

Exploring the impact of attending boarding school on adult well-being, mental health and relationships.

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**A thesis submitted to the department of Health and Social Care at the
University of Essex.**

**In partial fulfilment of the requirements of the Doctorate in Clinical
Psychology.**

April 2021

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

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Abstract

This thesis investigates the differences between individuals who attended boarding school at under 12 years, compared to those who were 12 years and older, in their adult mental health, well-being and relationships. Approximately 73,000 students attend boarding school each year in the UK. The impact of sending children to boarding school has recently been highlighted as potentially damaging - through the media, novels, personal accounts and academic research. 'Boarding school syndrome' refers to a range of 'symptoms' proposed to arise in the mental health, well-being and relationships of those who attended boarding school. This 'syndrome' has never been empirically investigated and questions remain about whether boarding school has an impact at all. Furthermore, there are speculations about the impact of boarding school and the age the boarder was when they were first sent to boarding school. This research compares ex-boarding school students to see if differences exist between those who attended boarding school at a younger age, compared to those who attended at an older age, in their mental health, well-being and relationships in adulthood. A mixed methods research design is used. Quantitative measures investigate differences in mental health, well-being and relationships between older and younger ex-boarders. Qualitative interviews explore individual accounts of boarding school and any differences based on the age of the ex-boarder when they first attended boarding school. Overall, quantitative results indicate that females who attended boarding school at under twelve years have significantly more anxiety in adulthood, compared to males, and to those who attended at aged twelve years and older. Younger ex-boarders also consistently scored poorer on measures of mental health, well-being and relationships compared to older ex-boarders. Interviews afforded rich and thorough description of boarding school, and its impact in adulthood.

Key words: Boarding School, Mental Health, Well-being, Relationships, Adulthood, Resilience,

To: My husband, Ralph. Thank you for everything.

Acknowledgements

First and foremost, I would like to thank my research supervisors Professor Penny Cavenagh and Professor Susan McPherson. Alongside being a fantastic source of knowledge and information, they have been an endless source of support and for that I am very grateful.

Secondly, I would like to extend my gratitude and appreciate to everyone who took part in the study, especially those who give their time and were willing to share deeply personal and intimate accounts of their experiences at boarding school. This thesis would not have been possible without your help.

I would like to thank the staff at the University of Essex, especially those working in the Department of Health and Social Care, as well as those working in the field of clinical research and research in Clinical Psychology and all staff on the DClinPsych Doctorate course, who work tirelessly to help trainees to qualify.

I would like to acknowledge my placement supervisors and staff who supported me through the doctorate, and the NHS itself for the opportunity to have placements, to gain experience and funding the taught doctorate, as without its financial and educational support I would not be here today.

Lastly, I would like to thank my family who have encouraged me throughout this journey and who have always encouraged me to follow my heart. I especially want to thank my two-year-old daughter, Lily, who has had a bit less time with her mum over the past three years but didn't give out (well, too much!).

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Chapter 1

Introduction

1.1 Background to research

There are approximately 470 private boarding schools in the United Kingdom (Independent Schools Council, 2019) with nearly 73,000 UK students attending boarding school annually (Independent Schools Council, 2019). There are also state funded specialist boarding schools for children with special needs that cannot be met locally, but those units are not the subject of this thesis.

A number of researchers, academics, boarders, ex-boarders and clinicians in the field have written about the negative effects of boarding school (Duffell, 2000, 2012; Partridge, 2007, 2012; Schaverien, 2004, 2011; Standish, 2011). Schaverien (2011) was the first to classify a set of symptoms and behaviours she entitled “boarding school syndrome”: a pattern of symptoms in adults attributed to attending boarding school. She suggested that children sent away to boarding school suffer the loss of their primary attachment figures, which for many constitutes a major traumatic event.

Schaverien (2011) also suggested that sending children to boarding school at a younger age was potentially more damaging to the adult ex-boarder as it breaks the attachment bond between parent and child at a very early stage, that the child is too young to adjust to this rupture and unable to adapt to a new life in an institution, which then causes increased psychological damage compared to those who may be older, such as those sent to boarding school when in their teenage years. She proposed that those who attend boarding school from an older age may be better able to cope as they have had the opportunity to develop stronger bonds with parental figures. From her therapy work however, she observed that the reverse may also be true - that those who attended at an older age may be more vulnerable to the

sudden rupture in family life, and “adaptation to the alien environment may present similar problems for them as for those who have already suffered maternal deprivation, but possibly intensified” (Schaverien, 2011 p3). This thesis looks at differences which may exist in those who started attending boarding school at a young age -from young childhood to pre-teenage years, compared to those who attended at a later age – in their teenage years.

Schaverien discussed how the trauma of ruptured attachments may be followed by other traumatic experiences such as emotional deprivation, bullying and physical or sexual abuse. The child continues to feel traumatised and new attachment figures become unsafe. She proposed that in order to cope with these events, the child may acquire a defensive and protective encapsulation of the self, hiding their emotions and vulnerability. The needs of the afflicted child remain active, but unconscious, into adulthood. They may be hidden by an armoured, and very often socially successful, persona. This armoured persona is said to distort mood, relationships, cause distress and remain from childhood through life. She suggested that the ex-boarder may present with a generalised sense of depression, difficulties in relationships, problems with intimacy, and marital or work-related problems, while appearing socially competent. She considered that some individuals with this pattern may gradually become aware of its origins as they mature.

Other researches and academics in the field (Barton, Thommasen, Tallio, Zhang & Michalos, 2005) propose that the past experiences of some ex-boarders impacts not only them but their families and communities too, in a form of ‘intergenerational trauma’ - a type of post-traumatic stress disorder passed from the ex-boarder to their children and even grandchildren as a result of the difficult experiences they had at boarding school. Contrary to this, Elias et al (2012) wrote that not all ex-boarders suffer lasting trauma, and some manage well. Hirshberg (2008) found that ex-boarders reported positive and negative impressions of residential school, just as ex-day school students have. Besides this, current supporters of boarding

school claim that the sector has changed, with greater attention to students' emotional and psychological needs, better facilities and resources, more counselling services and pastoral care and that there has been an increase in staff training on the needs of the boarding school student (Anderson, 2005; Hawkes, 2010). For example, staff are trained in occupational health and safety requirements, mental and physical health, and engage in continued professional development focused on the requirements of boarding school staff (Anderson, 2005; Hawkes, 2010). There has also been increased training in the philosophy of boarding school care, meeting boarder's pastoral needs, safety procedures and staff reflective practice, allowing boarding school staff to look more closely at and reflect on their own practice (Hawkes, 2010). Furthermore, the involvement of the wider family in the boarding school student's lives has increased (Greene & Greene, 2006). Standards and guidelines for boarding schools are updated regularly (Department of Education, 2011) and these standards and guidelines have been driven forward from the Boarding Schools Association (BSA) own standards (BSA, 2019). These standards arrange safeguarding and promote the welfare of boarding school students. They provide a minimum standard for each school which none is expected to fall below. These are part of the national school standards and subject to Ofsted inspection, or by the Independent School's Inspectorate (BSA, 2019). An investigation into the effects of boarding school could have important implications for boarding schools, the boarding school student and their families, as well as the boarding school's public policies and guidelines.

1.2 Background to boarding school in the UK

Popular fiction is replete with books, movies and characters of boarding schools from Nicholas Nickleby (Dickens, 1838) to Billy Bunter (Hamilton, 1908) to Harry Potter (Rowling, 1997). Rowling portrayed Hogwarts as an improvement on home life, a sanctuary with friends and educational opportunities otherwise unavailable. In contrast Nicholas Nickleby (Dickens 1838, p40) described Dotheboys Hall as a dumping ground, run by “brutal men, to whom few considerate persons would have entrusted the board and lodging of a horse or a dog.”

Boarding schools began in the UK in religious institutions in the middle ages. Students were sent to these institutions to learn to serve as priests in their communities. These school were originally intended for the poor (Kashti, 1988). Around the 12th century, fee paying schools were established, initially open to all classes. Over the years however, fee paying students over-took the poorer students. Then began a move away from training children for religious work which was increasingly seen as ineffectual, and toward training of the upper classes which included emphasises on traditionalism, conservatism and advancing to positions of leadership in business or the military, rather than in the church. (Kashti, 1988).

At the same time there were more institutions established to house the poor and lower classes. These were originally established for orphans. By the 19th century there was a very clear difference in the boarding schools for one sector of society, and institutions to house the poor and less fortunate in another (Kashti, 1988). This crystalised the boarding school as an institution for the upper classes. As Britain’s industrial revolution raised its wealth and allowed newly rich middle classes to rise to the wealth of upper classes, more integration began and one of the main places this integration was seen was in boarding schools. The schools accrued large numbers and remained under pressure to retain high academic and

social standards. They enforced strict rules, discipline, a strong bond between church and school and the introduction of senior prefects to monitor the behaviours of new and junior boarders. There was a greater influence on developing fitness, physical tolerance and discipline. One student wrote at the time of how the boarding schools “epitomised the faith in bad British food, plenty of Latin and beatings from an early age. There was no fresh fruit, no toilets with doors, no restraint on bullying and no escape”. (Macintyre, 2008).

Despite the increased strictness there was no increase in academic or educational requirements, and students became increasingly dissatisfied with the physical conditions, the lack of teachers, the continued beatings and the poor quality of life. Students became vocal and began to protest about the conditions through riots at schools and refusals to obey (Kashti, 1988). It was only in the 21st century that an increased emphasis on schools’ obligation to look out for and care for young peoples’ physical, mental, emotional and psychological needs emerged.

1.3 Modern times and boarding schools in the UK

UK government policy documents such as Every Child Matters (Department of Education, 2003) gave schools responsibility for ensuring that each child’s mental and physical health needs were attended to. ‘Social and Emotional Aspects of Learning in Schools (SEAL; Department of Education, 2005) recommended that schools and their teachers were thoroughly involved in developing young people’s well-being and good mental health. As a result, the problems within boarding schools were increasingly recognised. Support for boarders and ex-boarders were established such as “boarding concern” and “boarding school survivor’s” workshops. The term “boarding school syndrome” emerged which gave a name to the traumatic experiences spoken about at boarding school, and their suspected life-long impact. ‘Symptoms’ of ‘boarding school syndrome’ include depression, anxiety, low self-

esteem, drug and alcohol misuse and relationship difficulties and a need to control (Underhill, 2015). The term “boarding school syndrome” is not a medically recognised term and is not categorised in the DSM-5. However, the emergence of the term “boarding school syndrome” coincided with wider changes in how society began to view mental health generally. One of these changes was in how society conceptualises, diagnosis and treats mental health difficulties - the rates of children and adults diagnosed with a disabling mental health difficulty tripled in the past three decades (Whiteker, 2010). The most recent edition of the DSM (DSM-5) added 15 new diagnosis, bringing the total of recognised diagnosable mental health disorders to 312 (The American Psychiatric Association, 2010). The original DSM had 106 disorders. A report by the National Institute of Mental Health (NIMH, 2011) found that between 2001-2003, 46% of adults in the UK and USA surveyed met the DSM criteria for a least one mental illness at some point in their lives. While this can be beneficial for many who now have a diagnosis, which describes the difficulties and distress they experienced and continue to experience into adulthood, others began to ask if diagnosis is always beneficial. For example, Wakefield (2007) asked - what do we mean when we say intense sadness, intense shyness or worry? Is that not a normal, but painful, human reaction to difficulty, rather than a psychiatric disorder? Do we need to conceptualise all these life issues as an illness in order to receive treatment? Diagnosis for those who experienced traumatic events at boarding school could be helpful on one hand as the ex-boarders would have a name for their experiences and may have better access to treatment. On the other hand, it also implies that something is wrong with the person which can and should be fixed.

1.4 Why are children sent to boarding school in the UK?

For the majority of students, going to a boarding school is a choice (Cookson & Persell, 1985). For a small proportion of students, it is a necessity, due to lack of resources or living in remote areas (Papworth, 2014). Some families believe that boarding schools offer a more structured academic environment (Lawrence, 2005). For others, boarding is a family tradition, often at a specific school. It may also have become a means of reinforcing social status (Cookson & Persell, 1985; Cree, 2000). Other reasons children are sent away to boarding school include family circumstances such as a parent working overseas or long hours, divorced, separated, single or deceased parents, or children from metropolitan areas whose parents have busy working lives (Papworth, 2014). Students living locally may choose to board so they can focus on particular extracurricular programs: e.g. elite sports or performance (Lawrence, 2005). Boarding school might suit armed service families - many families with a parent in the armed forces are very mobile, and therefore their children would need to change schools regularly according to their parent's placement. As this could be very disruptive to the children, the UK Ministry of Defence offers help towards the cost of boarding, so that the family can move together but the children remain at the same school to continue their education (Hutchinson, 2020).

When surveyed, parents gave a wide range of reasons for sending their child to boarding school, including "dissatisfaction with local schools", "to increase later job opportunities", "the moral standard of the school", and "high standards of student behaviour" (Baker & Andrews, 1991, p. 23). An extensive study by Lawrence (2005) looked at the key factors' parents considered when choosing a school. They believed that boarding schools provided a more structured, stable learning environment, and a higher academic standard (despite the fact that parents did not believe that students actually performed better academically). Often is it not an easy decision; parents must consider the advantages and disadvantages of being

separated from their children for long periods at a time. While the child's views on boarding are important, parents ultimately make the decision.

1.5 Focused systematic literature review

This thesis reviewed extant literature into the effects of boarding school. The search focused on research investigating the boarder's experiences of boarding school as well as any effects on their mental health, well-being or relationships. The review also looked at the impact of resilience, and if boarders spoke of resilience as a factor in their experiences. A PRISMA (Moher, Liberati, Tetzlaff & Altman, 2009) format of search criteria was used across 2 databases, identifying 489 papers. After reviewing papers and applying inclusion and exclusion criteria, 8 papers remained.

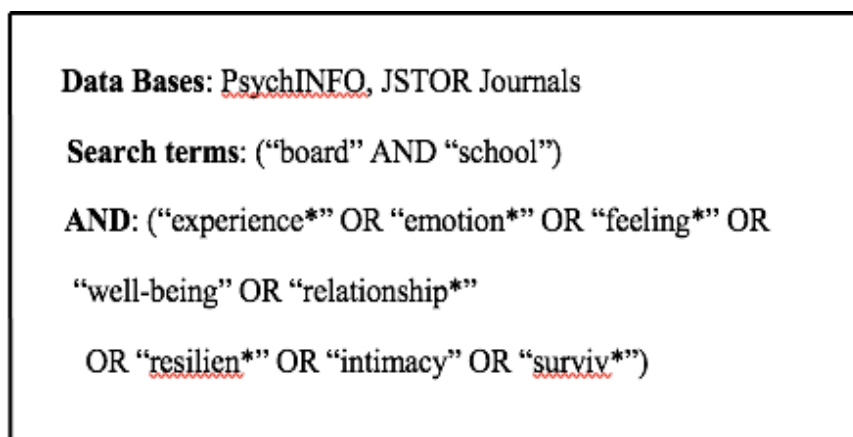
The aim of the systematic review was to explore in detail the evidence around ex-boarder's experiences of attending boarding school and any effects on mental health, well-being and relationships. The reviewed search included current and ex-boarder's experiences due to the sparsity of research into the effects of boarding school on ex-boarders alone. The specific questions asked were:

1. What are people's experiences' of attending boarding school?
2. What is the impact of attending boarding school on mental health, well-being and relationships?
3. What is the role of resilience in the boarder's experiences?

1.5.1 The review strategy

To identify relevant papers, PsychINFO and Jstor Journals databases were searched independently. Electronic searches were completed on 21/01/2021 for articles before this date - date of publication of papers was not used as a search limiter as the impact of attending boarding school has been an issue worth researching for decades. Search terms were generated independently, and advice was sought from research supervisors and academics with experience and knowledge of the area. The references of papers returned from the search were screened to ensure all relevant papers were captured.

