, and provided depth and meaning. It has been said that perhaps non-face to face can enhance engagement, as it can provide a safe space for participants in their own homes, participants are more reachable logistically, and clients may feel more comfortable to share details, as may be feeling less inhibited or judged as not seen face to face, which may increase the feeling of anonymity (Holt, 2010; Ward et al., 2015). This study included participants from all over the country due to the option given of phone, video, or face to face interviews. The breadth of proximity may not have been possible with only face-to-face interviews offered, and this may have limited participation to only the South-East of England.

The sample size was within the parameters of what is recommended for qualitative research. However, the age range was slightly skewed on the higher age range, and therefore many participants would have attended boarding school earlier than others. However, during the research process, some lower age range participants were recruited. One explanation for the higher age range of participants volunteering for this study may be that, as found in the study, throughout childhood and adulthood, the boarding school distress or trauma experience is often denied: therefore, many process this in therapy during their later years, rather than when attending or shortly after boarding school. Perhaps what could have been done differently was to further recruit from a younger population, who would have attended boarding school more recently.

The recruitment of participants utilised an opportunity and snowball method, that resulted in all participants self-selecting themselves to participate, which may have caused self-selection bias. Participants who were interested in the research topic put themselves forward for the study

and were not selected at random. In order to be accepted for the study, there were a very specific sample chosen to participate, participants needed to be in therapy and identified boarding school as a source of psychological distress. Morse et al. (2002) state that in qualitative research for a sample to be appropriate it needs to include participants who best represent or have knowledge of the topic area. Thus, generalisability is not sought in qualitative research, but rather transferability, the ability for readers to make associations between the parts of the research and their own experience. Thus, findings from this study only may be applicable in other areas, and this is determined by the reader.

4.13 Researcher Reflexivity

Throughout the research process, I became aware that I had held preconceived ideas about boarding school being a great privilege. Something elitist, magical, marvellous, only known by the most special and privileged in the country. I assumed that this excellent education came with stability, love, strong family units, reliability, intelligence, and wisdom. I thought what a great honour to be part of that divine, special club. Only now, through this research process, I was to find those who attended are just people with emotions, who do not live a perfect life then or now. They faced hardships not too dissimilar to the children I have seen in NHS children's mental health clinics who have been immensely emotionally neglected, faced childhood trauma, and, consequently, had attachment difficulties. Now I am more aware; I feel disillusioned. I once held the implicit view that this elite set of people have everything anyone could ever imagine, the most fortunate in the world. Everything I did not have and longed for, I projected into them as having. I remember during the interviews, feeling a sense of shock, resentment, disbelief that the actual experience for some, who have attended boarding school, may be different and not as perfect as I had once assumed. I wondered if my view was alongside perhaps the majority of the public. I believe it is a social narrative held in the UK of these boarding schools' prestige and the privilege the pupils hold within them.

As I began the analysis of the interviews, I reflected on these assumptions held by myself and society and how they may add further to the ex-boarders' feelings of shame, embarrassment, denial of the trauma that the separation brings, of attending boarding school. Who would eagerly want to break the illusion of boarding school's greatness to their family, generations before them, friends, work colleagues, and a nation? Perhaps it is an illusion of privilege and

greatness that kept the once scared and lonely homesick child going and aided in their survival in boarding school. Who would want that to be broken?

Perhaps I too became privy to classism and was blinded by my social justice for the working class. My experience of safeguarding in clinical practice is that it is assumed to be needed for the families struggling to meet their children's basic needs due to poverty. Not for the middle- and upper-class families, seen to be providing sterling basic needs for their child, and thus I had assumed, they also provided high levels of emotional care. Going forward, I will be more conscious in taking into account my classism across all types of class, when working with clients. Money equals happiness, and money equals love, does it not? How could I have been so wrong? Yes, money can mean access, privilege, success, but is that what a young child really wants in life, or is it the love, warmth, security, that the parent is intended to provide. As the baby monkeys in the rhesus experiment demonstrated, it is not the basic care needs that the child longs for; it is the comfort, touch, care, love, and proximity of the parent that they deeply require.

4.14 Conclusion

This study aimed to investigate the experiences of psychotherapy for adults with psychological distress related to attending boarding school, using qualitative thematic analysis. It makes an original contribution to the literature by providing in-depth analysis with scientific rigour and uniquely focuses on participants' experience of psychotherapy. Overall, patients describe a barrier to therapy, due to the double bind of feelings of shame, privilege, and childhood and societal denial of their boarding school distress emotions. Consequently, this appears to lead to denial of the boarding school distress and trauma in the therapy room, leading to barriers to therapy, such as limiting identification, diagnosis, and therefore appropriate treatment. Thus, some patients describe therapy can be complex and challenging. Patients convey that they feel it is helpful to receive expert therapist knowledge on boarding school trauma and the boarding school distress and trauma being believed and validated by the therapist. In addition, what patients said they found helpful was specialist trauma intervention, together with peer support such as online or group intervention. This specialist and specific treatment were voiced by patients can lead to change, such as increasing acceptance of the boarding school trauma, encouraging expressing of emotions, and rebuilding relationships and self-identity. Moreover,

patients expressed that the boarding school distress specific treatment aided in counteracting the boarding school experience of emotions being shut down, denial of the distress, loss of identity, loss of intimacy in relationships, and psychological distress and psychological trauma.

The in-depth exploration enhanced an understanding of psychotherapy for patients who relate their psychological distress to attending boarding school. The clinical implications include higher awareness of the clinical treatment of boarding school distress and trauma. In addition, the impact of the prejudice of class and privilege on clinical practice. Increasing public awareness around boarding school trauma and emotional neglect, can reduce societal assumptions, prejudice, and shaming on the topic of class, which can aid in enhancing clinical practice. The study also provides insight for other clinical practice, such as understanding the double-bind theory of privilege, shame, and denial, on other clinical presentations such as looked after children, child abuse, and child sexual exploitation. This study's findings may also hold implications for the education system and policy, such as the importance of developing children's emotional development in line with academic attainment. Moreover, it provided awareness of the impact of the separation of children from caregivers in general and the importance of institutions and families adhering to children's human rights, which can inform social care practices, psychological interventions, education institutions, and Government policy.

References

Ainsworth, M. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709–716.

Ainsworth, M. & Wittig, B. (1969). Attachment and exploratory behaviour of one-year-olds in a strange situation. In B. M. Foss (Eds.), *Determinants of Infant Behaviour*, 4, 111-136.

Akobeng, A. K. (2005). Understanding randomised controlled trials. *Archives of Disease in Childhood,* 90, 840-844.

Allen, J. (2008). In Cassidy, J., Shaver, P. (Eds.), (2008). *Handbook of Attachment: Theory, Research and Clinical Applications*, Chapter 19 The Attachment System in Adolescence. Guilford Press, New York.

Anderson, C. W., Nagel, P., Roberts, M., & Smith, K. (1981). Attachment in substitute caregivers as a function of centre quality and caregiver involvement. *Child Development,* 52, 53–51.

Arvidsdotter, T., Marklund, B., Kylén, S., Taft, C., & Ekman, I. (2016). Understanding persons with psychological distress in primary health care. *Scandinavian Journal of Caring Sciences*, 30, 687–694.

Aust, S., Hartwig, E. A., Heuser, I., & Bajbouj, M. (2013). The role of early emotional neglect in alexithymia. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5, 225–232.

Aviezer, O., Resnick, G., Sagi, A., & Gini, M. (2002). School competence in young adolescence: Links to early attachment relationships beyond concurrent self-perceived competence and representations of relationships. *International Journal of Behavioural Development,* 26, 397–409.

Barclay, J. (2011). The Trauma of Boarding School. *Self and Society*, 38, 3, 27-34.

Bateson, G. (1972). *Steps to an ecology of mind: collected Essays in anthropology, psychiatry, evolution, and epistemology.* University of Chicago Press, San Francisco

Belsky, J. (1984). Two waves of day-care research: Developmental effects and conditions of quality. In R. Ainslie (Ed.), *The child and the day-care setting,* pp. 1-34. New York: Prager.

Belsky, J., & Rovine, M. (1988). Nonmaternal care in the first year of life and security of infant parent attachment. *Child Development,* 59, 157—167.

Belsky, J. (2001). "Emanuel Miller Lecture: Developmental Risks (Still) Associated with Early Child Care." *Journal of Child Psychology, Psychiatry and Allied Disciplines*, 42, 845-859.

Bentall, D. (1999). The medicalisation of misery: A critical realist analysis of the concept of depression. *Journal of Mental Health,* 8(3), 261-274.

Berkowitz, D.A. (1979). The disturbed adolescent and his family: problems of individuation. *Journal of Adolescence*, 2, 27-39.

Bernard, C. (2018). Recognising and addressing child neglect in affluent families. *Child and Family Social Work,* 24: 340– 347.

Bion, W. (1962). *Learning from Experience*. London: Karnac Books.

Blau, R., & Blau, P. (2019). Identity status, separation, and parent adolescent relationships among boarding and day school students, residential treatment for children and youth. *Residential Treatment for Children and Youth*, 38 (2), 1-18. DOI: 10.1080/0886571X.2019.1692757

Blos, P. (1967). The second individuation process of adolescence. *The Psychoanalytic Study of the Child*, 22, 162-86. New York: International Universities Press.

Bower, P, Rowland, N, Hardy, R. (2003). The clinical effectiveness of counselling in primary care: a systematic review and meta-analysis. *Psychological Medicine*, 33: 203–215.

Bowlby J (1995) [1951;1952]. Maternal care and mental health. In *Bulletin of the world health organisation.* The master work series. 3 (2nd ed.). pp. 355–533. Northvale, NJ; London: Jason Aronson.

Bowlby, J. (1952). Maternal care and mental health. *Journal of Consulting Psychology*, 16(3), 232.

Bowlby, J. (1958). The nature of the child's tie to his mother. *The International Journal of Psychoanalysis*, 39, 350.

Bowlby, J. (1969) Attachment. In *Attachment and loss*: Vol. 1. New York: Basic Books.

Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock.

Bowlby, J. (1980) Loss: Sadness and Depression. In Attachment and loss, vol. 3; International psycho-analytical library no.109. London: Hogarth Press.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* Routledge, London.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development.* Thousand Oaks, CA: Sage.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper (Ed.), *Handbook of Research Methods in Psychology, Research Designs*, 2, 57-71. Washington, DC: APA books.

Bremner, J., Vythilingam, M., Vermetten, E., Southwick, S., Mcglashan, T., Staib, L., Soufer, R., and Charney, D. (2003). Neural correlates of declarative memory for emotionally valanced words in women with posttraumatic stress disorder related to early childhood sexual abuse. *Biological psychiatry*, 53, 879-89.

British Association for Counselling and Psychotherapy (BACP) (2021). *Types of therapy.* Lutterworth, Leicestershire. https://www.bacp.co.uk/about-therapy/types-of-therapy/

Brodey, W. (1965). On the dynamics of narcissism: I, externalization, and early ego development. *The Psychoanalytic Study of the Child*, 20, I65-93. New York: International Universities Press.

Bull, C., Mclntosh, A., and Clark, C. (2008). Land, Identity, School: Exploring Women's Identity with Land in Scotland through the Experience of Boarding School. *Oral History,* 36 (2), 75-88.

Burck, C. (2005). Comparing qualitative research methodologies for systemic research: the use of grounded theory, discourse analysis and narrative analysis. *Journal of Family Therapy*, 27, 237 – 262.

Burgess, A., and Phillips, S. (2006) Sexual Abuse, Trauma and Dementia in the Elderly: A Retrospective Study of 284 Cases. Victims and Offenders, 1, 193-204.

Butchart, A., Putney, H., Furniss, T. and Kahane, T. (2006). *Preventing child maltreatment: a guide to taking action and generating evidence.* Geneva: World Health Organisation. https://apps.who.int/iris/bitstream/handle/10665/43499/9241594365_eng.pdf?sequence=1&isAllowed=y

Campbell, R., Pound, P., Morgan, M., Daker-White, G., Britten, N., Pill, R., Yardley, L., Pope, C., Donovan, J. (2011). Evaluating meta-ethnography: systematic analysis and synthesis of qualitative research. *Health Technology Assessment,* 15(43), 1-164. Doi: 10.3310/hta15430

Chapman, D., Whitfield, C., Felitti, V., Dube, S., Edwards, V., Anda, R. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorder,* 82, 217–225.

Clarke-Stewart, K. (1989). Infant day care: Maligned or malignant? *American Psychologist,* 44, 266-273.

Cooke, A., Smith, D., and Booth, A. (2012). Beyond PICO: The Spider Tool for Qualitative Evidence Synthesis. *Qualitative Health Research*, 22, 1435-1443.

Cousin, G. (2013). Reflexivity: The New Reflective Practice. *International Journal of Practice-based Learning in Health and Social Care*, 1, 3-7.

Critical Appraisal Skills Programme (CASP) (2017). CASP Qualitative Research Checklist. http://www.casp-uk.net/casp-tools-checklists.

Dannlowski, U., Stuhrmann, A., Beutelmann, V., Zwanzger, P., Lenzen, T., Grotegerd, D., (2012). Limbic scars: long-term consequences of childhood maltreatment revealed by functional and structural magnetic resonance imaging. *Biological Psychiatry*, 71, 286–93.

De Wolff, M., and van IJzendoorn, M. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, 68, 571–591.

Department of Health (2017). A Framework for mental health research. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665576/A_framework_for_mental_health_research.pdf

Doyle, L., Brady, A., Byrne, G. (2009). An overview of mixed methods research. *Journal of Research in Nursing,* 14, 111-145.