Fig. 1



Data Bases: PsychINFO, JSTOR Journals
Search terms: ("board" AND "school")
AND: ("experience*" OR "emotion*" OR "feeling*" OR
"well-being" OR "relationship*" OR "resilien*" OR "intimacy" OR "surviv*")

1.5.2 Inclusion and exclusion criteria

Papers included were from peer review journals, written in English and based on human subjects. All papers had a theme of attending boarding school - either at the time the research was conducted, or in the past. Papers investigating the impact of boarding school on students outside of the UK population were also considered, given the sparsity of papers based on the UK population alone. Papers identified for analysis must have discussed the experiences on

well-being, mental health or relationships on those who attended boarding school.

Qualitative, quantitative, mixed methods and systematic review papers were included.

Papers not describing the impact or experiences of attending boarding school on mental health, well-being or relationships were excluded. Papers covering specialist schools for behavioural difficulties, for moderate to severe learning difficulties or an autistic spectrum disorder were excluded. These exclusion criteria were used in order to focus on individuals from the general population. Non peer-reviewed journals and non-fictional first-hand accounts of people's experiences of boarding school were also excluded. Individuals involved in these accounts were not selected in a systematic way and there was a risk of bias. They often had no strategic method of analysis or interpretation and were raw, unsynthesised first person accounts. Any psychometric measures used needed to show strong reliability and validity, indicated through strong internal consistency, with alpha levels between .70 and .92.

1.5.3. Study Synthesis

Data from the selected papers was extracted and categorised using considerations from the CASP (Critical Appraisal Skills Programme, CASP, 2017) for evaluating research. Data was entered according to author, originating country, sample type, methodology, design, aim and limitations. (Table 1). For quantitative papers: measures used, outcome variable, procedure and results were all considered (Table 2.). Qualitative papers (Table 3) and systematic reviews (Table 4) were analysed according to method of analysis, discussion of experiences of boarding school and findings in terms of mental-health, well-being, relationship and resilience.

Table 1. 1
All Papers

Author (yr)	Country	Methodology	Sample	Aims	Limitations
Chen et al (2020)	China	Quantitative	7606 grade 4th & 5th grade students (10-11 yrs) Br* and NBr*	To explore the impact of Br* on mental and physical health	Cross sectional study Self-report measures Very specific sample population
Tang et al (2020)	China	Quantitative	20,595 4th & 5th grade students (10-11 yrs) Br and NBr	To explore the effects of Br on mental health	Self-report Very specific sample population Boarding only counted as 1 academic year
Hen et al (2019)	China	Quantitative	493 grade 7-9 yr students (13-16 years old). Br vs NBr	To investigate the relationship between Emotional Intelligence, social support and resilience	Self-report Cross sectional Very specific sample type Measure of social support didn't include teachers
Wilk et al (2017)	Canada	Systematic Review	43 studies reviewed	Review literature on mental health and emotional well-being in BS*	Very specific sample type of Metis and Inuit Indigenous Canadian population
Mander & Lester (2017)	Australia	Quantitative, Longitudinal	Data from SSP* project of 78 Br and 1,636 NBr students grades 7 through to grade 9 (aged 12 until 14)	To examined indicators of mental health strength and difficulties in Br vs NBr when transitioning to BS*	Self-report Very specific sample population 21 schools, only 4 were boarding schools.
Wahab et al (2013)	Malaysia	Quantitative	350 Br students – mean age 16yrs	To examine stressors in Bs and their prevalence with stress, anxiety and depression	Cross sectional Very specific population sampled Self report
Kaya (2007)	Turkey	Quantitative	391 BS students	To investigate the role of self-esteem, hope and external factors in predicting resilience in boarding school students.	Self-report measures
Schaverine (2004)	UK	Qualitative	Convenience sample of ex-boarding school students who attended psychotherapy.	To investigate the existence of 'boarding school syndrome' in adult ex-boarders.	Self-report of symptoms Sample taken from those who attended psycho-therapy with Schaverien.

*MHT Mental Health test (Kiyoshi et al, 1999) *Br – Boarder *Non-Br - Non-Boarder *
TEIQue-asf – Trait Emotional Intelligence Questionnaire – adolescent short form (Petrides et al, 2016)
*MSPSS – Multi-dimensional Scale of Perceived Social Support (Zimet et al, 1988) *RSCA – Resilience Scale for Chinese Adolescents (Hu & Gan, 2008) *SSP - Supportive Schools Project *DASS Depression Anxiety Stress Scale (Ramli *et al.*, 2007) *SDQ Strengths and Difficulties Questionnaire (goodman, 1997) *SSSM Soalselidik Stressor Sekolah Menengah (Muhamad, 2011) *BS Boarding School *RYDM The Resilience and youth development measure (Gizir, 2004) *RSES Rosenburgh self-esteem scale (Rosenberg, 1965) *CHS The children hope scale (Snyder et al., 1997).

Table 1.2

Quantitative measures

Author	Measures	Outcome Variable	Procedure	Results
Chen et al (2020)	MHT*	Learning anxiety Anxiety about people Loneliness Self-blame Allergic tendency Physical symptoms Horror tendency Impulsiveness	Questionnaires given to 7606 4 th and 5 th grade students across 74 BS and NBS* schools in rural areas of northwest China	BS had a significant detrimental effect on mental health (0.445 SD on MHT), and more so in boys in anxiety levels if they were from an advantaged background (0.754 SD on MHT)
Tang et al (2020)	MHT*	Learning anxiety Anxiety about people Loneliness Self-blame Allergic tendency Physical symptoms Horror tendency Impulsiveness	Used panel data of 20,595 4 th & 5 th grade students analysed using PSM* and DID* scoring of the MHT.	No significant difference between control NBr and Br in mental health. Significant difference between 4 th graders and 5 th graders in mental health, learning anxiety and anxiety about people
Chen et al (2019)	TEIQue-asf* MSPSS* RSCA*	Emotional Intelligence Social support Resilience	493 Br and NBr aged 13-16 years from 5 middle schools (grades 7-9)	For students with lower perceived social support, BS was a better choice if they had higher EI
Mander & Lester (2017)	DASS* SDQ*	Depression Anxiety Stress Emotional symptoms Hyperactivity Pro-social behaviour	Questionnaires given to Br (N=78) and NBr (N=1636) at 4 different time points – end of grade 7 (aged 12 yrs, before transitioning to BS) beginning of grade 8 (once transitioned), end of grade 8 and beginning of grade 9 (14 yrs).	Br had significantly higher levels of anxiety, stress and emotional symptoms compared to NBr.
Wahab et al (2013)	DASS* SSSM*	Depression Anxiety Stress Stressors – academic, interpersonal, teacher, learning & social stressors	Questionnaires given to 350 students in 1 urban boarding school in Malaysia, in form 3, 4 and 5 (mean age 16 yrs)	Interpersonal stressors and learning stressors were significantly more likely to cause depressive symptoms and stress. The interpersonal related stressor was sig. more likely to cause anxiety
Kaya (2007)	RYDM* RSES* CHS*	Internal factors of resilience, self-esteem, hope. External factors of home caring relationships, high expectations, meaningful participation, community, school & peer and school connectedness	Questionnaires given to 391 grade 6,7 & 8 Br	Hope and external factors (home caring relationships, meaningful participation) were important predictors of resilience. Males had 5 protective factors predicting resilience were females had 3.

*PSM – propensity score matching *DID – Difference in difference

Table 1.3
Qualitative measure

Author	Method	Findings
Schaverien (2004)	Explored client's experiences of including its's psychological impact using a psychodynamic perspective	Boarding school for many was seen as leading to long term trauma for the child which has remained present in the adult ex-boarder, unresolved and causing continued distress, most notably in the adult ex-boarder's close personal relationships.

Table 1.4
Systematic reviews

Author	Method	Findings
Wilk et al (2017)	Systematic Review of 43 Canadian studies into the mental health and well-being of boarding school students	Personal or inter-generational boarding school attendance was related to mental health issues including mental distress, substance misuse, addictive behaviours, stress, PTSD, depression, and suicidality. Authors suggesting using the term "residential school syndrome".

Summary of Table 1. 1

Table 1.1 gives an overview of all 8 papers reviewed including six quantitative papers, one qualitative paper and one systematic review. The table gives a breakdown of each paper according to the author of paper, country of origin, methodology used, sample, aims of the paper and limitations. Two quantitative studies were based in China, and both explored the impact on mental health of boarding school students compared to non-boarding school students. Both looked at 4th and 5th grade students (equivalent to UK age 9 and 10). Both papers used the Mental Health Test (MHT) which examines mental health on eight areas

(leaning anxiety, social anxiety, loneliness, self-blame, sensitivity, physical anxiety symptoms, fear and impulsiveness). The MHT was adapted to fit the Chinese population and reported a reliability of 0.84 and a test re-test reliability of 0.78 (Chen et al, 2020). The main limitations included a specific Chinese population of students aged 9 or 10 only, both were cross sectional studies and results were from self-reports. A longitudinal study which discussed not just the differences in terms of symptoms, but how these symptoms came about would have been more informative.

Similarly, Hen (2019) looked at a Chinese population, investigating the relationships between emotional intelligence in boarders compared to non-boarders. This again was a quantitative study using self-report measures to examine any relationships between emotional intelligence and other factors including resilience and social support. The investigation was also specific to students in China aged 13-16 years only and examined if there were differences between boarding and non-boarders, and not how these differences might have occurred. Wilk et al (2017) undertook a systematic review of the literature on mental health and well-being in boarding school students. This included an examination of physical health outcomes in boarding school students. Limitations included a very specific population of Inuit and Metis indigenous Canadian boarding school students. Mander and Lester (2017) longitudinal quantitative analysis used data from a larger schools' project to look at indicators of mental health strengths and difficulties in boarders compared to non-boarders when transitioning to a new school. Only four, of the twenty schools included were boarding schools and students ages were twelve-to-fourteen years only, as this was the age students in Australia transition from primary to secondary school. Wahab et al (2013) cross-sectional study examined stress amongst boarding school students, and the prevalence of stress with levels of anxiety and depression. The population was limited to three hundred and fifty boarding school students only, with a mean age of sixteen years. Again, no examination of how boarding school

impacted levels of stress, anxiety or depression was given. Kaya (2007) quantitative paper examined resilience in approximately four hundred Turkish boarding school students using self-report measures. There was no control group used to compare results. Schaverien (2004) paper was the only one based in the UK. Schaverien used a convenience sample of participants who attended therapy with her. This is the only paper which not only looked at if difficulties arose in the mental health and relationships of ex-boarders, but how these were attributed to attending having attended a boarding school as well as the impact in adulthood. Limitations included researcher bias as the author was the therapist and researcher, as well as a small sample size.

Summary of tables 1.2, 1.3 and 1.4.

Tables 1.2 - 1.4 provide information on all papers reviewed in this analysis according to the methodology used. Table 2 gives a breakdown of quantitative papers reviewed and includes outcome measures used, procedures undertaken and results of studies. These are discussed further in the synthesised review below. Table 1.3 gives details of Schaverien's (2004) qualitative study. This was the only UK study found. It's methodology and findings are given and discussed further in the synthesis of the review below. Table 1.4 details Wilk et al (2017) systematic review of 43 research papers. The review included research specific to an indigenous Canadian population of boarders and outcomes included physical health as well as mental health difficulties. All papers are discussed below including methodology, procedures used, sample, results and limitations in a synthesised review focusing on the key areas of mental health, well-being and relationships.

1.5.4 Review of studies

The search criteria originally generated 489 results. After duplicates were removed and a general scan for overall eligibility, 56 papers were retained. Application of the exclusion and inclusion criteria left 8 studies to be reviewed: 6 quantitative, 1 qualitative and 1 systematic review. Final papers identified investigated the experience and impact of boarding school on mental health, well-being and relationships.

Mental health and well-being

Looking first at mental health and well-being, Tang et al (2020) found no difference between boarding school students, compared to day students in their first year (year 4) at boarding school in their mental health. They compared the two groups using the Mental Health Test. However, they didn't define 'boarding' and appeared to be speaking of a 5-day boarding week. They did find a significant difference in levels of loneliness for boarders in their first year at boarding school. When they then looked at differences between boarders (comparing the mental health of those in year 4 to year 5) year 5 students were significantly worse off for levels of anxiety and depression. There was also a significant effect on the mental health of boarders if their parents migrated for work, and therefore they didn't see them at the weekend – known in China as left behind children (LBC).

Chen et al (2020), similarly to Tang et al (2020) looked at the mental health of grade 4 and grade 5 (equivalent to UK ages 9 and 10) students in China using the Mental Health Test (MHT). They found attending a boarding school had an impact on a number of factors including social anxiety, study anxiety, self-punishment, physical anxiety symptoms and fear compared to non-boarding school students. Their study also deliberately looked at

impoverished areas of western China and they found that the effects of boarding were more pronounced for male students from relatively advantageous backgrounds (measured through a take-home “household” questionnaire for parents) compared to non-boarding school males, and wealthier non-boarding school males. This suggests that boarding school has a detrimental effect on many subdivisions of the MHT, but more so for boys from wealthier backgrounds. The rationale for this was that boarding school may not serve as a substitute for those whose family and home life are more financially stable. This finding contradicts Tang et al (2020) who reported that boarding school was significantly worse for students whose parents had to migrate for work. These families would be less financially well off and therefore their parents had to travel long distances to ensure work. Given the contradictory findings it is difficult to know how much to interpret from these studies without knowing more about the financial, socio-political and cultural context of Chinese boarding schools, and how these might differ to those in the UK.

Wahab et al (2013) also investigated the mental health of boarding school students. Their paper looked at the prevalence and predictors of stress, anxiety and depression in boarders. Their cross-sectional study had 350 participants, from a boarding school in Kuala Lumpur. Questionnaires looked at the impact of stressors (academic, teacher, intrapersonal, interpersonal, learning and social group related stressors) on depression, anxiety and stress. They found all 6 stressors had significant associations with anxiety, depression and stress amongst participants. The academic stressor appeared to have the strongest association with stress. Intrapersonal stressors (e.g. low-self-esteem) were highly correlated with stress and depression and were the main predictor for all three symptoms investigated. Interpersonal stressors (e.g. difficult asserting one’s self) were associated with both depression and anxiety.

While these results were interesting, the investigators were looking at a cross-sectional segment of boarding school students only, in one boarding school in Kuala Lumpur. They also acknowledged that the boarding school investigated was in the top 10 in Malaysia, and students were accepted for entry based on high academic achievements and extra-curricular activities. While some generalisations to the UK are possible, it would not be possible to generalise all findings to the mental health of the boarding school population as a whole.

Further to their previous findings, Wahab et al (2013) also found an association between sex – that female students showed more symptoms of anxiety, depression and stress compared to males. This differed to Chen (2020) who found a greater impact on the mental health of male students from more advantaged backgrounds. Wahab et al (2013) found that anxiety was higher amongst boarders from low-income families, similar to Tang (2020) who found a greater impact on mental health (mainly in areas of anxiety) in boarders from low-income families. Again, it is difficult to interpret these findings as the cut off for “low income” was not stated.

Mander & Lester (2017) also looked at the mental health of students in Australia transitioning to boarding school. They compared boarders to non-boarders and took a baseline of students’ mental health before they transitioned to boarding school. This was part of a longitudinally study across 4 time points over 2 years, from before students made the transition to boarding school at the end of grade 7; to the beginning of grade 8; and through the next academic year (end of grade 8 and the beginning of grade 9). Findings indicated that while both groups reported significant declines in prosocial behaviours (e.g being considerate to others, being helpful to others) boarding school students reported significantly greater emotional symptoms (sadness, fearful) and mental health indicators (anxiety, depression). The authors suggested that the development of symptoms of depression and anxiety in boarding students after

transition to boarding school needed further investigation, as although a significant difference was found, exactly how it came about was not clear.

Wilk et al (2017) undertook a systematic review of the literature and included 43 papers which looked at the mental health and emotional well-being of boarders from Indigenous populations in Canada. Of these, 42 of the studies looked at boarding school students, and 38 looked at the effects of having a parent or another member of the family who had attended boarding school.