Duffell, N. (1995). 'Boarding School Survivors', *Self and Society*, 23 (3). 20-23.

Duffell, N. (2000). *The Making of Them: the British Attitude to Children and the Boarding School System*. Lone Arrow Press.

Duffell, N. (2011). Old School Ties. *Therapy Today*, 22 (3), 11-15.

Duffell, N. (2014). *Wounded Leaders: The Psychohistory of British Elitism and the Entitlement Illusion.* Lone Arrow Press.

Duffell, N., & Basset, T. (2016). *Trauma, abandonment, and privilege: A guide to therapeutic work with boarding school survivors.* Abingdon: Taylor & Francis.

Ehlers, A., & Clark, D. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345.

Elliott, R. (1991). Five dimensions of therapy process. *Psychotherapy Research*, 1, 92-103.
Elliott, R. (2008). Research on Client Experiences of Therapy: Introduction to the Special Section. *Psychotherapy Research*, 18, 239-242

Elliott, R. (2010). Psychotherapy Change Process Research: Realising the Promise. *Psychotherapy Research,* 20, 123-135.

Elliott, R. (2012). Qualitative Methods for Studying Psychotherapy Change Processes. In A. Thompson & D. Harper (Eds.) *Qualitative research methods in mental health and psychotherapy: An introduction for students and practitioners* (pp. 69-81). Chichester, UK: Wiley-Blackwells.

Elliott, R., & James, E. (1989). Varieties of client experience in psychotherapy: An analysis of the literature. *Clinical Psychology Review*, 9, 443–467.

Erikson, E. (1956). The problem of ego identity. *Journal of the American Psychoanalytical Associatio*n, 4, 56-121.

Erikson, E. H. (1993). *Young man Luther: A study in psychoanalysis and history*. New York, NY: W. W. Norton & Co.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study. *American Journal of Medicine*, 14, 245–258.

Fisher, et al. (2011) Reliability and Comparability of Psychosis Patients' Retrospective Reports of Childhood Abuse. *Schizophrenia Bulletin,* 37, 3, 546–553, 2011

Fonagy, P. (2015). The effectiveness of psychodynamic psychotherapies: An update. *World Psychiatry,* 14, 137–150.

Fonagy, P., Rost, F., Carlyle, J. A., McPherson, S., Thomas, R., Pasco Feron, R.M & Taylor, D. (2015). Pragmatic randomised controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS). *World Psychiatry,* 14, 312-321.

Fonagy, P., Target, M., Cottrell, D., Phillips, J. and Kurtz, Z (2005). What works for whom? A critical review of treatments for children and adolescents, Hove: The Guilford Press.

Fosse, A., Schaufel, M.A., Ruths, S., & Malterud, K. (2014). End of life expectations and experiences among nursing home patients and their relatives: A synthesis of qualitative studies. *Patient Education and Counselling*. Doi: 10.1016/j.pec.2014.05.025.

Freud, A (1992). *The Ego and the Mechanisms of Defence*. Karnac Books, London.

Freud, S. (1933). *Introductory lectures on psychoanalysis.* Karnac Books, London.

Friedman, M., Keane, T., & Resick, P. (2007). *Handbook of PTSD: Science and from contemporary relational perspectives*, pp. 63-82. New York, NY: Routledge.

Gilbert, P. (2011). Shame in psychotherapy and the role of compassion focused therapy. In Dearing and Tangney, Shame in the therapy hour, *American Psychological Association*, 325–354.

Gottlieb, M. (2005). Working with gay boarding school survivors. *Self and Society*, 33 (3), 16-23.

Grafanaki, S. & McLeod, J. (2002). Experiential congruence: Qualitative analysis of client and counsellor narrative accounts of significant events in time-limited person-centred therapy. *Counselling and Psychotherapy Research*, 2 (1), 20-32. DOI:10.1080/14733140212331384958

Grier, F. (2013). The hidden trauma of the young boarding school child as seen through the lens of adult couple therapy. In McGinley, E. & Varchevker, A. (eds), *Enduring Trauma Through the Life Cycle.* London: Karnac Books.

Harlow, H. & Zimmermann, R. (1958a). The development of affective responsiveness in infant monkeys. *Proceedings of the American Philosophical Society*, 102, 501 -509.

Harlow, H. (1958b) The nature of love. American Psychologist, vol. 13: pp. 673–685.

Harlow, H., Dodsworth, R., & Harlow, M. (1965). Total social isolation in monkeys. *Proceedings of the National Academy of Sciences of the United States of America*, 54(1), 90.

Harlow, H., Zimmermann, R. (1959). Affectional responses in the infant monkey. *Science,* 130, 421–432.

Harrison, L., & Ungerer, J. (2002). Maternal employment and infant-mother attachment security at 12 months postpartum. Developmental Psychology, 38(5), 758–773.

Haskayne, D, Larkin, M & Hirschfeld, R. (2014). What are the experiences of therapeutic rupture and repair for therapists and clients within long-term psychodynamic psychotherapy, *British Journal of Psychotherapy,* 30, 68–86.

Hill, C. E., Knox, S., Thompson, B. J., Williams, E. N., Hess, S. A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52, 196-205.

Hilsenroth, M. J., Katz, M., & Tanzilli, A. (2018). Psychotherapy research and the Psychodynamic Diagnostic Manual (PDM–2). *Psychoanalytic Psychology,* 35(3), 320-327. http://dx.doi.org/10.1037/pap0000207

Hodges, J., Sheffield, J., & Ralph, A. (2013). Home away from home? Boarding in Australian schools. *Australian Journal of Education,* 57(1), 32–47.

Hoffman, L., & Youngblade, L. (1999). *Mothers at work: Effects on children's wellbeing*. New York: Cambridge University Press.

Holmes, J. (2010). Termination in psychoanalytic psychotherapy: An attachment perspective. In J. Salberg (Ed.) *Good enough endings. Breaks, interruptions, and terminations from contemporary relational perspectives* (pp. 63-82). New York: Routledge.

Holt, A. (2010). Using the telephone for narrative interviewing: a research note. *Qualitative Research,* 10 (1), 113-121.

Howes, C., & Smith, E. W. (1995). Children and their childcare caregivers: Profiles of relationships. *Social Development,* 4, 44–61.

Howes, C., & Spieker, S. (2008). In Cassidy, J., Shaver, P.R. (Eds.), (2008). *Handbook of Attachment: Theory, Research and Clinical Applications,* Chapter 14. Guilford Press, New York.

ISC Independent Schools Council (2019). *ISC census and annual report 2019.* ISC Research and Intelligence Team, Kent.

Jacobson, E. (1964). *The self and the object world.* New York: International Universities Press.

Kerns, K. (2008). In Cassidy, J., Shaver, P.R. (Eds.), (2008). *Handbook of Attachment: Theory, Research and Clinical Applications*, Chapter 17. Guilford Press, New York.