They noted that the mental health and emotional well-being of students was commonly impacted in those who boarded. They found that both personal and intergenerational boarding school attendance was related to mental distress (Walls et al, 2011), depression (Corrado et al, 2003), addictive behaviours (Anderson, 2015) and substance misuse (Dionne, 2008; Dionne & Nixon, 2014), stress, and suicidal behaviours (Elias et al, 2012). Women reported a more enduring impact of intergenerational attendance on their mental health (Stout, 2010; Hackett et al, 2016). The authors acknowledged that most of the studies reviewed were correlational, and few investigated the interactions between mental health and boarding school might arise. Again, this research refers to a specific cultural and political context.

Relationships

Schaverien's (2004) peer reviewed qualitative paper looked ex-boarders who attended psychotherapy with her. She noted a pattern of difficulties in their close personal relationships arising from their experiences at boarding school. Schaverien discussed the mechanisms of how these difficulties came about. This included descriptions of her patients shutting down difficult and distressing emotions to protect themselves while having to survive in a new and traumatising environment, where for many bullying and abuse occurred.

She suggested that these and other factors lead to the development of ‘boarding school syndrome’ where the ex-boarder’s feelings remained hidden and unresolved in the adult, which impacted their mental health, well-being and most crucially their close personal relationships. She said that while the adult ex-boarder’s emotions were unresolved, the inner child remained ‘boarded up’ so to speak, and unable to develop close, trusting relationships with others. This study was the only one based in the UK, with individuals who attended therapy with her. Therefore, this was a small, specific portion of those who attended boarding school, with issues of selection biases and is not generalisable to the boarding school population as a whole. Nonetheless it had some interesting thoughts regarding difficulties that may arise from attending boarding school.

Resilience

In terms of positive management of difficulties Kaya (2007) looked at protective factors which may predict resilience in boarding school students in Turkey. Kaya looked at internal factors of resilience, self-esteem, hope, and external factors of home caring relationships, high expectations, meaningful participation, community, school and peer caring relationships, and school connectedness.

The results of a regression analysis found that the internal factor of hope, and nearly all external factors looked at were important predictors of resilience. However, self-esteem and school connectedness did not predict resilience scores. The paper also noted gender differences. Male participants had more protective factors that predicted resilience than females in the study, including community caring relationships, high expectations and peer caring relationships. Kaya (2007) noted that these differences may be related to traditional child rearing practices in Turkish culture, in which girls are more cared for and protected

rather than encouraged to be independent and boys are encouraged to be more autonomous, assertive, and open to new experiences.

Chen (2019) examined the relationship between emotional intelligence (EI), perceived social support (from friends and family), and resilience for 493 Chinese adolescents, and how school type - boarding or day school - might impact these relationships. Results showed that (contrary to Kaya, 2007) social support from family was non-significant, while support from friends significantly predicted levels of resilience in boarders – those with more perceived friendship support also had higher levels of psychological resilience. If, however, boarders had lower perceived friend support, boarding school had more positive outcomes if the student was higher in emotional intelligence. This interaction was explained as - students with higher emotional intelligence were more likely to have a better ability to regulate their emotions and manage their relationships with others. Therefore, although some of these students did not perceive that they had high friend support, they could manage their interpersonal relationships well, fit into the boarding school environment and seek additional support. For students who obtained scores indicative of a similar level of perceived friend support (lower than 5.46), but with lower trait EI scores, day school was advised as a better choice. The researchers advised that students were more likely to feel overwhelmed in boarding school environments that promote independence, autonomy, and assertiveness; some of them might even be bullied or experience other relational victimization. “For these students, a boarding school’s environment becomes a risk factor that might potentially decrease adolescents’ sense of school belongingness and increase their feelings of loneliness” (Chen, 2019, p87).

1.5.5 Brief summary of synthesis

The literature review gave an account of current research available on the impact of boarding school on mental health, well-being and relationships in adulthood. Although the papers discussed offer some understanding of the area, many gaps remain. Unfortunately, only one paper was based on a UK boarding school population and data was gathered from the authors self-report of patients seen in therapy. However, this was the only paper to discuss the long-term impact of attending boarding school in adulthood and in the UK.

All other papers reviewed were undertaken outside the UK and included populations of Chinese boarders, indigenous Canadian populations of boarders, Malaysian populations and Australian. In these papers, differences in boarding schools' systems were discussed which differ to the UK boarding schools, including how some boarders attended because of economic reasons (Tang et al, 2020), rural locations (Chen et al, 2020), or were forced to attend in an attempt to indoctrinate minority populations into wider cultures (Mander & Lester, 2019; Wilk et al, 2017). The papers are therefore difficult to interpret from a UK boarding school perspective, as they don't compare equally to the UK system. Therefore, differences in findings from these papers are considered alongside cultural differences that exist.

All papers, with the exception of Schaverien's (2004) included the age of the boarding school students when they participated in the study and the impact of boarding on mental health, well-being and relationships. No paper looked specifically at the impact of age on the long-term mental health, well-being and relationships of ex-boarding school students. These papers examined the age of boarders at a specific time point in boarding school, mainly during transitional periods from primary to secondary school. For example, ages examined

varied between 10-to-11 years (Chen et al, 2020; Tang et al, 2020) and 13-to-16 years (Hen et al, 2019) in China. Mander & Lester (2017) Australian study looked at 12-14-year olds as they transitioned from day to boarding school. The question of the child's age when they first attended boarding school and if this has an impact on adult mental health, well-being and relationships remains unknown.

In terms of resilience, Hen (2019) and Kaya (2007) were the only studies which look at resilience and the impact of this on boarding school students in helping them overcome any potential difficulties experienced at school. While these studies add weight to this little understood area, they again didn't look at the long-term impact of resilience or what factors influence it – how and why does resilience manifest in some students and not others, what factors lead to increased or decreased levels of resilience and how does this then impact the mental health, well-being and relationships of boarders in the longer term.

There were consistent findings on the negative effects of boarding school on mental health, well-being and relationships. Given the scarcity of research into the impact of attending boarding school on students' mental health, well-being and relationships in adulthood generally, and in the UK, as well as a lack of research into the impact of age on attending boarding school, this thesis investigates these areas.

As the point of transitioning from one school to another was seen as a significant factor in most all research papers reviewed (Chen et al, 2020; Tang et al, 2020; Mander & Lester, 2017), this thesis will look at the age of transitioning. In the UK, this is between the ages of 11 and 12 as students move from 6th to 7th grade. The transition from age 11 to age 12 years, not only in terms of school, but in terms of child development is significant. At age 11 and

younger, children are seen as just that, children. From 12 years and older they move toward adolescents and early adulthood marking big social, emotional and psychological developmental milestones (Wood et al, 2017). Emerging into adulthood has the potential to be a very positive stage, with more opportunities to learn and grow in their development. It can also have a negative impact with increased academic pressure, increased social role requirements and especially in the case of the older boarders, the loss of previous support from home and family life (Wood et al, 2017). Therefore, this thesis will investigate differences in experiences of those who attended boarding school at age 12 and under, compared to those who attended at aged 12 and older in their mental health, well-being and relationships in adulthood. This thesis wishes to also look at how (and not just if) differences in ex-boarder's mental health, well-being and relationships can occur in adulthood.

Schaverien's (2004) paper was the only UK based paper to discuss the impact that being separated from their parents at a young age can have on the ex-boarder, due to the detrimental effects of broken attachment bonds with home and family at a pivotal time in their lives. This thesis will investigate this further looking at how boarding school impacts the ex-boarders in adulthood.

Given the sparsity of research and the recently highlighted concerns around 'Boarding school syndrome' (Schaverien, 2004) and its increased media attention, this area would benefit from further investigating. There has been an increase in the number of ex-boarders seeking help and support from networks such as Boarding Concern (Duffell, 2000), increased media focus of the detrimental effects of boarding school (The Guardian, 2015; Brighton Therapy Partnership, 2020; Renton, 2017) and an increased number of ex-boarders speaking out about their difficult experiences at boarding school and how this impacts them into adulthood

(Simpson, 2019). This research is therefore timely to help these ex-boarders better understand their experiences and their impact.

1.6 Aims

The aim of this thesis is to examine if differences exist in the experiences of those who attended boarding schools at under 12 years, compared to those who attended aged 12 years and older.

1.7 The research question

Do differences exist in those who attended boarding school at younger than 12 years, compared to those who attended at 12 years and older in their mental health, well-being and relationships in adulthood.

1.8. Hypothesis

It is hypothesized that there will be differences between those who attended boarding school at a younger age compared to those who attended at an older age, with those who attended at a younger age suffering more long-term detrimental effects on their mental health, well-being and relationships from being removed from their parents at a younger Schaverien (2004).

Chapter 2

Methods Section

2.1 Overview

The previous chapter outlined the background to the research being investigated – what is known about the history of attending boarding, the reasons individuals are sent to boarding school, the possible implications of this, and what is still to be understood about attending boarding school through future research. The following chapter describes the research design and methodology of this thesis. First it describes the mixed methods design used including the philosophy of pragmatism behind this method, why this was chosen for this thesis and the challenges involved, followed by details of specific methods used including quantitative outcome measures employed and details of the qualitative interviews undertaken. The implementation of each method, ethical considerations and limitations are also discussed.

2.2 The mixed methods design

A mixed methods research design was chosen as it allows both qualitative and quantitative elements to be gathered, analysed and interpreted (Leech & Onwuegbuzie, 2008). Mixed methods research is therefore well placed to investigate complex phenomena such as the nuanced experiences of those who attended boarding school. It can provide a detailed and descriptive account of the experiences of those who attended boarding school and allow more kinds of questions to be answered than what could be answered by qualitative or quantitative analysis alone (Leech & Onwuegbuzie, 2008). Previous empirical research into the impact of boarding school has used mainly quantitative research. Qualitative accounts are available, but these are largely based on individual recollections of their experiences (e.g. Simpson, 2019).

2.3 History of mixed methods research in the UK

Over the past two-to-three decades there has been an increased interest in applying mixed methods research to the fields of science and health in the UK (O’Cathlain, Murphy & Nicholl, 2007). Historically health services research used quantitative methods. In the last 20-30 years there has been an increased understanding of the contribution qualitative analysis can bring to research in health care (O’Cathlain et al, 2007). Previous to this, research generally focused on one methodology as it was felt that the underlying philosophy of different methods of research were too different to combine. A growing division between the two camps argued different perspective of objectivity and subjectivity in research (Symonds & Gorard, 2008). Atkinson, Delamont and Hammersley (2003) stated that British studies should use a range of methods as opposed to a specific technique. Debates arose however on how knowledge is obtained using a range of techniques, and questions were raised around disciplinary resistance and the challenges of publishing. Questions about funding trends were raised especially if funding was possible when adopting a new method of scientific enquiry (Plano Clark, 2010). The need for pragmatic foundations in mixed methods research was identified in order to overcome the difficulties it was facing (Teddlie & Tashakkori, 2003). Researchers began to cite that a key element in the undertaking of mixed methods and overcoming the challenges of mixing different paradigms in research, is that it should include an explicit discussion of the paradigm used (Cresswell & Plano Clark, 2011). What follows is a discussion of the different paradigms involved in undertaking any research, and why pragmatic research was chosen for this thesis.

2.4 Paradigms

A paradigm refers to the philosophies or beliefs behind a researcher’s view of the world (Lincoln et al, 2011). It offers a means of thinking about and making sense of a complex

reality (Patton, 2002). Several paradigms exist which are used in health and social science research including: post-positivism, constructivism, participatory action frameworks, and pragmatism (Lincoln et al, 2011). Each of these paradigms have their own underlying philosophies which include the following elements: ontology – how one understands nature and reality; epistemology – how one views knowledge and knowledge creation; axiology – how the values of the researcher fit with their research; methodology – how the researcher gains knowledge about the world, and rhetoric – the understanding of the use of language by the research (Creswell 2009; Lincoln et al. 2011). Each paradigm has a different perspective on each of these elements in research.

For example, post-positivism usually aligns with quantitative methods and views research as logic driven using deductive reasoning which has control over the elements involved (Creswell, 2013). Constructivists generally move toward qualitative methods which examine the dialogue used by the participants in research subjectively and consider the impact and implications of each of the elements involved (Creswell & Clark, 2011). Participatory action research is based on communities and seeks to understand the world by trying to change it in collaboration with participants (Creswell & Clark, 2011). Finally, pragmatism is built on a philosophy of connection between conflicting methods and on seeing the compatibility between differing research methods (Johnson & Onwuegbuzie, 2013). It is orientated toward the outcome and the meaning of that being investigated (Johnson & Onwuegbuzie, 2006). This is in-keeping with the philosophy behind this thesis as it aims to describe what the experiences were of those who attended boarding school and despite having dissonance in using both qualitative and quantitative means of investigating, it will retain a pragmatic philosophy where an emphasis is placed on the similarities in results from these methods and how these results speak to and complement each other in their findings. It approaches the

‘complementary strengths’ of applying qualitative and quantitative approaches and seeing them as allies rather than one being better or worse than the other (Shannon-Baker, 2015).

2.5 Pragmatic research

Pragmatic research focuses on solving practical ‘real world’ problems (Kajamaa, Mattick & De La Croix, 2020) and therefore is a natural complement to understanding the real-world difficulties experienced at boarding school. It focuses on the consequences of the research and places the research question at the forefront (Creswell & Plano-Clark, 2011). It allows the researcher to remain subjective in their reflections on the research and objective in data collection and analysis (Shannon-Baker, 2016). The philosophy behind pragmatic research developed when scholars began to reject previous assumptions about the nature of reality and knowledge and argued that social science can never access reality using a single scientific method of enquiry alone (Maxcy, 2003). Pragmatism instead accepts that single or multiple realities can exist, and all are open to inquiry (Creswell & Clark, 2011). Pragmatic research does not simply push aside philosophical arguments, but rather, considers that these debates cannot be solved as human experience is based on the context it is created in (Dillon et al, 2000). In the case of this thesis, the experiences of ex-boarders at boarding school are individual to each person and can never be separated from the context they happened in. By applying the research question and focusing on the outcome of these experiences, empirical findings are generated instead of rationalistic or idealistic outcomes (Frega, 2011). Rather than assigning positivist and constructivist approaches from two different ontological and epistemological camps to understanding the experiences of those who attended boarding school, this thesis uses two different approaches in a pragmatic manner giving a broader view of the boarder’s overall experiences.

2.6 The Research Design

The following describes the research design used through a discussion of its aims; the research question, the hypothesis, the design process; data collection and analysis; gathering participants; and finally, ethical considerations.

2.6.1 The Convergent Mixed Methods Design

The convergent mixed methods design aimed to identify convergent evidence which supports the validity of conclusions drawn from the different methods of obtaining data (Kajamaa et al, 2020). This research design involved an approach conducted across two phases undertaken in parallel. Emphasis was placed on both the quantitative and qualitative phase in order to collect and interpret both quantitative and qualitative data to give a deeper understanding of the research problem. Once both phases were completed the results were fully integrated.

2.6.2. Strengths and Weaknesses

This design is practical and logical in its implementation, while remaining thorough (Creswell & Plano Clark 2007). However, treating each phase in parallel required extra time, effort and resources. This was supported through early planning and proactively responding to findings as they emerged and considering what they might mean for their implementation.

2.7. Implementation

Two types of data were used to understand the phenomenon being investigated. The quantitative element looked at the well-being, mental health and interpersonal functioning of

close relationships in adults who attended boarding schools. The qualitative element explored ex-boarder's early life in the context of boarding school, the impact of boarding school on them and any impact it had on them on their mental health, well-being and relationships in adulthood.

2.8. Procedure

Information outlining the research project was provided via an online survey platform. The link to the information was circulated widely through snowball sampling and relevant social media. The survey included participant information (appendix 6.2), followed by an online consent form (appendix 6.3), followed by the online survey including demographic questions (appendix 6.6) and the psychometric measures used (appendix 6.4). It was not possible to move onto the survey without having read the participant information and checking the consent statements. The participant information informed people of the voluntary and confidential nature of the project and the option to withdraw from the research at any time. At the end of the survey, participants had the option to provide their contact details if they wished to take part in an in-depth interview undertaken by one of the researchers. The final screen provided information about sources of support, if required.