Kerns, K. A., Tomich, P. L., & Kim, P. (2006). Normative trends in children's perceptions of availability and utilization of attachment figures in middle childhood. *Social Development*, 15, 1–22.

Klengel, T., Mehta, D., Anacker, C., Rex-Haffner, M., Pruessner, J., Pariante, C., (2013). Allele specific FKBP5 DNA demethylation mediates gene-childhood trauma interactions. *Natural Neuroscience*,16, 33–41.

Knox, R. (2008). Clients' experiences of relational depth in person-centred counselling. Counselling and Psychotherapy Research: Linking research with practice, 8 (3), 182-188. DOI: 10.1080/14733140802035005

Koepke, S., & Denissen, J. (2012). Dynamics of identity development and separation individuation in parent-child relationships during adolescence and emerging adulthood– A conceptual integration. *Developmental Review,* 32(1), 67–88. Doi:10.1016/j.dr.2012.01.001

Lambert, P. (2007). Client perspectives on counselling: Before, during and after. *Counselling and Psychotherapy Research*, 7, 106-113.

Laughton, M., Paech-Ujejski, A. & Patterson, A. (2021). *Men's Accounts of Boarding School: Sent Away.* Abingdon and New York: Routledge.

Lauryn, S. S. (2012). *The meaning of adolescent attachment in a male boarding school: an interpretative phenomenological analysis.* Doctoral dissertation, University of Kent. https://ethos.bl.uk/OrderDetails.do?uin=uk.bl.ethos.633648

Leichsenring, F., & Leibing, E. (2007). Psychodynamic psychotherapy: A systematic review of techniques, indications, and empirical evidence. *Psychology and Psychotherapy: Theory, Research and Practice,* 80, 217–228.

Leichsenring, F., Hiller, W., Weissberg, M., & Leibing, E. (2006). Cognitive-behavioural psychotherapy and psychodynamic psychotherapy techniques, efficacy, and implications. *American Journal of Psychotherapy*, 60(3), 233–259.

Leichsenring, F., Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: a meta-analysis. *Journal of the American Medical Association*, 300, 1551-1565.

Leonidaki, V., Lemma, A., & Hobbis, I. (2016). Clients' experiences of dynamic interpersonal psychotherapy (DIT): Opportunities and challenges for brief, manualised psychodynamic psychotherapy in the NHS. *Psychoanalytic Psychotherapy*, 30(1), 42– 61.

Levy K., Meehan K., Kelly K., Reynoso J., Weber M., Clarkin J., Kernberg O. (2006). Change in attachment patterns and reflective function in a randomised control trial of transference-focused psychotherapy for borderline personality disorder. *Journal of Consultant Clinical Psychology*, 74(6), 1027-1040.

Lilliengren, P., & Werbart, A. (2005). A model of therapeutic action grounded in the patients' view of curative and hindering factors in psychoanalytic psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 42(3), 324–339

Lombard, C. A. (2014). Coping with anxiety and rebuilding identity: A psychosynthesis approach to culture shock. *Counselling Psychology Quarterly*, 1-26.

Luborsky, L. (1976). Helping alliances in psychotherapy. In J. L. Cleghhorn (Ed.), *Successful psychotherapy* (chapter 2 and 3). New York: Brunner/Mazel.

Luborsky, L. (1984) *Principles of psychoanalytic psychotherapy. A manual for supportive expressive treatments*. New York: Basic Books

Luthar, S, and Becker, B. (2002). Privileged but pressured: a study of affluent youth. *Child Development,* 73, 1593–1610. https://doi.org/10.1111/1467-8624.00492

Luthar, S., and Latedresse, S. (2006). Children of the affluent: challenges to well-being. *Current Directions in Psychological Science*, 14, 49–53.

Mahler, M. (1963). Certain Aspects of the Separation-Individuation Phase. *Psychoanalytic Quarterly,* 32, 1-14.

Martin, A., Papworth, B., Ginns, P., & Liem, G. (2014). Boarding school, motivation and engagement, and psychological well-being: A large-scale investigation. *American Educational Research Journal,* 51(5), 1007-1049.

McManus S, Bebbington P, Jenkins R, Brugha T (eds.) (2016). *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey.* Leeds: NHS Digital.

McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. (2009). *Adult psychiatric morbidity in England, 2007: results of a household survey.* The NHS Information Centre for health and social care.

McPherson, S. & Hengartner, M. (2019). Long-term outcomes of trials in the National Institute for Health and Care Excellence depression guideline. British Journal of Psychology, 5, 81.

McPherson, S., (2018). Old wine in new bottles? On the new NICE guidelines for depression. *Clinical Psychology Forum*, 303, 9-12.

McPherson, S., Beresford, P. (2019). Semantics of patient choice: how the UK national guideline for depression silences patients. *Disability Society*; 34:491–7. https://doi.org/10.1080/09687599.2019.1589757.

McPherson, S., Rost, F., Town, J., & Abbas, A. (2018). Epistemological flaws in NICE review methodology and its impact on recommendations for Psychodynamic psychotherapies for complex and persistent depression. *Psychoanalytic Psychotherapy,* 32 (2), 102–121.

McPherson, S., Rost, F., Sidhu, S., Dennis, M. (2020). Non-strategic ignorance: considering the potential for a paradigm shift in evidence-based mental health. *Health*, 24(1), 3–20.

McPherson, S., Wicks, C., & Tercelli, I. (2020). Patient experiences of psychological therapy for depression: a qualitative meta-synthesis. *BMC Psychiatry,* 20, 313.

Merriman, C. & Beail, N. (2009). Service user views of long-term individual psychodynamic psychotherapy, *Advances in Mental Health and Learning Disabilities*, 3 (2), 42-47.

Milrod, B., Busch, F., Cooper, A., & Shapiro, T. (1997). *Manual for Panic-Focused Psychodynamic Psychotherapy.* Washington, DC: American Psychiatric Press.

Milton, J. (2007) British Psychoanalytic Council. *Making sense of psychotherapy and psychoanalysis.* https://www.bpc.org.uk/sites/psychoanalytic-council.org/files/Mind-opt.pdf https://psychoanalytic-council.org/about-psychotherapy.html

Modern Families UK Index (2009). *Bright Horizons Family Solutions.* LLC, London, UK. https://www.workingfamilies.org.uk/wp-content/uploads/2019/02/BH_MFI_Report_2019_Full-Report_Final.pdf

Music, G. (2016). *Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development.* Psychology Press, London.

Musselwhite, K., Cuff, L., McGregor, L., & King., K. (2006). The telephone interview is an effective method of data collection in clinical nursing research: A discussion paper. *International Journal of Nursing Studies,* 44, 1064-1070.

National Institute for Health and Care Excellence (2011). *Common mental health problems: identification and pathways to care, clinical guidance.* https://www.nice.org.uk/guidance/cg123/resources/common-mental-health-problems-identification-and-pathways-to-care-pdf-35109448223173

National Institute for Health and Care Excellence (2018). *Post-traumatic stress Disorder. Evidence reviews for psychological, psychosocial, and other non-pharmacological interventions for the prevention of PTSD in adults. NICE guideline NG116.* https://www.nice.org.uk/guidance/ng116/evidence/evidence-review-c-psychological-psychosocial-and-other-nonpharmacological-interventions-for-the-prevention-of-ptsd-in-adults-pdf-6602621007.

National Institute for Health and Care Excellence (2018b). *Depression the treatment and management of depression in adults. National clinical practice guideline 90. National collaborating centre for mental health commissioned by the national institute for health & clinical excellence.* https://www.nice.org.uk/guidance/cg90/evidence/full-guideline-pdf-4840934509

National Institute for Health and Care Excellence (2019). *Depression in children and young people: identification and management NICE guideline NG134.* https://www.nice.org.uk/guidance/ng134/resources/depression-in-children-and-young-people-identification-and-management-pdf-66141719350981

Newbold, A., Hardy, G. and Byng, R. (2013). Staff and patient experience of improving access to psychological therapy group interventions for anxiety and depression, *Journal of Mental Health*, 22 (5), 456-464.

NHS England (2016). *Five-year forward view for mental health*. London: NHS England. https://www.england.nhs.uk/wpcontent/%0Auploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf.

Nilsson, T (2007). Patients' experiences of change in cognitive behavioural therapy and psychodynamic therapy: a qualitative comparative study. *Psychotherapy Research,* 17(5): 553-566.

Palmer, J. (2006). Boarding School: A Place of Privilege or Sanctioned Persecution? *Self and Society,* 33 (5), 27-36.

Partridge, S. (2013). Boarding school syndrome: disguised attachment-deficit and dissociation reinforced by institutional neglect and abuse. *Attachment New Directions in Psychotherapy and Relational Psychoanalysis*, 7 (2), 310-312.

Pawson, R. (2006). Digging for nuggets: how' bad' research can yield' good' evidence. *International Journal of Sociology Research Methodology,* 9, 127–142.

Pechtel, P., & Pizzagalli, D. (2011). Effects of early life stress on cognitive and affective function: an integrated review of human literature. *Psychopharmacology,* 214, 55–70.

Pechtel, P., & Pizzagalli, D. (2011). Effects of early life stress on cognitive and affective function: An integrated review of human literature. *Psychopharmacology*, 214, 1–3.

Poulsen, S., Lunn, S., & Sandros, C. (2010). Client experience of psychodynamic psychotherapy for bulimia nervosa: An interview study. *Psychotherapy: Theory, Research, Practice, Training,* 47, 469 – 483.

Power, A. (2007). Discussion of trauma at the threshold: The impact of boarding school on attachment in young children. *Attachment: New Directions in Relational Psychoanalysis and Psychotherapy*, 1(3), 313-320.

Power, A. (2013). Early boarding: rich children in care, their adaptation to loss of attachment. *Attachment: New Directions in Relational Psychoanalysis and Psychotherapy,* 7(2), 186-201.
Priory Group (2019). *Mental Health Stress Treatment. Review of Healthcare.* https://www.priorygroup.com/mental-health/stress-treatment

Radford, L. Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., and Collishaw, S. (2011). Child abuse and neglect in the U.K. today. London: NSPCC. https://learning.nspcc.org.uk/media/1042/child-abuse-neglect-uk-today-research-report.pdf

Rholes, W., & Simpson, J. (2004). Attachment theory: Basic concepts and contemporary questions. In W.S. Rholes and J.A. Simpson (Eds.), *Adult Attachment: Theory, Research, and Clinical Implications*, pp. 3–14. New York, NY: Guilford Press.

Rodgers, B. (2002). An investigation into the client at the heart of therapy. *Counselling and Psychotherapy Research: Linking research with practice,* 2 (3), 185-193. DOI: 10.1080/14733140212331384815

Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment.* New York: Norton

Rowland, N., Bower, P., Mellor-Clark, J., Heywood, P. & Godfrey, C. (2001). Counselling for Depression in Primary Care. In *the Cochrane Library*. Update Software: Oxford.
Rutter, M., & Maughan, B. (1997) Retrospective reporting of childhood adversity: issues in assessing ling-term recall. *Journal of Personality Disorders*, 11, 19-33.

Schaverien, J. (2004). Boarding school: The trauma of the ''privileged'' child. *Journal of Analytical Psychology*, 49, 683–705.

Schaverien, J. (2011). Boarding school syndrome: Broken attachments a hidden trauma. *British Journal of Psychotherapy,* 27, 138–155.

Schaverien, J. (2011b). Lost for Words. *Therapy Today*, 22 (3), 18-21.

Schaverien, J. (2015). *Boarding school syndrome: The Psychological Trauma of the Privileged Child*. Hove, Routledge.

Seckl, J., Meaney, M., Ann, N. (2004). Glucocorticoid programming. *Academic Science,* 1032, 63–84.

Shapiro, D. A., Barkham, M., Rees, A., Hardy, G. A., Reynolds, S., & Startup, M. (1994). Effects of treatment duration and severity of depression on the effectiveness of cognitive-behavioural and psychodynamic-interpersonal psychotherapy. *Journal of Consulting and Clinical Psychology,* 62, 522–534.

Shean, G. (2014). Limitations of randomised control designs in psychotherapy research. *Advances in Psychiatry*, 12, 400-410.

Siegel, D. (1997). Memory, trauma, and psychotherapy. In B. S. Mark & J. A. Incorvaia (Eds.), The handbook of infant, child, and adolescent psychotherapy, Vol. 2. *New directions in integrative treatment* (p. 221–277).

Simpson, N. (2018). *Finding Our Way Home: Women's Accounts of Being Sent to Boarding School.* Routledge, New York

Solomon, Z. (1995). Oscillating between denial and recognition of PTSD: Why are lessons learned and forgotten? *Journal of Traumatic Stress,* 8(2), 271-82.

Spalletta, G., Janiri, D., Piras, F., & Sani, G. (Eds.). (2020). *Childhood Trauma in Mental Disorders: A Comprehensive Approach.* Springer Nature, Switzerland.

Steinberg, L. (1990). Interdependency in the family: Autonomy, conflict, and harmony in the parent–adolescent relationship. In S. S. Feldman & G. Elliott (Eds.), *At the threshold: The developing adolescent,* pp. 255–276. Cambridge, MA: Harvard University Press.

Stifter, C., Couleham, C., & Fish, M. (1993). Linking employment to attachment the mediating effects of maternal Separation anxiety and interactive behaviour. *Child Development,* 64, 1451-1560.

Talari, K., & Goyal, M. (2020) Retrospective studies- utility and caveats, Journal of Coll Physicians, 50: 398–402.