Those who opted to take part in an interview were contacted by one of the research or supervisory team members (see appendix 6.5) and given an opportunity to ask questions about this part of the study before agreeing to take part. If participants agreed, a time and place was then arranged for the interview. The participant information and a consent form were sent to them either via email or post, and they were asked to read these and bring along the signed consent form with them to the interview, or to sign before the interview began and email or post these back to the researcher. The consent form requested permission to digitally

record the follow-up interviews, transcribe them verbatim and use the interview data in the research, the thesis and any future publications.

2.9 The Follow-up Interview

The follow-up interview was an in-depth, qualitative semi-structured interview (see appendix 6.5 for semi-structured interview guide) May (1993) described, in-depth interviewing as having the potential to generate rich sources of data including people's experiences, opinions, hopes and feelings. Using this technique, data is generated which allows participant's meanings and interpretations of events to be revealed in the immediate follow-up analysis (Legard et al. 2003). The interviews last 30-60 minutes as expected. The interview questions were semi-structured around an interview schedule. This allowed some scope for the questions to be adaptable, affording participants some control over the direction and flow of the interview, without compromising key questions which have been established.

2.10. Materials

The survey began with demographic questions including details about their age when they first started school, the school they attended and other demographic information (see appendix 6.6). The survey then contained the psychometric questionnaires described in the next paragraphs (see appendix 6.4 for all measures). Semi-structured interviews were conducted with those consenting to take part. Topics addressed in the interview included any clarification of demographics; questions exploring early family life, relationships with parents in the context of school life and the impact of boarding school on current relationships, mental health and well-being. All interviews were audiotaped with the permission of the participant, coded to protect anonymity and analysed using thematic analysis.

Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983): a 14-item questionnaire which calculates levels of depression and anxiety and is suitable for use in a community sample. The scale gives two separate scores -one for anxiety and one for depression. Each item is rated between 0-3. Scores of 11-14 or over indicate clinically moderate levels of depression or anxiety, and scores of 15-21 indicate clinically severe depression or anxiety (Edelsteing & Ciliberti, 2010). The scale has established good reliability. Zigmond & Snaith (1983) found the HADS to be acceptable for 95% of subjects. Cronbach's alpha coefficient evaluating reliability indicated a significant correlation with both the anxiety (0.73) and depression (0.77) sub-scales of the HADS, supporting the validity of the measures. Caseness levels for HADS anxiety and depression levels: 0-7 = none; 8-10 = Mild; 11-14 = Moderate; 15-21 = Severe (Zigmond & Snaith, 1983)

The PTSD Checklist for DSM-5 (PCL-5) (Blevins, Weathers, Davis, Witt & Domino, 2015): A 20-item self-report measure that assesses the presence and severity of post-traumatic stress disorder (PTSD) symptoms. Items on the PCL-5 correspond with diagnostic statistical manual 5 (DSM-5) criteria for PTSD. It is a self-administered questionnaire that takes 5-10 minutes to complete. Responders are asked to rate how distressed they have been by each item in the past month on a 5-point Likert scale. Items are summed to provide a total score. Severity of symptoms is assessed by adding scores of each item together to get a total. Studies of the PCL-5 indicate that it is a psychometrically sound measure. Blevins et al (2015) study showed that PCL-5 scores exhibited strong internal consistency ($\alpha = .94$), test-retest reliability ($r = .82$), and convergent ($r_s = .74$ to $.85$) and discriminant ($r_s = .31$ to $.60$) validity. In addition, confirmatory factor analyses indicated adequate fit with the DSM-5 4-factor model. The caseness for scoring 0-20 = none; 21-40 = a little; 41-60 Moderate; 61-80 = quite a bit; 81-100 = Extreme. A score of 21 and above would indicate caseness level. A

score of 31 or above indicates that the individual would qualify as suffering from PTSD symptomology and could benefit from clinical treatment (PTSD checklist, 2021).

Experience in close relationships questionnaire (ECR) (Brennan, Clark & Shaver, 1998): a 36-item scale with questions about anxious and avoidant attachment. In general, avoidant individuals find intimacy difficult and they seek independence, whereas anxious individuals tend to fear being rejected, abandoned or left alone. The questions ask subjects to rate how they feel in emotionally intimate relationships on a scale of 0-7. The test takes about four minutes to complete. It has shown good internal reliability with alphas around 0.90 (Brennan et al, 1998). Caseness levels: 1-2 = low anxiety/avoidance; 3-4 = moderate anxiety/avoidance; 5-7 = high anxiety/avoidance.

Brief resilience scale (BRS) (Smith, Dalen, Wiggins, Tooley, Christopher et al, 2008): a 6-item scale measuring one's ability to 'bounce back or recover from stress'. The scale assesses a range of resilience-related constructs, personal characteristics, coping mechanisms, social relationships, and health related questions. Subjects are asked to rate how resilient they feel they are on a scale of 1-5. The BRS was predictably related to personal characteristics, social relations, coping strategies, and health in Smith et al's (2008) study, and was negatively related to symptoms of anxiety, depression and physical health symptoms when other resilience measures such as optimism or social support were controlled for. It has shown good psychometric properties with alpha's ranging from 0.8-0.91. The caseness levels used for the resilience scale: 1-2 = low resilience; 2-3 = medium resilience; 3-4 = highly resilient; 4-5 = very highly resilient

My Memories of Upbringing Questionnaire – Short-Form (s-EMBU) (Arrindell, Sanavio, Aguilar, Sica, Hatzichridhou, et al, (1999) – This is a short form of the EMBU meaning ‘My Memories of Upbringing’ in Swedish. It measures adult’s perception of their parents and how they were brought up. It has 23 items consisting of three scales: Emotional Warmth (6 items), Rejection (7 items) and Protection (9 items). The s-EMBU measures the respondent’s memories of parenting received from both parents and measures the perception of a parent’s caregiving behaviour. The s-EMBU has shown reliability in several languages and countries. In Allen and Leary’s (2010) study the s-EMBU demonstrated high internal consistency for emotional warmth (.94), Rejection (.88) and overprotection (.87). The different caseness for each individual aspect of the EMBU rating are: For experiences of childhood rejection 0=7 = no rejection; 8-14 = low rejection; 15-20 = medium rejection; 21-28 = High rejection. Experiences of emotional warmth in childhood: 0-5 = no warmth; 6-12 = low warmth; 13-18 = medium warmth; 19-24 = high warmth. For experiences of over protection from parents in childhood: 0-8 = no over protection; 9-18 = low over protection; 19-27 = medium over protection; 28-36 = highly over- protective.

Early Trauma Inventory self-report-Short Form (ETISR-SF): (Bremner, Blous & Mayer, 2007).

This is a 27-item questionnaire used for the assessment of physical, emotional, and sexual abuse; as well as traumatic experience that may have occurred before the age 18. Each of the items is answered ‘yes’ (coded as 1) or ‘no’ (coded as 0). There are an additional three items at the end of the questionnaire. One of these asks the subjects to choose one event that had the greatest impact on his or her life, and the other two items measure the subsequent

reactions, i.e. fear or depersonalization. Most items on the scale were highly correlated with measures of PTSD symptom severity, demonstrating the validity of the measure. The ETISR-SF was demonstrated to be a valid measure of early trauma. Individual domains of physical, emotional, and sexual abuse, and general trauma, were found to be internally consistent ($\alpha = 0.78\text{--}0.90$) and valid ($r = 0.39\text{--}0.47$). In terms of caseness for this measure, participants were asked if they experienced childhood trauma (yes/no response). Traumatic events included sexual abuse, physical abuse, emotional abuse, neglect, a death of a close family member, an upheaval of life) If they respond yes, they are asked how much of a burden they felt (likert scale 1-7) from this traumatic incident, and if they confided (likert scale 1-7) in anyone about this trauma. The caseness for level of burden felt, and amount they confided in others is:

Burden (1-7; 1 = no burden, 3 = somewhat burdened, 7 = extremely burdened)

Confided (1-7; 1 = Didn't confide, 3 = somewhat confided, 7 = confided a lot)

2.11 Analysis

2.11.1 Quantitative analysis

Questionnaires were analysed with descriptive and inferential statistical techniques using the Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics were used to organise the data and to describe the main characteristics of the sample (Moses & Knutsen 2007). Inferential statistics including the mean and standard deviation were calculated using SPSS (IBM, 2010) to gather information and make inferences about the characteristics of the sample population. Results from questionnaires were transferred from an excel spread sheet to SPSS where responses were transformed to understandable and computable SPSS data. This involved in-putting the corresponding caseness level for all scores on all measures. Following this SPSS gave responses for each measure organized according to caseness (for

example the scores an individual gave on their HADS outcome measure was transformed from a number, to its caseness level – either no depression/anxiety; mild anxiety/depression; moderate anxiety/depression or severe anxiety/depression). Once categories from each measure were created, response were analysed using t-tests or their non-parametric equivalent (Mann-Whitney-U) on SPSS to compare differences in outcomes between the under 12 and the 12 and over groups. This allowed the hypothesis to be tested, predictions to be made and explanations of the results to be considered. (Brase & Brase 1987).

2.11.2. Qualitative Analysis

Thematic analysis (Braun & Clarke, 2012) was used to analyse the data. In order to become familiar with the data, interviews were transcribed by listening to the interviews and typing each word, or at times using a voice-to-text computer programme to dictate each word. Once completed, transcriptions were re-read and interviews were played again to becoming familiar with the subject's accents, intonations and any particular memories they spoke of as meaningful to them, allowing full and thorough understanding of the data (Braun & Clarke, 2006) and to get a thorough feel for the subject's experiences of boarding school. It also allowed reflection on participant's experiences' and their perceptions of those experiences. Subjects interviews were then separated into two groups according to the age they were when they started boarding school (either under 12 years or 12 years and older). Codes were generated by making loose notes on A4 paper whilst listening to the transcriptions. Transcriptions were read and re-read for common codes within the text, similar experiences expressed, similar wording or words used and any events that repeated themselves amongst the subject groups. (Braun & Clarke, 2012).

A spread sheet was then created, and any codes created input onto the spreadsheet. If there were common codes in two transcriptions, these were compared to other transcriptions to see if they arose again (Braun & Clarke, 2012). If they did arise again these were used to create possible themes and sub-themes (Braun & Clarke, 2012). On occasion a theme or sub-theme was considered but didn't have enough supporting data from other participant's transcriptions to place into a larger theme - these were removed from the main document but kept on a separate spread sheet and held in mind to be recalled later if more supporting evidence for them arose. Initially, large portions of the participant's experiences were recorded on the spread sheet in large chunks of raw data themes. This maintained the participant's flow of conversation within a theme, to understand the meaning they derived from their experiences, and to understand how they constructed that meaning. Large chunks of data felt valuable as a whole as it was difficult to discount any participant's descriptions that appeared to fit into a larger theme. As familiarity with participant's descriptions of events increased, the data became clearer. More precise codes were then created from broader codes created and checked and rechecked against other participant's broader codes as they were created. As this was done, large chunks of transcribed data were reduced to more meaningful codes, which created initial themes. Any common themes were categorised as major themes and highlighted on the document in bold and underlined, and any sub-themes that emerged from these were written in italics to distinguish them, alongside typed notes explaining where these themes and sub-themes derived from. These were all maintained securely on a password protected document on a secure laptop. This process continued for a number of months until no new themes were emerging from the data and further analysis indicated that data saturation was reached. Themes within the interviews were found to arise again and again. After continued refining of themes, interviews where similar themes were repeated were reduced and eliminated, until six interviews remained which contained all major themes. It

was felt at this point that including more interviews would have repeated themes already found. The final six chosen were felt to have the richest descriptions of themes, an in-depth sense of their experiences and a thorough description of events which impacted them at boarding school and into adulthood. Themes and sub-themes from the six interviews chosen were further recorded, defined and described on the spread sheet. Over time these themes were named, re-named and continually reconsidered until the final major themes and sub-themes were arrived at. This was done to ensure validity of the themes (Braun & Clarke, 2012). Participant's quotes that gave the richest description of themes and sub-themes, as well as a vivid and emotive sense of the ex-boarder's experiences were reported (Braun & Clarke, 2006). This gave the reader the best sense of the ex-boarder's experiences as a child and an adult and showed how they derived meaning from their experiences.

2.12 Ethics

This research was conducted in accordance with the ethical guidance of The University of Essex research guidelines. Ethical approval and consent were sought from the University's ethics department (see appendix 6.7) The British Psychological Society (BPS) code of human research was adhered to throughout. Ethical considerations included issues around informed consent and responding to participants' capacity for autonomy – participants did not leave their names or any identifiable data when completing questionnaires. Responses were gathered online via Qualtrics Survey tool, a platform used by the University of Essex which allows consent, demographic information and survey data to be gathered while maintaining participants anonymity. Clear protocols were included in the research proposal and submitted to the ethics committee which outlined how participants' risks were minimized when participating in the project. A protocol was given to participants with information about

contacting the researcher, arranging feedback and terminating the research process if needed. Debriefing and information about counselling services available was given to participants to address any emotional distress uncovered through the discussion of highly emotive topics.

2.13. Summary

This chapter described the methodology and research design of this study and why these were chosen as best suited to this thesis. This thesis is based on the principles of mixed methods research. How this was carried out was described in two ways. The first detailed the main elements of the research process, based on a pragmatic methodology. The second described the research design: the convergent mixed methods design which included details of the main features of this design, and how it was implemented and adapted to meet the needs of this study. This chapter also described how the data was examined using spss for quantitative data, and thematic analysis for qualitative interview techniques employed. The description ended with thoughts and considerations of ethics involved.

Chapter 3

Results

3.1 Introduction

The previous chapter described the qualitative and quantitative approaches used to answer the research questions. This chapter sets out the research findings to the question: do differences exist in those who attended boarding school under 12 years (U-12) compared to those who attended aged 12 and older (O-12) in their well-being, mental health and relationships in adulthood.

3.2 Quantitative Results

3.2.1 Demographic_information_

Table 3.1 outlines participants basic demographic information according to the two groups: U-12 and O-12 including numbers in each group (N) and percentages (%) of the total in each group.

Table 3.1 –
Demographic information for U-12 and O-12 groups

Category	Number	U-12 N(%)	O-12 N(%)
<i>Gender</i>			
Male	42	23 (40%)	19 (73%)
Female	42	35 (60%)	7 (27%)
Total	84	58 (100%)	26 (100%)
<i>Relationships status</i>			
Married	46	30 (52%)	16 (61.5%)
Single	11	8 (14%)	3 (11.5%)
Divorced	8	4 (7.5%)	4 (15%)
Co-habiting	10	8 (14%)	2 (7.5%)
Separated	5	4 (7.5%)	1 (4.5%)
Common Law	3	3 (5%)	0 (0%)
Total	83	57 (100%)	26 (100%)
<i>What was the reason you attended boarding school?</i>			
I'm unsure	7	5 (9%)	2 (7%)
Parent in the armed forces	11	10 (17%)	1 (4%)
Family tradition	22	14 (24%)	8 (31%)
Other reason	44	29 (50%)	15 (58%)
Total	84	58 (100%)	26 (100%)
<i>Did one or both of your parents attend a boarding school?</i>			
Yes, both of my parents	15	10 (17%)	5 (19%)
Yes, my father attended a boarding school	19	14 (24%)	5 (19%)
Yes, my mother attended a boarding school	8	4 (7%)	4 (16%)
No, neither of my parents attended a boarding school	42	30 (52%)	12 (46%)
Total	84	58 (100%)	26 (100%)

The number of participants between the two groups was unevenly split, with about 70% in the under 12 years group (U-12), and 30% in the 12 years and older group O-12). Basic demographic information showed an equal distribution of both males and females to the overall sample (42 male and 42 female). In the U-12 group, 40% were male and 60% female. For the O-12 group, the split between genders was less equal with 73% male and 27% female.