Tavecchio, L. & Van IJzendoorn, M. (1987). *Attachment in social networks: Contributions to the Bowlby-Ainsworth attachment theory.* Amsterdam: Elsevier Science.

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medicine Research Methodology*, 8, 45.

Thompson, R. (2008). In Cassidy, J., Shaver, P.R. (Eds.), (2008). *Handbook of Attachment: Theory, Research and Clinical Applications,* Chapter 16. Guilford Press, New York.

Timulak L; Buckroyd J; Klimas J; Creaner M; Wellsted D; Bunn F; Broadshaw S; Green G. (2013). Helpful and unhelpful aspects of eating disorders treatment involving psychological therapy: a meta-synthesis of qualitative research studies. *British Association for Counselling & Psychotherapy.* Retrieved from http://lenus.ie/hse/handle/10147/297632

Trimingham-Jack, C and Devereux, L. (2019). Memory objects and boarding school. *History of Education Review,* 48 (2).

Jack, C. (2020). *Recovering Boarding School Trauma Narratives: Christopher Robin Milne as a psychological companion on the journey to healing.* Abingdon and New York: Routledge

Van der Kolk, B. (2014). *The body keeps the score: Brain, Mind, and Body in the Healing of Trauma.* Penguin: New York

Von Below, C, Werbart, A and Rehnberg, S. (2010). Experiences of overcoming depression in young adults in psychoanalytic psychotherapy. *European Journal of Psychotherapy and Counselling,* 12: 123–140.

Vos, T. (2013). Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study. *The Lancet,* 386, 743-800.

Ward, K., Gott, M., & Hoare, K. (2015). Participants' views of telephone interviews within a grounded theory study. *Journal of Advanced Nursing,* 2275-2785.

Willig, C. (1999). Beyond appearances: A critical realist approach to social constructionism. In D. J. Nightingale & J. Cromby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. 37-51). Buckingham, UK: Open University Press.

Willig, C. (2008) *Introducing Qualitative Research in Psychology: Adventures in Theory and Method.* Maidenhead, England, Open University Press

Wilson, P. (1987). Psychoanalytic Therapy and the Young Adolescent. *The Bulletin of Anna Freud Centre,* 10, 51-79.

Winnicott, D. (1953). Transitional Objects and Transitional Phenomena—A Study of the First Not-Me Possession. *International Journal of Psychoanalysis,* 34, 89-97.

Winnicott, D. (1960). *Ego distortion in terms of true and false self, The Maturational Process, and the Facilitating Environment: Studies in the Theory of Emotional Development.* New York: International Universities Press, pp. 140–57.

Winnicott, D. (1963). *From Dependence towards Independence in the Development of the Individual.* London: Hogarth.

Winnicott, D.W. (1965). *The maturation process and the facilitating environment.* London: Hogarth.

Winnicott, D. (1986). Holding and Interpretation: Fragment of An Analysis. *The International Psycho-Analytical Library,* 115:1-194. London: The Hogarth Press and the Institute of Psychoanalysis.

Yalom, I. (2005). The theory and practice of group psychotherapy. New York: Basic Books.

Appendix A: Topic Guide

Introductions

- Discuss consent, confidentiality, and right to withdraw.
- Aims of the study.
- Length of the interview (60-90 min)
- Inform interviewee interview be recorded and switching on recording device.

Background Demographics:

- What type of psychotherapy did you/do you receive (i.e., Psychodynamic, narrative, systemic, counselling, IPT, CBT etc.)?
- How long were you in treatment?
- How many times a week?
- Gender
- Age
- What age did you start boarding school?
- How many years did you attend boarding school?
- What are your psychological difficulties or mental health issues?

Interview topics:

Topic 1: Experiences of Therapy

Prompts-

- Experiences if starting therapy I.e., anything difficult, helpful, surprising.
- Experiences of continuing therapy I.e., key moments, continuity, challenges
- Experiences of ending therapy.

Topic 2: Relation to boarding school.
Prompts-

- Experience of therapy in relation to attending boarding school.
- Psychological difficulties in relation to attending boarding school.
- Psychological difficulties that are in relation to attending boarding school impact on functioning
- Psychological difficulties that are in relation to attending boarding school impact on your relationships? I.e., children, siblings, partner, work colleagues

Topic 3: Changes in therapy
Prompts-

- Changes noticed since therapy started i.e., doing, feeling, or thinking differently from before. Ideas have you gotten from therapy, yourself, or other people. Noticed by participant, family, and friends. Changes in relationships, partner, Child relationships, behaviour, in the workplace
- Process of change in therapy
- Change for the worse

- Wants to change that has not since therapy started.
- Attributions: Causes of these various changes. Brought them about. i.e., outside of therapy and in therapy

Topic 4: Process of therapy- helpful aspects
Prompts-
- Helpful about your therapy so far. Please give examples. i.e., general aspects, specific events
- Recommendations this therapy to a friend with similar difficulties (i.e., relate their psychological difficulties as related to attending boarding school?)

Topic 5: Process of therapy- unhelpful aspects
Prompts-
- In Therapy hindering, unhelpful, negative, or disappointing aspects. i.e., general aspects, specific events
- In therapy difficult or painful but still OK or perhaps helpful. i.e., What were they?
- Missing elements treatment? I.e., what would make therapy more effective or helpful?
- Any suggestions, regarding the therapy

Topic 6: Expectations of therapy
Prompts-
- Expectations of therapy
- Compared to what received
- Evaluations of this

Topic 7: Therapeutic relationship
Prompts-
- Experience of the therapist? i.e., Connection, empathy, technique
- Methods therapist used.
- The relationship with the therapist

Topic 8: Ending
Prompts-
- Ending in therapy
- Anything else

Appendix B: Elliott Client Change Interview Schedule

Client Change Interview Schedule (9/99)

After each phase of treatment, clients are asked to come in for an hour-long semi-structured interview. The major topics of this interview are any changes you have noticed since therapy began, what you believe may have brought about these changes, and helpful and unhelpful aspects of the therapy. The main purpose of this interview is to allow you to tell us about the therapy and the research in your own words. This information will help us to understand better how the therapy works; it will also help us to improve the therapy. This interview is tape-recorded for later transcription. Please provide as much detail as possible.

2. General Questions:

1a. What medication on you currently on? (researcher records on form, including dose, how long, last adjustment, herbal remedies)

1b. Review Release of Recordings form

1c. What has therapy been like for you so far? How has it felt to be in therapy?

1d. How are you doing now in general?

2. Self-Description:

2a. How would you describe yourself? (If role , describe what kind of ____? If brief/general, can you give me an example? For more: How else would you describe yourself?)

2b. How would others who know you well describe you? (How else?)

2c. If you could change something about yourself, what would it be?

3. Changes:

3a. What changes, if any, have you noticed in yourself since therapy started? (For example, Are you doing, feeling, or thinking differently from the way you did before? What specific ideas, if any, have you gotten from therapy so far, including ideas about yourself or other people? Have any changes been brought to your attention by other people?) *[Interviewer: Jot changes down for later.]*

3b. Has anything changed for the worse for you since therapy started?

3c. Is there anything that you wanted to change that hasn't since since therapy started?

4. Change Ratings: (Go through each change and rate it on the following three three scales:)

4a. For each change, please rate how much you expected it vs. were surprised by it? (Use this rating scale:)

(1) Very much expected it
(2) Somewhat expected it
(3) Neither expected nor surprised by the change
(4) Somewhat surprised by it
(5) Very much surprised by it

4b. For each change, please rate how likely you think it would have been if you hadn't been in therapy? (Use this rating scale:)

(1) Very unlikely without therapy (clearly would not have happened)
(2) Somewhat unlikely without therapy (probably would not have happened)
(3) Neither likely nor unlikely (no way of telling)
(4) Somewhat likely without therapy (probably would have happened)
(5) Very likely without therapy (clearly would have happened anyway)

4c. How important or significant to you personally do you consider this change to be? (Use this rating scale:)

(1) Not at all important
(2) Slightly important
(3) Moderately important
(4) Very important
(5) Extremely important

5. Attributions: In general, what do you think has caused these various changes? In other words, what do you think might have brought them about? (Including things both outside of therapy and in therapy)

6. Helpful Aspects: Can you sum up what has been helpful about your therapy so far? Please give examples. (For example, general aspects, specific events)

7. Problematic Aspects:

7a. What kinds of things about the therapy have been hindering, unhelpful, negative or disappointing for you? (For example, general aspects. specific events)

7b. Were there things in the therapy which were difficult or painful but still OK or perhaps helpful? What were they?

7c. Has anything been missing from your treatment? (What would make/have made your therapy more effective or helpful?)

8. Suggestions. Do you have any suggestions for us, regarding the research or the therapy? Do you have anything else that you want to tell me?

Client Change Interview, p. 3

9. <u>Review Personal Questionnaire (PQ)</u>

<u>Instructions</u>: Compare pre-therapy (screening) and post-therapy to current PQ ratings with client, noting number of points changed for each problem. Tell client: We are trying to understand how clients use the PQ, and what their ratings mean.

9a. In general, do you think that your ratings mean the same thing now that they did before therapy? If not, how has their meaning changed? (Sometimes clients change how they use the PQ rating scale; did that happen for you?)

9b. Identify each problem that has changed 2+ points:

(1) Compare each PQ problem change (2+ points) to the <u>changes</u> listed earlier in the interview.

(2) <u>If</u> the PQ problem change is <u>not</u> covered on the change list, <u>ask</u>: **Do you want to add this change to the list that you gave me earlier?**

•If yes -> go back to question 5 and obtain change ratings for this change.

•If no -> go on:

(3) For each PQ problem change (2+ points), ask: **Tell me about this change: What do you think it means? Do you feel that this change in PQ ratings is accurate?**

<u>10. Review Pretherapy Self-description</u> (only if pre-treatment self-description has been obtained)

•Show client self-description summary from screening; ask:

•**How does this compare with how you see yourself now?** (What is similar? What is different? How do you understand these similarities and differences?)

Change Interview Outline (2008 Version, Abbreviated)

---

1. *General experience of therapy*. What has therapy been like for you (so far)?
2. *Changes*. What *changes*, if any, have you noticed in yourself since therapy started?
3. Change ratings. *Expectedness*, *likelihood without therapy*, and *importance* of each change (5 point rating scales).
4. *Attributions*. In general, what do you *attribute* these various changes to?
5. *Resources*: What *personal strengths* or aspects of your current *life situation* have helped you make use of therapy to deal with your problems?
6. *Limitations*: What things about *you* or your *life situation* have made it harder for you to use therapy to deal with your problems?
7. *Helpful aspects*. What have been the most *helpful* things about your therapy so far?
8. *Problematic aspects*. What kinds of things about the therapy have been *hindering*, unhelpful, negative or disappointing for you? Was there anything that was *difficult* or *missing* from your treatment?
9. *Research aspects*. What has been like for you to be involved in this research?

©R. Elliott, 2008

Appendix C: Additional questions examples added to Client Change Interview Schedule

Protocol Questions Related to the Domains of the Study

Perception of change	Did you perceive change due to your psychotherapeutic treatment? How do you think therapy affected your life? Were the reasons you sought therapy for addressed? What aspects of therapy helped you to change? Do you think the changes you mention could have been achieved without therapy? Is there something else you wish to tell me about change in your therapy? Was there something that did not change? What did your therapist do to that promoted or hindered change?
Reasons for consultation	What brought/lead you to therapy? Who? How did you choose your therapist? Where you looking for a particular type of therapist or therapy?
Therapeutic relationship	How would you describe your relationship with your therapist? In general, how would you describe your therapist? Did the relationship with the therapist change during therapy? How? What where the things you liked most about your therapist? Where there things you did not like about your therapist? Where there disagreements with your therapist? Did you have contact with your therapist between sessions?
Therapy termination	Whose idea was it to terminate therapy? What were the reasons behind this idea? How was the relationship with the therapist after therapy termination? Would you see this therapist again? What did you like the most about therapy? What did you dislike about therapy?

Appendix D: Information Flyer

Department of Clinical Psychology, University of Essex

Participants Needed for Research Study on for people who relate their psychological distress or mental health issues to attending boarding school.

Did you attend boarding school?
Have your boarding school experiences caused you distress?
Have you had therapy addressing this?

I am completing a study as part of my doctorate in Clinical Psychology, at the University of Essex

I am interested in talking to adults who have completed or in psychotherapy therapy treatment and who identify their psychological issues as related to attending boarding school, about their experience of psychotherapy.

Your experiences may help us to understand and improve psychotherapy practice and an understanding of psychological distress as a result of attending boarding school.

To take part and meet the following criteria:
Adult (18 years and above)
Experiencing or experienced psychological distress as a result of attending boarding school.
Completed psychotherapy treatment.

If you are you want to find out more about the study, then please contact me on:
X, Trainee Clinical Psychologist
Email: X@essex.ac.uk

What will it involve?
If you agree to participate, we will agree a convenient time and location (i.e., library) or phone call or skype for me to interview you for 60-90 minutes. You are free to stop the interview and withdraw at any time.
The interview will consist of questions about your experience of psychotherapy and boarding school.
A code will be attached to your data, so it remains anonymous.
The analysis of our interview will be written up in a report for my doctoral thesis and peer review journal. Any identifiable information will be anonymised in the write-up.
If you are interested in taking part, contact me on the email above. I can answer any questions you may have.

Appendix E: Research Information Sheet

School of Health and Social Care
University of Essex
Colchester
Essex
C043SQ
01206 873910

Title of Study: Patients' experiences of psychotherapy that have psychological distress as a result of attending boarding school.