In terms of relationships status, about half (54%) of participants were married. Of the remaining 46%, about 30% of these were split relatively evenly between single, divorced or cohabiting (approximately 10% each). The remaining 16% was shared by those who selected separated or common law relationship.

Approximately half (52%) of participants choose “other” as the reason for attending boarding school. From the survey information “other” included reasons such as the school’s reputation for education or sport; parents’ travelling abroad for work; parental disharmony/divorce; mental health issues with a parent, or parental choice to send their child to a boarding school. About one quarter of the total participants (26%) stated that it was a family tradition to attend boarding school. The largest percentage of participants within this category (64%) belonged to the U-12 age group.

Following on from this, 50% of participants advised that neither of their parents attended a boarding school. Having a father attend boarding school had the next highest response with 22% of participants choosing this category. Having both parents attend boarding school accounted for 18%.

3.3 Answering the research question

The research question asked not only if a difference exist between participants who attended boarding school according to their age, but if these differences exist in participants mental health, well-being and relationships in adulthood. In order to answer this question, participants completed a number of measures on anxiety, depression, on childhood happiness or distress and measures of post-traumatic stress. Table 3.2 outlines the measure used, the number (N) of participants who completed each measure according to their group (U-12 or O-12), their mean score (M), and standard deviation (SD). Significant differences between the groups were tested for, for each measure. The statistical tests used to analyse the differences between the groups was chosen according to whether the data was normally or non-normally distributed. For data to be categorised as normally distributed it needed a KS level of less than .05 ($KS < .05$). If data was normally distributed a t-test was run, and the results given below. Anything above this cut off - i.e. greater than .05 ($KS > .05$) was categorised as non-normally distributed data. In this case a Mann-Whitney-U test was run, and the results are given below. Results of Levene's test are also given. Levene's test is used to check that variance is equal for all samples when the data comes from unequal groups - it checks for the assumption of equal variance. As my group numbers were unequal, Levene's test was run and as it was not significant for the groups tested, so we can assume that the assumption of variance have not been violated and therefore a t-test was appropriate. Effect size (Cohen's *d*) for each of the groups are also reported. Overall a significant difference for HADS anxiety between the older and the younger age groups was found, with the younger age group scoring higher in anxiety, having a moderate effect size of 0.5 All other results for differences between the older and younger age groups were non-significant.

3.2. Results on measure of mental health, well-being and relationships

Table 3.2

Differences between U-12 and O-12 group in measures of mental health, well-being and relationships

Measures	Groups	Number	M (SD)	Results	Levene's	Cohen's <i>d</i>
Anxiety in adulthood	U-12	58	9.63 (4.7)	$t(82) = 2.65, p = .042^*$	$p = .861$	$d = .5$
	O-12	26	7.34(4.6)			
Depression in adulthood	U-12	58	4.75 (3.65)	$U = 696, p = .517$		$d = .09$
	O-12	26	4.38 (3.83)			
Anxiety in close relationships	U-12	56	3.81 (1.5)	$t(77) = .651, p = .517$	$p = .456$	$d = .15$
	O-12	23				
Avoidance in close relationships	U-12	56	3.63 (1.53)	$t(77) = .562, p = .567$	$p = .456$	$d = .01$
	O-12	23	3.65 (1.37)			
Experienced rejection in childhood	U-12	53	13.2 (5.33)	$U = 512, p = .173$		$d = .36$
	O-12	24	11.45 (4.25)			
Experienced emotional warmth in childhood	U-12	54	13.68 (4.02)	$U = 480, p = .068$		$d = .45$
	O-12	24	15.7 (4.8)			
Experienced over protection in childhood	U-12	54	21.72 (5.39)	$t(76) = 1.098, p = .276$	$p = .880$	$d = .26$
	O-12	24	20.25 (5.62)			
Experienced trauma as a burden in childhood	U-12	51	12.05 (7.22)	$U = 451, p = .662$		$d = .07$
	O-12	19	11.52 (7.44)			
Experienced trauma and did not confide in others, in childhood	U-12	51	4.17 (3.47)	$t(68) = .449, p = .655$	$p = .260$	$d = .13$
	O-12	19	3.78 (2.32)			
PTSD level	U-12	48	33.63 (19.56)	$t(71) = 2.55, p = .013$	$p = .406$	$d = .85$
	O-12	24	21.58 (3.59)			
Resilience level	U-12	49	2.94 (1.00)	$T(71) = 2.23, p = 0.28$		$d = .59$
	O-12	24	3.49 (0.84)			

*Significant result ($p < 0.05$)

3.2.1 Gender differences

When considering the significant finding above, these need to be considered alongside gender differences. Research indicates that women have consistently higher rates of anxiety compared to men (McLean et al, 2012) including on scores of the HADS in the UK population (Breeman et al, 2014). In a paper by Breeman et al (2014) investigating UK population norms for the HADS by gender, research indicates that mean anxiety scores are significantly higher for women ($M = 6.7$; $S.D. = 4.2$) than men ($M = 5.5$ $S.D = 4$) Breeman et al (2014). Similarly, the percentage of those classified as having ‘moderate-to-severe’ anxiety (i.e they scored at 11 or higher for anxiety on the HADS scale) were again higher for women (19.0 %) than men (12.5 %) Breeman et al (2014).

Given this, a two-way independent ANOVA was run to compare gender and age on scores from the HADS measure of anxiety. There was no significant main effect of gender ($F(1, 73) = 2.037$, $p > .05 = .158$) on HADS anxiety levels. There was a significant main effect of age attended boarding school ($F(1, 73) = 4.416$, $p < 0.05 = .039$) on HADS anxiety levels however. There was no interaction effect seen ($F(1, 73) = 2.037$), $p > 0.05 = .158$.

Looking further at age in separate genders, in this study there were more females in the U-12 group (33) than in the O-12 group (6) who completed the HADS anxiety measure. In the male group there were more participants in the U-12 group (20) who completed the HADS anxiety measure compared to the O-12 group (18) (see table 3.2.1 for full details).

Furthermore, of the female responses in the O-12 group none reported having ‘moderate-to-high’ levels of anxiety. Therefore, the significant findings between the two groups could be due to no females in the O-12 group reporting as anxious. This is not what would be expected for population norms for females.

Table 3.2. 1*Differences in anxiety levels by genders in both the U-12 and 0-12 in the HADS anxiety measure*

Group	Number	M (SD)	norms**	t-test	Levene's	Cohen's <i>d</i>
U-12 Females	33	10.5 (4.2)	6.7(4.2)	t(37) = 2.1, p = .041 *	p = .303	<i>d</i> = 1.02
O-12 Females	6	6.6 (3)				
U-12 Males	20	10 (3.9)	5.5 (4)	t(38) = 1.21, p = .240	p = .478	<i>d</i> = .39
O-12 Males	18	8.3 (4.6)				

*significant result

**Breeman et al (2014)

3.3.2 Caseness levels

When considering caseness, ex-boarders in the under 12 group scored poorer on all measures, indicating that within this group participants reported a greater number of depressive symptoms, symptoms of anxiety and avoidance in close relationships, experiencing rejection in childhood, experiencing trauma in childhood and increased numbers of PTSD symptoms. They also reported less emotional warmth in childhood and having low or no symptoms of resilience. Although not clinically significant, this is worth noting.

Tables 3.3 gives a summary of participants who scored as severe in their caseness levels between groups on all measures, with those who rated as severe given in numbers and percentages. Because of small numbers within these groups, it was not possible to assess statistical significance using post-hoc tests. When looking at those in the severe range for caseness (also referred to as “extreme/very high” in measures) the most notable difference

between the two age groups was in the anxiety component of the HADS measure, with eighteen percent of the U-12 group qualifying as “severely” anxious compared to five percent in the O-12 group. For the remaining measures, the number of participants who scored “extreme/high” on caseness levels remained similar between the two groups. However, for all other measures group 1 (U-12) scored more poorly.

Table 3.3*Differences between U-12 and O-12 in ratings of severe or /extremely caseness**

Group	Measure	Number	Caseness	N (%)
U-12	HADS Anxiety	58	Severe Anxiety	10 (18%)
O-12		25		1 (5%)
U-12	HADS Depression	58	Severe Depression	1 (2%)
O-12		25		0 (0%)
U-12	ECR Anxiety	56	Highly Anxious	14 (25%)
O-12		22		5 (23%)
U-12	ECR Avoidance	56	Highly avoidant	13 (23%)
O-12		22		3 (14%)
U-12	EMBU Rejection	53	High rejection	7 (13%)
O-12		23		1 (5%)
U-12	EMBU Emotional Warmth	54	Low emotional warmth	22 (44%)
O-12		23		8 (35%)
U-12	EMBU Over Protection	55	High over protection	9 (16%)
O-12		23		1 (5%)
U-12	PTSD	49	Quite a bit	4 (8.5%)
O-12		23		1 (5%)
U-12	BRS	49	High – very high	25 (51%)
O-12		24		18 (75%)

Tables 3.4 -3.9

Tables 3.4 -3.9 give a breakdown of caseness levels for each measure within each group.

Number of participants in each group is given, as well as the number (N) and percentage (%) of participants within each group by caseness level.

Table 3.4

HADS -Hospital Anxiety and Depression Scale for U-12 and O-12 groups

<i>Group</i>	<i>Measure</i>	<i>Number</i>	<i>Caseness level</i>	<i>N (%)</i>
1	HADS Anxiety	58	No Anxiety	18 (30%)
			Mild Anxiety	14 (24%)
			Moderate Anxiety	16 (28%)
			Severe Anxiety	10 (18%)
2		25	No Anxiety	14 (55%)
			Mild Anxiety	5 (20%)
			Moderate Anxiety	5 (20%)
			Severe Anxiety	1 (5%)
1	HADS Depression	58	No depression	45 (78%)
			Mild depression	7 (12%)
			Moderate depression	5 (8%)
			Severe depression	1 (2%)
2		25	No depression	18 (76%)
			Mild depression	5 (20%)
			Moderate depression	1 (4%)
			Severe depression	0 (0%)

Table 3.5

My Experience of Close Relationships Measure for U-12 and O-12 groups

<i>Group</i>	<i>Measure</i>	<i>Number</i>	<i>Caseness</i>	<i>N (%)</i>
1	ECR* - Anxiety	56	High anxiety	14 (25%)
		56	Moderate anxiety	24 (43%)
2		22	High anxiety	5 (23%)
			Moderate anxiety	8 (36%)
1	ECR - Avoidance	56	High avoidance	13 (23%)
		56	Moderately avoidance	24 (43%)
2		22	Highly Avoidant	3 (14%)
		22	Moderately avoidant	11 (50%)

Table 3.6*My experiences of childhood measures for U-12 and O-12 groups*

Group	Measure	Number	Caseness	N (%)
1	EMBU Rejection	53	Low	34 (64%)
			Medium	12 (23%)
			High	7 (13%)
2		23	Low	18 (78%)
			Medium	4 (17%)
			High	1 (5%)
1	EMBU- Emotional warmth	54	Low	22 (44%)
			Medium	27 (50%)
			High	5 (9%)
2		23	Low	8 (35%)
			Medium	7 (30%)
			High	8 (35%)
1	EMBU- Over Protection	55	Low	17 (30%)
			Medium	29 (53%)
			High	9 (16%)
2		23	Low	7 (30%)
			Medium	15 (65%)
			High	1(5%)

Table 3.7*Childhood Trauma Measure for U-12 and O-12 groups*

Group	Measure	Number	Rating	N (%)
1	Childhood Trauma - Burden	51	1 traumatic event rated highly burdensome (5-7)	51 (100%)
2		16	1 traumatic event rated highly burdensome	16 (100%)
1	CT - Confided	51	Didn't confide in others about the traumatic event (1-3)	48 (94%)
2		16	Didn't confide in others about the traumatic event	13 (81%)

Table 3.8*PTSD (Post Traumatic Stress Disorder) Measure for U-12 and O-12 groups*

Group	Measure	Number	Caseness	N (%)
1	PTSD	49	No PTSD	14 (28.5%)
			A little	16 (32.5%)
			Moderate	15 (30.5%)
			Quite a bit	4 (8.5%)
			Extreme	0
2		23	No PTSD	12 (52%)
			A little	6 (26%)
			Moderate	4 (17%)
			Quite a bit	1 (5%)
			Extreme	0

Table 3.9*Resilience Measure for U-12 and O-12 groups*

Group	Measure	Number	Caseness	N (%)
1	BRS	49	low	10 (20%)
			medium	14 (29%)
			high	13 (27%)
			Very high	12 (24%)
2		24	low	0 (0%)
			medium	6 (25%)
			high	10 (62%)
			Very high	8 (33%)

3.4. Qualitative Results

Qualitative results are given below, with interview themes and sub-themes in table 3.4.1. A description of how these themes were reached is given.

3.4.1 Interview Themes

Table 3.11

Major themes and sub-themes from interviews

Major Themes	Sub-themes
Leaving home	Homesickness Forgetting details
Developing the 'boarding school self'	Not expressing emotions Not showing 'weakness' Protecting their parents. Lack of support: Lack of adequate care, protection and prevention of harm
Looking back	Positive reflections Negative reflections
The impact on the adult ex-boarder	Well-being Mental health Relationships
Reducing the impact of boarding school	Therapy Support groups

Major Theme: Leaving home

For many of the ex-boarders, no matter what age they attended boarding school, they experienced sadness, loss or difficulties around leaving home. Some felt homesick and wished to be at home. Others felt homesick but felt this was made worse by being at home for holidays. According to previous findings, the impact of homesickness on a child can affect into adulthood. This impact can be seen in physical health problems such as immune disorders (Schmitz, 1992) and leukaemia (Jacobs & Charles, 1980); in their well-being as increased stress levels in adulthood, (Tilburg, Vingerhoets Kirschbaum, & Van Heck, 1996) and in mental health as increased levels of depression (Ekblad, 1993).

For others leaving home incorporated an inability to fully recall the details involved in the transition from home to school. Previous research indicates that for individuals' who experience mood disorders later in life such as depression or anxiety, a key feature of this is the inability to recall difficult past experiences; particularly if these experiences were emotionally painful or evoked a lot of negative emotions at the time (Dalglish and Werner-Seidler, 2014).

Sub-theme: Homesickness

Mary who attended boarding school at aged 12 years described her experience of homesickness. For her being homesick meant not being able to settle into her new life, being sad, tearful and unable to sleep. Mary described how losing the close bond she had developed with her mother was the main cause for her homesickness.

“I didn't settle whatsoever, I think the problem with me was I missed my mom quite a lot, my mum had been a constant factor in my life, despite the school moves and moves to different

countries...and then all of a sudden she wasn't there and I just did not cope whatsoever with the transition.... I started waking up at about 3 o'clock in the morning, and I would cry, and I would just spend all my early hours crying before the bell went to wake up everybody"

Tom who attended boarding school at the age of 9 years advised that his homesickness meant he missed home, but this was made worse when school breaks or holidays came around, as this meant some time at home but also, having to then leave again which made him feel even more homesick.

"When holidays came around, I mean we shouldn't have had any home trips or half term. I think I'd be better off left in school the whole weekend, I was miserable for days afterwards... I missed home. I missed my mom and dad."

Sub theme: Forgetting details of the transitional period

Many of those interviewed spoke of an understanding and knowledge of the day they left home for boarding school, but either large chunks or small areas of the emotional aspect of their experiences were missing from their memory. For example, Clare said she could not recall her first few days at school at all.

"I've since been to workshops and done therapy with other boarding school people and I hear them describe how they cried for weeks and they missed home and missed their cat and their teddy. I don't remember any of that."

Similarly, for Jane who was 13 who recalled the experience of leaving home but forgot parts of the experience which she advised was a memory she blanked out.

“As the train was about to go, my mother arrived at the station...but I can’t remember whether we actually got to say goodbye or not, so the whole sense of the initial separation is something that my memory has blanked out and I can’t get hold of”

Main Theme: Developing The “Boarding School Self”.