Name of Researcher: X

Dear participant,

I, X, am currently carrying out a piece of research entitled, Patients' experiences of psychotherapy that have psychological distress as a result of attending boarding school under the supervision of Dr Susan McPherson.

We are investigating how adults who experience psychological distress related to attending boarding school experience psychotherapy. The study is part of my Doctorate in the Department of Health and Social Care at the University of Essex.

This information sheet provides you with information about the study and your rights as a participant.

What does taking part in the research involve?

The interview will consist of questions about the experience of psychotherapy. If you agree to participate, you will agree on a convenient time slot at a public library or phone call or skype for me to interview you for 60-90 minutes. The interview will be recorded.

Do I have to take part?
Naturally, there is no obligation to take part in the study. It is entirely up to you. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to participate in the study and then change your mind in the future, you can withdraw at any point, you are free to stop the interview, or withdraw even after the data has been collected.

Will my taking part in this study be kept confidential?

Your data will be kept be anonymous by a code will be attached to your data and will be stored in a locked cupboard, with only the researcher has access to, so it remains totally anonymous.

The analysis of your participation in this study will be written up in a report of the study for my Doctorate. Any identifiable information will be anonymised in the write-up.

What happens if something goes wrong?
If you are harmed by taking part in this research project, there are no special compensation arrangements. Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been treated during the course of this study then you should immediately inform the student and/or their supervisor (details below). If you are not satisfied with the response, you may contact the Essex Business School Research Ethics Officer, Dr Danielle Tucker (X@essex.ac.uk), who will advise you further.

We would be very grateful for your participation in this study. If you need to contact us in future, please contact me on my email (X@essex.ac.uk) or Dr Susan McPherson (X@essex.ac.uk). You can also contact us in writing at: EBS, University of Essex, Colchester CO4 3SQ.

You are welcome to ask questions at any point.

Yours,

X, Trainee Clinical Psychologist

Appendix F: Participant Consent Form

School of Health and Social Care
University of Essex
Colchester
Essex
C043SQ
01206 873910

Title of Project: Patients' experiences of psychotherapy that have psychological distress as a result of attending boarding school.

Name of Researcher: X

Participant Identification Number for this trial:

I confirm that I have read the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time. without giving any reason.

I understand that the content of the interview will be kept confidential.

I agree to take part in the above study.

________________	________________	________________
Name of Participant	Date	Signature
________________	________________	________________
Name of Researcher	Date	Signature

Appendix G: Agency Support Organisation Contacts

General emotional support:
Samaritans
Helpline: 08457 90 90 90 or 116 123
Email: jo@samaritins.org
Website: www.samaritans.org

CALM is the Campaign Against Living Miserably, for men aged 15 to 35.
Phone: 0800 58 58 58 (daily, 5pm to midnight)
Website: www.thecalmzone.net

Men's Health Forum
24/7 stress support for men by text, chat, and email.
Website: www.menshealthforum.org.uk

Mental health charity:
Mind
Helpline: 0300 123 3393
Text: 86463
Email: info@mind.org
Website: www.mind.org.uk

Anxiety UK
Charity providing support if you have been diagnosed with an anxiety condition.
Phone: 03444 775 774 (Monday to Friday, 9.30 am to 5.30 pm)
Website: www.anxietyuk.org.uk

Relationships:
Relate
The UK's largest provider of relationship support.
Website: www.relate.org.uk

Parenting:
Family Lives
Advice on all aspects of parenting
Phone: 0808 800 2222, Website: www.familylives.org.uk

Seeking therapy:
BACP https://www.bacp.co.uk/about-therapy/how-to-get-therapy/
Counselling directory https://www.counselling-directory.org.uk/

Abuse:
The survivors trust.
Directory for support services for those who have experienced rape or sexual abuse.
http://thesurvivorstrust.org/

Survivors UK
Counselling and online chat by trained professionals who as specialise in male sexual violence.
Call: 02035983898, email: help@survivorsuk.org,website: https://www.survivorsuk.org

Appendix H: Data Analysis Excel Extract from the Thematic Analysis

Participant	Line number	Interview	Code	Subtheme	Theme	Notes
participant 5	1616	Interviewer: How did your experience in therapy relate to attending boarding school?				
participant 5	1617	Participant: Ok, so again going to boarding school at five has had a humungous impact on my life, including my marriage, which broke down	Relationship breakdown impact of BS	impact of bs on relationships	Relationships	
participant 5	1618	And I feel really upset and really cross, in a way	Relationship breakdown impact of BS	impact of bs on relationships	Relationships	
participant 5	1619	Because had my ordinary doctor, who was a boarding school survivor, who probably didn't acknowledge the trauma of it, I don't know	Trauma of Bs not achnowledged	specialist therapist needed	Intervention	
participant 5	1620	And had x and the marriage guidance, private counsellor I went to, if they had asked both of us about our childhoods, my husband was not a boarding school survivor but his mother had suffered from depression and been in bed for days	Trauma of Bs not achnowledged	specialist therapist needed	Intervention	
participant 5	1621	So we still had our childhood dysfunctional behaviour coming into our marriage	Trauma of Bs not achnowledged	specialist therapist needed	Intervention	
participant 5	1622	So I feel really cross about that	Trauma of Bs not achnowledged	specialist therapist needed	Intervention	
participant 5	1623	These things need to be dealt with early on, because my childhood, boarding at five, you know I would casually talk about going to boarding school, but nobody ever, ever asked me about it	Trauma of Bs not achnowledged	specialist therapist needed	Intervention	
participant 5	1624	And my marriage maybe could have survived and we could have all been a lot happier	Trauma of Bs not achnowledged, Impact on relationships	specialist therapist needed	Intervention	
participant 5	1625	So I feel really strongly about that	Trauma of Bs not achnowledged, Impact on relationships	specialist therapist needed	Intervention	
participant 5	1627	Because I went to the two x workshops, I did those in 2011	Group therapy related to BS	group therapy	Intervention	
participant 5	1628	And that was probably the first time I had been around over, just boarding school survivors	Group therapy related to BS, similar peers	group therapy	Intervention	
participant 5	1629	And that came out of a weekend I went to on art and anger, which was led by X, who was an art therapist	Art Therapy	alternative therapy	Intervention	

All | Theme 5 Intervention All | 5.1 Groups & Online Forums | 5.2 Alternative therapies | 5.3 Specialised Therapist

Appendix I: Ethics Approval from the University of Essex Ethics Committee

University of Essex ERAMS

22/07/2019

Miss Mairi Emerson-Smith

Health and Social Care

University of Essex

Dear Mairi,

Ethics Committee Decision

I am writing to advise you that your research proposal entitled "Patients' experiences of psychotherapy that have psychological distress as a result of attending boarding school" has been reviewed by COMMITTEE.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

Frances Blumenfeld

Ethics ETH1819-0253: Miss Mairi Emerson-Smith

This email was sent by the University of Essex Ethics Review Application and Management System (ERAMS).