As participants recalled the reasons’ they attended boarding school, many different reflections were made. As they recalled settling into their new environments, they described various ways they learned to adapt. From their descriptions it appeared that the ex-boarders adapted by developing a ‘new self’. The first part of this development involved holding onto or internalisation emotions such as sadness or loss that they had from missing home and family. Secondly participants described how they feared they would be perceived as “weak” if they did display any of their emotions to others. This latter aspect could have compounded any negative feelings that already existed. On top of this, messages of ‘don’t worry your parents’ with these distressing emotions may have perpetuated any difficulties. Finally, the ex-boarders described how, even if they wished to express their difficult emotions to someone professional, there were no opportunities for this in the boarding schools. All of these factors combined and appeared to culminate in the boarder developing a new ‘boarding school self’ which incorporated all of these aspects in a new, ‘boarded up’ child.

Sub-theme: Not expressing difficult emotions.

Nearly all participants described not feeling able to talk about their emotions to others. They described a taboo around displaying emotions that was both implicit and explicit. The underlying reasons why they didn't talk to others about them varied between participants - some perceived it as an individual personality trait, some a cultural trait, some that it was a family trait inherited from previous generations attending boarding school; and others described how it was the way their family managed emotions generally.

For Ryan who was 7 years old when he attended boarding school, when asked if he discussed difficult emotions he experienced at missing home, he described internalising them which he felt was a personal, personality-based trait.

"I just kind of hung onto them I suppose....I've always been in my own inner world anyway so I think I was probably more able to hang onto my feelings and not to get rid of them, but had to live with them, so I think I would have sort of ploughed on"

For Tom, who was 9 when he attended boarding school, when asked how he got through his difficult first years when he missed home, described a cultural understanding of not speaking about emotions, and "getting on with it" which he felt was a British trait of 'stiff upper lip'.

"It's called British stiff upper lip"

"Interviewer": "OK so stiff upper lip..what did that look like?.."

“Tom”: “Yeah I sort of internalised it and got on with it, and got over it.”

For Jane who was 13 years old when she first attended boarding school, when asked if she discussed her difficult emotions such as sadness with her parents, she described an intergenerational trait of not discussing emotions, due to a long tradition of boarding school in her family.

“Well, they never asked, and I never told them. But my family, as I’ve indicated was in itself institutionalised into boarding school, because so many of us had been. I mean both my parents, and then my father had a school, and his father went, and they sent my brothers there as well. And that was down the male line. And as I say I was 13th member of my family on both sides, my mother’s side and my father’s side had been to the same boarding school.... everyone learned not to talk about things and hadn’t learned how to talk about things.”

Tom also described an intergenerational aspect to not expressing emotions, and how he understood this.

“Interesting really, just going back to him (his father) and at the age of four and a half years at boarding school, he was emotionally retarded for his whole life, poor boy. He just really couldn’t sort of communicate proper emotion.

Interviewer: Okay. So how did you experience that?

“Tom”: I think he only ever shook my hand once...and he had great difficulty communicating, his sort of his general feeling to his daughters particularly”.

For Mary whose parents didn’t attend a boarding school, similarly, described feeling unable to talk about her emotions due to a familial trait:

“Oh, it was terrible, first of all you weren’t allowed cry. I was brought up with parents who were like that as well, you know, you don’t show your emotions”.

Interviewees advised of difficult emotions such as sadness at missing home and their reasons for not discussing their emotions - this was the first element in the development of the ‘boarding school self’. Following this it appeared that once these emotions arose for the ex-boarder, the environment itself further compounded the issue of not talking about emotions as this showed a “weakness” in the ex-boarder.

Sub theme: Not showing weakness.

Developing the ‘boarding school self’ involved participants needing to hide any “weakness” from others. This differed from not talking about difficult emotions as it was an internalised sense from the ex-boarders themselves, or an understanding gathered implicitly or explicitly from peers or teachers. Not talking about emotions appeared to be a sense gathered by the ex-boarder from culture and family, whereas not showing weakness seemed to be an unwritten rule from within the boarding school. Ex-boarders interviewed spoke of the need to keep this ‘rule’ within the school grounds, and to not let their parents know of any ‘weakness’ such as

missing home. All of these socio-cultural and institutional aspects of not speaking about emotions and not showing “weakness” combined and added to the development of the new ‘boarding school self’. This involved continued and increased repression of the individual’s true self and the need to adapt to the boarding school environment as the ‘boarding school self’.

Ryan, who was 7 when he first went to boarding school described his thoughts and perceptions around not showing weakness at school. For Ryan there was an understanding that others were homesick, but that showing this was seen as a “weakness” by both staff and peers. That it was “giving in” or “buckling” under pressure. The concept from Ryan that this was similar to prisoners of war “giving in” highlighted the intense sense Ryan had to conform to the boarding schools ‘rule’, to not show ‘weakness’ and perhaps also gave a flavour of the devastating consequences he perceived could happen if he did display any ‘weakness’ to others.

“There were a few people who were obviously homesick, that was the word that was used for it. Even the staff who were more caring and understanding sort of still looked on homesickness as something that was really unnecessary - pull yourself together, it wasn’t the done thing, and I think we all sort of looked on it as a sign of weakness or someone’s buckling here. A bit like prisoners of war, like someone’s giving in.”

For Jane who was 13 when she first went to boarding school, when asked if she spoke to anyone about her sadness at missing home, she described not just hiding emotions from others, but an understanding from within the school that if anyone saw you crying you got

laughed at. The fact that being laughed at for displaying natural human emotions highlights again the dual aspects of not being able to show emotions and the consequences if you did. My sense was that similar to Ryan, Jane felt that if others at boarding school saw her display her emotions, this was a ‘weakness’ to be mocked, although she never used the word “weakness” herself.

“No no, you went and cried by yourself and if anyone saw you crying you got laughed at”.

Sub theme: Protecting their parents.

Mark, who was 12 years old when he first went to boarding school, advised that further to not talking about emotions as this would show ‘weakness’, advised that there was another element that further compounded the issue of needing to hold onto and not discuss emotions, which was not wanting to worry their parents. This was a difficult bind created and, in many ways conditioned by the boarding school itself, whereby essentially the child was left with the responsibility to protect their parents from worry. Alongside Mark others describe how teachers and professionals at the school told them not to tell their parents anything emotional, as this would worry them.

“Well, you can’t (tell your parents) as that would show some kind of weakness, and you don’t want them to worry about you”.

Mary, who was 12 when she first attended boarding school, acknowledged the need to hide her emotions from her parents because of what she was told by the boarding school matron. Mary acknowledged again that further to not speaking about her emotions, and not showing weakness she couldn’t tell her parents anything as she would upset them. Similar to Mark this

showed a role reversal, whereby children were protecting parents rather than parents protecting their children. Mary also noted that having to do this stayed with her, and it was the “staying with” which indicates the culmination of the new ‘boarding school self’ who hides emotions, doesn’t show weakness and takes on the role of protecting their parents all in one. Mary advises of the impact this had on her mental health later in life.

“It was just, although that wasn't a spoken rule and you were never told you were not allowed to cry, I remember the first time I spoke to my parents I could barely speak because all I wanted to do was cry and I remember the matron saying to me don't because you'll just upset your parents. And that was it, I realise then I better not cry because I'd upset them”

Mary added *“I definitely look back and think there was a stiff upper lip mentality, don't cry don't show emotion and that stayed with me to the point where I broke down at the age of forty-four, badly, very badly, because that will damage a child”*

Sub theme: Lack of support from the school.

Further to the ex-boarding school student’s descriptions of harbouring emotions, not portraying “weakness”, and not wanting to worry their parents, the “boarding school self” appeared to be further created and compounded through a lack of emotional support for the students from the schools themselves. Many participants spoke of the desire to speak to someone professional to express their difficulties - to a teacher or a mental health professional. This was either unavailable or denied.

Ryan, who was 7 when he first went to boarding school, recalled an incident where he experienced not only a lack of emotional support, but also an apparent unwillingness on the school’s behalf to listen to his request for help:

“And one thing is that pastoral care or whatever you want to call it was completely absent...there was one stage when I was, sort of, felt like I was coming apart and I was, I asked to see the school psychiatrist. My house master told me no, no there’s nothing wrong with you, no you can’t. So that didn’t work”.

Jane who was 13 when she first attended boarding school also recalled a lack of emotional support from the school and those therein:

“I mean I could go to her (house matron) she had a morning and evening surgery, and you could go and get sanitary towels, get a plaster or a paracetamol or something like that. She had that basic practice, that was her job, but you couldn’t do anything emotional.”

Sub theme: Lack of adequate care, lack of protection and prevention of harm.

Mark was who 12 when he first attended boarding school, recalled the lack of support from the school and his sense that staff were not only unavailable for emotional support, but furthermore were unsympathetic and somewhat uncaring about the boarder’s emotional needs:

“There was a housemaster who was pretty sarcastic and laid back and the last thing one could imagine was bringing their complaints to him, and then we had house tutors who were teachers, and again they weren’t a sympathetic lot, and there was no pupil assigned to you to look after you or anything...there was a matron but again, you wouldn’t go to the matron with any real psychological issues”.

Further to a lack of emotional support, Clare recalled verbal and physical abuse by the teachers who were meant to be caring for and supporting her.

“They said awful things, and they hit me with a ruler...they’d be struck off now-a-days for their behaviour.”

Jane who was 13 when she first attended boarding school recalled emotional and verbal abuse by a headmistress at the school, which was known about and spoken openly about my students:

“I had a headmistress who, in retrospect I’m not sure if I would call her a complete bully but she was certainly, she enjoyed blowing people up is what we called it. It was obvious that she got pleasure out of telling you off and making you cry”

Ryan who was 7 when he first went to boarding school recalled conversations about sexual abuse, and while he was not a victim of this, the fact that he had evidence of it spoke of its existence within an institution that was being paid to care for children:

“Something that was around in prep school and that’s sexual abuse, which was going on at the prep school by teachers. It was kind of normal. I don’t think it was all teachers. It was never talked about by staff but you know teachers would suddenly disappear without a proper explanation. Possibly serious in my school, and that’s not good for anyone. That effects your

self-esteem and confidence and all kinds of things. That was very much part of the mix that was there.”.

The themes above describe the development of the ‘boarding school self’ - who hides emotions, doesn’t show weakness, takes on the role of protecting parents and receives no emotional support, but for some emotional and physical abuse. This appeared to be part of the process of adapting and surviving boarding school.

Major theme: Looking Back on Difficult Experiences from The Adult Perspective

Every ex-boarder had challenges and difficult experiences. Their experiences varied by gender and the age they were when they first attended boarding school, as did the ex-boarder’s reactions to their difficult experiences. All experiences were challenging, and one would imagine that this caused difficulty at the time. For some, when they recalled these difficult experiences, they spoke positively about them - how they helped them in unexpected ways. Others recalled their difficult experiences which remain difficult. They gave retrospective accounts of the destruction and damage done which left them feeling broken or resentful.

Sub theme: From challenges to negative reflections in adulthood

For Jane who attended boarding school at aged 12, recalled a negative experience of friendships, sports and adapting to her new boarding school life. Jane struggled to fit in and from her recollections was very upset by not being accepted by her peers.

“I don't think I ever adapted to boarding school.... I never made friends, I never trusted anybody...I arrived in a house in a year where there were 11 girls there already and they

were already in friendship groups.....and, ah, I never really fitted in, they played hockey, I wasn't any good at games, so, probably not the most important, but you're supposed to be supportive of your house and go and cheer for them... I didn't have that, I didn't care if they lost or won the hockey match at all."

"Jane" then recalled in more detail what it was like getting through her time at the school without friends or groups: .

"And one of the issues was, the campus was fairly big and to walk from the house to the school took between five and 10 minutes, and you are not allowed to do that by yourself. You had to go with two other girls. You had to be in three. One that had the accident, one that had to stay with the girl that had the accident, and one to run for help was, you know, the mantra. So I had to, either four or six times a day depending on how often we had to go back to the school, I had to attach myself to a group of girls going over who didn't want me, they were already in friendship groups. But I was not allowed to go over by myself. I had to attach myself to another group. So that was a daily, as I said four or six times a day, it was a constant horror for me. How was I going to bridge that gap between house and school? I just had to attach myself to a group that didn't really want me. It was horrible."

Ryan who attended boarding school at age 7, recalled his experiences of rule breaking to assert himself against the dominance of the school and recalled the consequences of this very negatively on him in adulthood:

"I think in my last one or two years, I started smoking a little bit at home, and I wanted to do it at school. It felt to me very adult, very different I could do something I wanted, you know

not just because it wasn't allowed, it was something I could do outside of school, and if I can do it then why couldn't I do it there? In a way it was the kind of rebellion but also a kind of trying to assert myself against this really dominant kind of overwhelming hold”

Ryan later spoke of the school punishing him. Ryan recalled being punished for smoking, but also being unfairly punished for a misunderstanding when he spoke to the headmaster. He was asked to leave the school without attending his leaving ceremony, and he spoke of how this had a very negative impact on which remained with him.

“That was kind of really crushing because....I left in a kind of, in disgrace and it was so destructive...I’m 30 and I still have dreams that I’m stuck there.. It feels as a sense of being stuck there and never being validated as a leaver and never having an ending, a proper ending and being stuck in the system.”

Sub-theme: From challenges to positive reflections in adulthood

For Mark who attended boarding school at age 12, recalled difficulties with fitting in, having few friends and being bullied but saw these difficulties as having a positive influence later in life.

“Well, I have a load of detailed memories - the background is I look much younger than my age, I was very short and stuff, so I did come in for a reasonable amount of bullying but nothing insufferable. Also, I learned to become a particular favourite of the teachers, so I was a bit of an outsider at school, but now I feel that sort of helped to stiffen me up for the real world. I had a few friends but not that many. And I'm certainly glad I went.”

Tom who attended boarding school aged 9, described an experience of being punished, but for him he recalled the physical discipline he received as character building:

Interviewer: Okay. So, you feel like being at a boarding school actually was quite a helpful thing for you discipline wise?

Tom: Yes, without questions...it was a good teaching background for how to get on in life basically. How to get on with people, how to be punctual, how to get to places at the right time, civility, general code if you like which has served me well through my whole working career."

Tom then described how he was "beaten at school" but he looks back on this positively and how he felt this helped him in terms of discipline in his later life"

Tom: "I look on it very favourably, it was a good thing. I'd be more unruly if I hadn't had the discipline."

Major theme: The Impact of Boarding School in Adulthood:

Below is an account of the impact boarding school had on the ex-boarder's mental health, well-being and relationships in adulthood. Some of the ex-boarders described the long term and detrimental impact they felt boarding school had on their mental health, well-being and relationships in adulthood; including how boarding school directly impacted these areas.

Some spoke of broken bonds and trust lost between them and their parents which impacted them greatly in very detrimental ways. Others described how their experiences left them broken and unable to function in a healthy, productive capacity. For other ex-boarders, they didn't perceive that boarding school, despite its challenges, had any impact on their mental health, well-being or relationships in adulthood. Some spoke of the benefits of lessons learned from boarding school. They felt boarding school helped them to function better socially for example, and this then helped them to form healthy relationships and to have stability in their mental health and well-being in adulthood.

Sub-theme: Mental health and well-being.

For Ryan who was 7 when he attended boarding school, spoke of how his mental health and well-being in adulthood were negatively affected by his experiences at boarding school described earlier, whereby he was punished harshly and left without an official leaving. Ryan described being angry, and unable to settle into life outside the school because of the negative experiences he had there:

Interviewer: "So what was life like after you left school?"

Ryan: "Disastrous. By that stage I was sort of angry. I wasn't very good at being angry I didn't know how to be angry. I was very mellow sort of. You know my self-esteem and

confidence were completely shot, and very anxious about anything and everything. I actually had a place at Oxford, and I couldn't face it when it came to it...I couldn't face going into an academic environment. I felt so, I think, deeply ashamed, broken I think by the whole experience. I tried to stand up against it, I'd lost. I didn't want to go back into that. So, I didn't take my place and I carried on working in London for a bit."

Mary, who was 12 when she first attended boarding school also perceived the impact of boarding school negatively on her mental health and well-being in adulthood and felt "quite damaged" by her experiences.

"Mentally I would say I'm quite damaged. I have a good relationship with my kids, but I had to explain to my kids the reasons that I'd said or done the things that I've said or done, is because of what happened to me at school".

For Mark who was 12 when he attended boarding school, when asked what impact he felt his school experiences had on his mental health and well-being in adulthood, he felt the experiences he had at boarding school built his resilience:

"I'm not advocating it as an educational model, but in my case, it definitely helped me become more self-reliance, more robust, more capable of dealing with adversity, stuff like that.... I can obviously see that in other cases that could be quite damaging, but just in my case it helped rather than hindered. On the whole, positive feelings I had were having survived the kind of tough environment. And, done fine as it were."

Interviewer: “So a sort of means to an end almost.”

Mark: “Yeah...in terms of making me into someone who can survive happily in the world, I definitely feel that school was a big contribution to that.... It impacted positively in an unexpected way....school build a psychological infrastructure that enabled me to have more friends now, and be happy and comfortable with myself..... I feel that the foundations of understanding how all those things work came from school. I didn't have it and couldn't do it at school, I had an awareness that that was a failing of mine at school and that helped me build those capabilities.”

And when asked more specifically about his mental health and well-being in adulthood Mark advised:

“Fortunately, I’m very rarely, if ever depressed. So, I count myself quite high up on a happiness scale.”

Sub-theme: The impact of boarding school on the ex-boarder’s relationships in adulthood.

Again, similar to the impact on mental health and well-being, the recollections of the impact of school on their relationships in adulthood varied by individual. For some they viewed the school negatively and stated that it had a negative impact on their relationships. Others advised that it had no impact, or a positive impact on their relationships in adulthood.

Mark, who was 12 when he first attended boarding school saw his time at boarding school as helping to build his ability to form proper relationships in adulthood:

“I can now do a lot of the things I couldn't do at school in terms of having a proper relationship with other people and then part of those capabilities were, I can see how not to do it having learned at school...I'm in a loving relationship with my only wife, we remain married and together for over 30 years. We've got two children who we have good relationships with, those kinds of things.”

Mary who started boarding school at age 12, spoke of difficulties with her relationships in adulthood and how boarding school impacted her relationships as it damaged her ability to form trusting relationships, mainly because of the trust that was broken with her mother:

Interviewer: “When you say that's when the problems started, do you mind if I ask about what problems started?”

“Well, I've had a series of terrible relationships in adulthood. I've been married twice. I have three children. Their dad had an affair. I didn't find out about this until three years had gone by. But you know that's the sort of norm for me. I had these disastrous horrible relationships and I just feel like I never had any direction from a parent on how relationships should be, or how they should work. I had a terrible problem with trust, seriously bad problem with trust. It wasn't until I was older, and I've gone through some bad relationships that I realised just how little trust I had in my mother.”

Interviewer: "How did you realise you lacked trust in your relationship with your mum?"

Mary: "I'm 48 just now, and four years ago when I was 44, I had a pretty bad breakdown and I've been getting counselling on all sorts of things. Things that didn't help as well. One of the big issues was, the reason I'm not good in relationships with other people was because, the trust is broken between my mother and I when I was 12"

Interviewer: "And a lack of trust is that something that you've encountered in friendships too?"

Mary: "Yeah, it's across the board I'm really bad with friendships and people in general."

Clare who was 6 years old when she attended boarding school similarly described a negative impact of boarding school on her relationships in adulthood. Clare described how she and her husband were both at boarding school, and this combination meant they were both so damaged their relationship couldn't work. Clare also spoke of the impact on her children, as she didn't want them to have the experiences' she had at boarding school and wanted their experiences to be different:

"I was married and had two children. He (husband) was also at boarding school and the two of us together. I mean there was just no way, whatever I wanted, he wasn't able to give and clearly whatever he wanted, I wasn't able to give for the same reasons, but just different angles of it. So, I think I managed the 17 years, because that was the other thing. I

desperately wanted a different experience for my children, but I didn't know different to what because at that time I hadn't engaged in any therapy."

When asked she noticed more specifically how boarding school impact her marital relationship Clare recalled:

"We kind of limped along but we kind of just re-traumatized each other. I think every time there was a challenge or a disagreement, it's just, it's almost like we couldn't help but do it because we didn't; we each had our own traumas. He kept stumbling over mine and I would stumble over his, not necessarily intentionally, but so after 17 years when my kids were both coming to the end of primary school starting secondary school, I asked him to leave."

Tom, who was 7 years old when he attended boarding school advised how he didn't feel there was any connection between his boarding school experiences and his relationships in adulthood:

"Tom": No, I don't think so. I don't think so. I had various relationships over the years, and I don't think school had any kind of bearing on it at all, no."

Ryan who was 7 when he first attended boarding school described a negative impact of boarding school on his relationships in adulthood:

“I think in terms of relationships after school I was broken basically, so I went through life and didn't really make any relationships. I had acquaintances at work. I did my best.”

Major theme: Reducing the impact of their difficult experiences from boarding school in adulthood

Sub-theme: Therapy

Many of the ex-boarders interviewed described going to therapy and the benefits of this in helping them overcome the difficult experiences they had at boarding school. Clare who was 6 years old when she first attended a boarding school described undertaking years of therapy which she said she found “*very beneficial*”.

Ryan, who was 7 when he first attended boarding school described how he felt therapy helped him make sense of his experiences from boarding school:

“I’ve had time to process it and obviously counselling training and seeing a therapist now for nearly 20 years gives you time to kind of mull things over, but I still feel deeply angry with the system and deeply hate it. I think it’s harmful and wrong. But in many ways, I’m kind of more, um, able to analyse what’s wrong with it instead of just feeling aggrieved about it. I think what really helped was seeing a therapist in the years when I was completely lost, um, in my 20s I think, early 20s”.

Mary advised that therapy helped her realise where a lot of her difficulties arose from, and helped her to understand that it was a lack of trust with her mother from when she was sent to

boarding school at aged 12 which affected her ability to trust others and then consequently her relationships with men and in friendships generally

“The reason I'm not good in relationships with other people was because, the trust is broken between my mother and I when I was 12 although I didn't realise that. So, it was through talking therapy that I managed to realise a lot of what my problems were and where they stemmed from.”

Jane who attended boarding school at aged 13 years, also described the benefits of therapy and being able to talk through what happened and unpick all these experiences had allowing her to move forward with her life:

“That was a lifesaver (therapy), being able to properly process things because there was so much stuff inside me that needed to come out. I think if I had not got myself into things like counselling and having my own therapies, I might have really struggled with my mental health, but...they give me an opportunity to look at myself and express a lot of feelings and sort myself out”

Sub-theme: Support groups

Jane described how having support through “boarding school survivors’ workshop helped her understand and process the difficult experiences she had at boarding school:

“It's only in the last 20 years that I've been to the boarding school survivors’ workshops and really been able to articulate and understand the depths of the deprivation, the emotional

deprivation that happened in school.....You have to learn to look as if you're all right, though you may be feeling all sorts of other things inside. And I suppose it's taken me a lot of years to unpick that."

3.5 Summary

This chapter described the main findings from the research process. The thesis investigated if differences exist between students who attended boarding school aged under 12 compared to those who attended at age 12 years and older. The main findings from the qualitative tests using psychometric measures of mental health, well-being and relationships indicate that those who attended boarding school at under twelve years, have more anxiety in adulthood compared to those who were 12 years and older when they first attended boarding school. Although other findings were not statistically significant, when looking at caseness levels, those who were aged under 12 when they first attended boarding school scored poorer on all measures, including having more symptoms of depression, more experiences of anxiety and avoidance in close relationships, experiencing more rejection in childhood, higher levels of trauma in childhood and more PTSD symptoms.

Themes derived from interviews with ex-boarders highlighted the difficulties that arose from attending boarding school including missing home, feeling unable to talk to others about their difficulties, fearing they would be perceived as 'weak' if they did speak to someone, or how even if they wanted to speak about their difficulties with someone professional for example, either teachers or support staff, there was no one available. For some these experiences led to difficulties in adulthood in their mental health well-being and relationships, while for others they reflected on how the challenges of boarding school helped them to build what they

described as resilience later in life. For those who remained distressed by their experiences, some sought therapy and support groups and spoke of these as being beneficial in helping them overcome the difficulties they experienced. The following discussion chapter investigates the findings from the results chapter given, in more detail and includes theoretical concepts of how the different experiences of the ex-boarders may have impacted their mental health, well-being and relationships in adulthood.

Chapter 4

Discussion

4.1 Chapter overview

This chapter discusses the results given previously in Chapter 3, with more theoretical concepts underpinning the results found. It also includes a conclusion to the thesis, limitations and future research recommendations.

This thesis aimed to understand how the ex-boarder's experiences differed between those who started boarding school at the younger age of under 12 years compared to an older age of 12 years and older, in their adult mental health, well-being and relationships. Quantitative analysis used a battery of outcome measures looking at mental health, well-being and relationships of the ex-boarders. Qualitative interviews explored the rich and diverse descriptions ex-boarders gave of their time at boarding school.

4.2 Discussion of results from quantitative analysis

Quantitative analysis which included comparison of means on psychometric measures found differences in anxiety levels between those who started boarding school at a younger age (U-12) compared to those who started at an older age (O-12) – with those who started at a younger age having significantly higher levels of anxiety in adulthood.

When looking at the impact of gender and age on anxiety levels in adulthood, there was no significant effect of gender on anxiety levels, but age attended boarding school was

significant, with those who attended boarding school aged under 12 years having significantly higher levels of anxiety in adulthood. These findings need to be considered alongside age differences in males and females separately. Females who attended boarding school at a younger age (U-12) compared to an older age (O-12) had significantly higher levels of anxiety in adulthood. When we consider this result more closely, scores on the HADS anxiety measure were outside what would expect for population norms for both male and females (Breeman et al 2014). Anxiety levels were higher than population norms for both males and females in the under 12 years group (U-12) and for males in the 12 years and older group (O-12). For females in the 12 years and older group (O-12) however, the number of women who reported having anxiety was far lower than what would be expected – with none of the females who responded to the HADS anxiety measure in this group reporting any anxiety in adulthood (i.e a score of 11 or higher for anxiety on the HADS). This is uncharacteristic of expected population norms for females (Breeman et al (2014).

Further analysis of psychometric measures used, taking caseness levels into consideration showed that although not statistically significant, those who were under 12 years when they attended boarding school had poorer outcomes on all measures including anxiety in males, depression, avoidance in close relationships, PTSD, childhood trauma, rejection, over-protection and emotional warmth from their parents.

Reflections on quantitative findings

Findings indicate that age attended boarding school significantly impacted anxiety levels in adulthood. Furthermore, females who attended boarding school at under 12 years had significantly higher levels of anxiety in adulthood, compared to those who were 12 and older. This could be due to the fact that no females in the latter group reported having any anxiety in

adulthood (see table 3.2.1 for full details). This is outside what would be expected compared to population norms for females (Breeman et al, 2015) and is an interesting finding in this thesis. Research on anxiety differences and gender indicates that women report higher levels of anxiety compared to men (McLean et al, 2012) including when reporting their anxiety levels on the HADS (Breeman et al, 2015). However, given that no women reported having anxiety in adulthood after attending boarding school from aged 12 years and older, this may relate to resilience amongst this group, but it is difficult to say why no women in this group reported having anxiety in adulthood. A discussion of how anxiety might present in adulthood is given below. This is given in the context of anxiety which develops from both a younger age and an older age, for any gender, as anxiety for both males and females were above expected norms. Given also that casesness levels showed higher levels of anxiety, depression, avoidance in close relationships, PTSD, childhood trauma, rejection, over-protection and emotional warmth from parents, a discussion of how other difficulties may arise in adulthood is also given.

4.2.1. Anxiety in adulthood

Schaverien (2011) was the first to coin the term ‘boarding school syndrome’ which refers to a set of long-term difficulties including anxiety, caused by the early rupture of attachments to parents and home life when sent to boarding school. These difficulties are said to be further perpetuated by having to adapt to a new institution without home life comforts, parents, siblings or even pets for consolation. The boarder shuts down the need for intimacy, resulting in life-long difficulties including many areas but also anxiety. Schaverien argued that this could be worse for those who attended boarding school at a very young age, but that equally

being taken away from your parents and those you love at any age may cause long-term difficulties.

According to Bowlby (1969) developing a healthy attachment involves retaining a bond with an accessible and consistent attachment figure and is imperative for the individual's sense of safety and security. Bowlby (1969) first spoke of anxiety in adulthood as related to attachment styles developed in childhood. When we consider children placed in care over the age of 9 months, it is the first few months that are crucial to the development of positive attachments (Kobak & Madsen, 2008). This is of paramount importance for the healthy developing baby and toddler. When this is not fulfilled, the baby can respond with protests, despair or detachment. Attachment theory states that older children and adults display similar responses to that of the young baby when there are threats to the carer's availability, in the case of rejection, abandonment or prolonged absences. In the case of boarding school where prolonged absences from an attachment figure are the norm, this is thought to produce feelings of anxiety, sadness and anger from childhood through to adulthood. Patterns of attachment generally last across the individual's lifespan, and the attachment style they adopt at infancy generally predicts their developmental trajectory through life (Kobak & Madsen, 2008). In children who started boarding school at a younger age, the periods of separation and absences are years longer. Therefore, children sent to boarding school at the age of 6 or 7 years for example, have less of an opportunity to develop as secure a base as a child sent at 12 or 13 years may have. This can impact anxiety levels in adulthood but can also impact in other areas.

4.2.2. Anxiety and other difficulties in adulthood

Research on attachment theory has cited that inconsistent, unreliable or unavailable attachment figures in a child's life can lead to a wide range of difficulties in adulthood from mild distress to major mental health problems including depression, personality disorders (Meyer & Pilonis, 2005), emotional dysregulation, self-harm, cognitive disorders, narcissistic personality disorder (Crawford, Livesley & Jang, 2007), difficulties expressing emotions and problems with intimacy (Livesley, 1991). Although findings on the impact of boarding school on areas other than anxiety were not significantly different between age groups in this thesis, there were differences in caseness between the younger group and the older group, with the younger group having poorer outcomes in levels of depression, PTSD and experiences of childhood such as emotional warmth from parents. A control group of ex-day students to compare to ex-boarders who attended boarding school at aged under 12-years, and 12 years and older would help to understand more about the differences in mental health, well-being and relationships in adult ex-boarders, and how much these differences vary by age attended boarding school. There may be significant differences between all groups in comparison to a control group.

Previous research looking at attachment difficulties occurring from adolescent trauma indicates that difficulties occurred for this group in adulthood also. For example, research into insecure adolescent attachment caused by parental divorce or separation, or traumatic adolescent events appears to lead to more avoidant coping mechanisms in adulthood resulting in increased risk of depression, anxiety, preoccupation with and difficulties in close relationships, substance misuse and suicide (Shumaker, Deutsch, Brenninkmeyer, 2009).

Perhaps another consideration for the ex-boarder is the parental attachment pattern they experienced. Our attachment history can affect our well-being for life and can play a role in

how we parent our own children. According to Benoit (2004) a person's parenting style can imitate the style they received as an infant. Benoit (2004) investigated how much influence existed in attachment styles and found that a mother's attachment classification recorded during pregnancy, successfully predicted their infant's classification at twelve months in 82% of cases. When we consider that in this thesis, alongside anxiety, younger boarders scored consistently poorer across all measures, including those looking at their experiences of childhood, how they experienced their parents as children, and on measures of their close relationships in adulthood; perhaps it is not only their age, but their pre-existing attachment style combined with their younger age which resulted in the difference in their caseness levels. This would need further investigation as the attachment style of the older boarder groups could also have been difficult and inherited from their parents, which could have implications in adulthood for them also. More research is needed looking at attachment styles comparing day students to boarders to be conclusive.

Research by Faulkner (2018) looked at the attachment styles of boarders (who attended boarding school at any age) compared to day students and noted that ex-boarders had more traumatic incidents in childhood, but that all of the ex-boarders interviewed had attended therapy in adulthood which afforded them a more balanced and secure attachment style, compared to the ex-day students. Therefore, therapy may have benefited the ex-boarding school students given that they were organised toward a more balanced, secure attachment style compared to the ex-day students.

Previous research into the role therapy plays in improving attachment styles in adulthood indicates that therapy can improve attachment security and reduce attachment anxiety (Taylor, Rietzschel, Danquah & Berry, 2015). Taylor et al undertook a systematic review of literature which had looked at changes in attachment styles during therapy, measured by the

adult attachment interview. They noted that eleven of the fourteen papers reviewed highlighted some form of improvement in attachment style following therapy including increased secure attachments and reduced anxious attachment styles. Further research looking at the attachment styles of ex-boarders compared to ex-day students, where no participant had undertaken psychological therapy to alleviate difficult attachment histories could provide a clearer picture of the implications of attachment style on adult attachment difficulties in ex-boarders compared to ex-day students.

4.2.3. The qualitative and quantitative findings considered together

Incorporating both qualitative and quantitative elements into this thesis allowed nuanced experiences of attended boarding school to be uncovered in a fuller and more robust way. Using both methodologies provides a detailed and descriptive account of the experiences of those who attended boarding school. It allows more kinds of questions to be answered than what could be answered by qualitative or quantitative analysis alone (Leech & Onwuegbuzie, 2008). Previous research into the impact of boarding school mainly used only quantitative research. Qualitative accounts are available, but these are largely based on individual recollections of their experiences (e.g. Simpson, 2019). In this thesis, a quantitative investigation of how, and in what capacity, differences in mental health, well-being and relationships in adulthood exist in those who attended boarding school at under 12 years, compared to differences in those who were 12 years and older, is complimented by qualitative interviews which give an understanding of how these differences came to exist. The battery of measures quantifying any mental health, well-being and relationship difficulties in adulthood used, alongside the number of interviews undertaken assessing participants descriptions of their experiences at boarding school and how these experiences

impacted them in adulthood is in keeping with the methodology of this research – for both methods to work together allowing harmony between findings. The results uncovered aren't conclusive and further research is needed to investigate this complex area but having both quantitative and qualitative elements incorporated adds further depth to knowledge in the field and gives a fuller sense of how mental health, well-being and relationships in adulthood are impacted by attending boarding school as a child.

4.3 Discussion of results from qualitative analysis

The following section discusses the findings from interviews undertaken with adult ex-boarders. The findings are described based on each theme that was uncovered and how each theme discussed, impacted their mental health, well-being and relationships in adulthood.

4.3.1 Leaving home

The first major theme titled 'leaving home' described the boarder's experiences as they transitioned from their homes to their new boarding schools. In their descriptions, ex-boarders spoke of feeling homesick, as well as missing details of the initial days and weeks at the boarding school. They described memory loss for certain pivotal events around this time, such as saying goodbye to a parent as the train pulled away to take them to boarding school. These themes are discussed. No differences were found within the themes of homesickness and loss of memory according to the age the ex-boarder was when they first attended boarding school. However, described below is previous research into both of these themes which indicates that homesickness and loss of memory for important events can occur for ex-

boarding school students no matter what age they were when they left home for boarding school. The impact in adulthood is also described with previous research indicating serious long-term effects in mental health, well-being and inter-personal relationships.

4.3.2 Homesickness

One of the first main themes to emerge from the ex-boarder's descriptions of their experiences at boarding school was homesickness. Homesickness involves complex symptoms of unprocessed grief in response to the loss of home, according to Thurber & Walton (2011). For some of interviewees in this study, homesickness impacted them regardless of the age they were when they attended boarding school. There is plenty of evidence showing that homesickness is extremely common within institutions, such as the army (Matt, 2011). During times of war soldier's homesickness became so severe that army physicians began to pay new attention to it as an official illness (Matt, 2011). It was later discovered that 58% of soldiers who suffered from homesickness went on to develop some form of personality disorder (Elisabeth, Duijsens & Verschuur, 1996). This highlights that homesickness can occur at any age and supports findings from this thesis. Research by Lambert and Millham (1968) on boarding school said that homesickness affects all children, some occasionally and others, deeply and persistently. This was followed by more recent research by Thurber & Walton (2011) who added that it is only natural for children to experience some form of home sickness when going to boarding school, but some boarders experience home sickness as persistent and unrelenting. Schaverien (2004) noted that homesickness signifies the broken mother-child bond which the child yearns for. This is said to induce feelings of homesickness at school, which continue to later life and leads to difficulties in intimate relationships whereby the ex-boarder is torn between wanting intimacy

and fearing rejection – this involves dependency on one hand, and on the other a lack of ability to completely invest emotionally in any relationship. This is said to lead to long-term difficulties in close intimate relationships leading to marital disharmony or divorce. Schaverien (2004) adds that the difficulties with intimacy relate to unconscious idealisation of the other, and degradation of them also – therefore whatever the partner does, the ex-boarder may unconsciously punish them for the experiences of rejection they had from their primary carer.

4.3.3 Forgetting details of the transition

For the ex-boarder in both age groups, an inability to fully recall the transitional experience from home to school existed. Previous research indicates that for individuals' who experience mood disorders later in life such as anxiety, but also depression, affective disorders such as bi-polar disorder, or PTSD, a key feature of this can be the inability to recall difficult past experiences particularly if these experiences were emotionally painful or evoked a lot of negative emotions at the time (Dalglish and Werner-Seidler, 2014). Furthermore, the inability to recall difficult and distressing events not only defines the mental health of many but can also drive the onset and maintenance of later life mental health disorders (Dalglish and Werner-Seidler, 2014). This supports the findings in this thesis that an inability to recall difficult or traumatic experiences may lead to difficulties in mental health and well-being in adulthood, and this can occur no matter what age the traumatic experience occurred.

Trimingham & Devereaux (2019) researched younger ex-boarders, boarding school trauma and difficulties in the recollection of events in adulthood. Their paper states that a young child's memories from boarding school may be "unspeakable" because they lack the

language to articulate their boarding school experiences. They advise that adults who survive the trauma experienced at boarding school, experience themselves and their world differently as much of their energy is put into suppressing inner chaotic feelings associated with what happened at boarding school. They state that these attempts to suppress and forget what happened can lead to physical illness and leave the adult unable to engage in daily pleasures of life. Schaverien (2015) also spoke of the suppression of memories related to trauma experienced at boarding school at a very young age, and how the adult can respond in an almost dissociative manner when faced with memories of events from boarding school that are too intolerable to process. Much of the research on memory loss and trauma from boarding school advises that memory loss occurs because the child is very young and hasn't developed the language skills to full articulate their experiences at the time and therefore cannot process and integrate the trauma into their psyche effectively. This is echoed by Duffell & Bassett (2016) who state that children sent to boarding school at a young age suffer memory loss of traumatic events. However, from the interviews undertaken for this thesis, Clare and Jane had an inability to recall details and even days from their initial boarding experiences, but their ages were 6 years and 12 years respectively when they first attended a boarding school. Therefore, perhaps it is not just the young child who process trauma in this way, but adolescents also. Previous research into memory loss at adolescent age from traumatic events at boarding school is sparse. Research by Cook, Spinazzola, Ford, Lanktree, Blaustein et al (2005) looks at complex trauma at adolescents and memory loss in the general population and advise that ongoing complex trauma experienced at adolescents can lead to a number of difficulties in adulthood including memory loss and symptoms of PTSD. They advise that the response of the parents or care givers to the trauma at the time of its occurrence is the most important factor that mediates mental health outcomes in adulthood. In the case of boarding school there has been little or no research into memory loss from

complex trauma experienced at both child and adolescent life stages. This phenomenon could benefit from future research in order to help ex-boarders understand any memory loss that occurred, no matter what age they were when it occurred, and allow them to process any repressed traumatic memories and move on from their boarding school past.

4.4.1 Developing the boarding school ‘self’

Previous research on attachment and loss (Winnicott, 1960, Kohut, 1977) states that the level of shock from child-parent separation can result in the child creating a “false self”, where feelings of shock, hurt, pain and sadness are kept inside and instead, the child gives a defensive facade of authenticity to hide the pain and get through the difficult situation (Winnicott, 1960). Kohut’s (1977) research on narcissistic injury adds that prolonged separation from a parent can impact resilience, lead to continued defence mechanisms being developed and can have life-long effects on work and relationships. The themes which emerged of participant’s experiences of boarding school fit with this previous research on the development of a “false self” which I have termed the “boarding school self”. The first part of this development appeared in the holding onto and internalisation of emotions. Secondly participants described how they feared they would be perceived as “weak” by displaying vulnerable emotions to others, compounding negative feelings further. Finally, they described how they had no one to express their difficult emotions to, even if they had wished to. There were no differences noted in experiences between those who started boarding school at a younger age, compared to those who first started boarding school at an older age.

Winnicott’s (1965) research into the development of the false self focuses on the infant or toddler’s development, and how experiences at this stage lead to mental health and

relationships difficulties. It did not consider how traumatic experiences later in life, at late childhood or adolescents for example, can lead to similarly developing a false sense of self in order to cope with traumatic experiences. In terms of the ‘false self’ developed at boarding school by the participants interviewed, this appeared to relate to emotional suppression at early childhood and into adolescents.

Previous research into the impact of trauma in children and adolescents (Cook et al, 2005) states that exposure to trauma at any age can result in the loss of one’s capacity to self-regulate, to relate to others and to manage their emotions effectively and places them at risk for life-long problems including psychiatric disorders, substance misuse issues and family or relationships problems. When the child-carer relationships is the source of trauma, previous research states that young infants or toddlers react by becoming easily distressed, they find it difficult to self-regulate and can become emotionally unstable easily (Cooke et al, 2005). When the older adolescent-carer relationship is the source of trauma, they are more likely to react with disorganised attachment which “manifests in survival-based behaviours” (Cook et al, 2005) p 393) that are rigid and extreme and engender life-long physical and psychological difficulties including increased susceptibility to physical health problems, stress, and an inability to regulate their own emotions or emotional numbing to difficult experiences (Cook, et al 2005). This can lead to the development of a ‘false self’ as our emotions are suppressed, and an artificial person is created. In the case of the ex-boarders this persona was created as a survival-based strategy, to protect themselves from experiencing and re-experiencing developmental trauma, shock or loss from their close relationships, their parents or the boarding school environment itself. Below I outline how this process occurs for the ex-boarders, by first holding onto difficult emotions, suppressing these and not allowing their

true selves to be seen, and finally feeling they should maintain a ‘false self’ in order to survive being seen as ‘weak’ for displaying emotions or worrying their parents.

Even though no differences were noted between age groups, what this research has shown again is that caseness levels between the under 12 group, and the 12 and older group were worth noting - both had very high levels of childhood trauma with 100% of those who attended boarding school at under 12, and 100% of those who attended boarding school at aged 12 and older stating they experienced at least one traumatic event in childhood which they rated as highly burdensome. Therefore, traumatic events at any age may have led to the difficulties described which can arise in adulthood.

4.4.2 Holding onto emotions

Nearly all participants described holding onto difficult emotions at boarding school. They described a taboo around displaying emotions that was both implicit and explicit. The underlying reasons why they hung onto them varied between participants - some perceived it as an individual personality trait, some a cultural trait, some as a family trait inherited from previous generations attending boarding school; and others described how keeping difficult emotions to themselves was simply how their family managed their emotions generally.

Whatever the narrative, the impact of holding onto difficult and distressing emotions remained the same. Duffell (2000) described how distressing emotions experienced at school affect the core of the personality in the developing child: the vulnerable self needs protection, and this is attempted through holding in distress and keeping it to themselves. As a result, a form of acquired and defensive encapsulation of the self can occur. Duffell (2000), similar to Winnicott (1978) and Kohut (1977) advised that this type of personality structure, which serves as a necessary protective function at the time, is difficult to reverse and can lead to problems with intimate relationships in later life. Schaverien (2011) furthered this concept

with the idea of ‘the armoured self’, whereby the boarding school student may not have expressed their difficult emotions due to a general taboo on doing so at boarding school. In Schaverien’s book “The trauma of the privileged child” the taboo on expressing emotion was described as being common in such institutions, owed to it being a privilege to attend and not wanting to seem ungrateful for that privilege. However, she advised that consequently, the needs of the distressed child remain active, but unconscious within the adult, and that the psychological interplay between these facets of the personality may be detrimental to intimate relationships in the adult.

4.4.3 Not showing weakness

The next theme which emerged in the development of the ‘boarding school self’ involved participants describing how they were unable to show “weakness”. This involved not vocalising or displaying difficult emotions to anyone or it could be viewed negatively as a weakness. This concept came from the boarders themselves and a sense they had, as well as from within the school - from teachers or support staff who explicitly advised them not to show their emotions (to their parents for example). Freud (1936) described how people have strategies to protect themselves from negative feelings - he called these ‘defence mechanisms’ and advised that they were used to shield the person from the intolerable pain experienced in their environment at the time. This corresponds with Goffman’s (1959) writings on boarding school student’s defences, and his theory of “the presented self”. Goffman (1959) described how boarding school students become actors who put on a performance to their audience (i.e. their fellow students) to hide how they really feel. It is only when they are in their backstage (ie in private) that they can release their emotions. Duffel (2000) advised that boarding school students may hold in and not show “weakness”

because they desperately wanted to guard against ‘failure’ and ‘weakness’ in themselves; and out of fear of being ‘the-only-one-who-cannot-take-it’. Doing so however may powerfully affect the personality of the child and the subsequent adult (Duffell, 2000).

4.4.4 Protecting their parents

Schaverien (2015) discussed how the boarder finds themselves in situations of needing to protect their parents from worry. She spoke of how the boarder is told that attending boarding school is a privilege which the child should be grateful for – the child knows it is expensive and is expected to appreciate the privilege. They are told that they should be grateful for being so lucky; and that telling their parents they are unhappy would make them appear ungrateful. Therefore, the child doesn’t vocalise their distress and puts on a false façade of appreciation for their parents. Schaverien advised that this façade continues into adulthood where the successful ex-boarder has money and status but remains feeling profoundly troubled and unable to articulate why.

Some of the ex-boarders interviewed described very similar experiences - they advised how the boarding school staff told them not to tell their parents they were unhappy or that they missed home, as this would upset their parents. This caused many to hide their feelings of sadness, loss and guilt in order to protect their parents from pain, sadness or worried. This harboured pain remained into adulthood where the ex-boarder had by then learned to present as though they were coping, but they remained deeply wounded by their experiences. Many advised that this impacted their well-being and relationships as they never become fully able to trust in other people. Duffell (2000) spoke similarly of this pattern of harbouring emotions from parents which then impacts long-term relationships. He advised that it prevents trust

from developing and means that the confidence of the ex-boarder in themselves and others is eternally fragile (Duffell, 2000).

4.4.5 Lack of support from the school/ protection from harm

Further to the ex-boarding school student's descriptions of harbouring emotions, not portraying "weakness" and having to protect their parents, the "boarding school self" appeared to be further created and compounded through a lack of emotional support for the students. Many participants spoke of the desire to talk to someone professional to express their difficulties - to a teacher or a mental health professional. This was either unavailable or denied. A substantial body of literature (Creasey et al., 1997; Deci & Ryan, 2012; Fernet, Gagné, & Austin, 2010) purports that students who have had a positive relationship with a teacher or counsellor allows fuller child emotional maturity and healthier adult development. It allows the individual to learn how to function effectively in particular contexts and promotes resilience in adults (Wentzel, 1999). Negative relationships however, foster a poor school environment and the lack of emotional support has been associated with low academic achievement, low school connectedness, and poor self-direction later in life (Birch & Ladd, 1997). Further to the recollections of a lack of emotional support, other's recalled abuse by the teachers. Bottoms, Nielsen, Murray & Filipas, (2004) advised that children who were abused can go on to develop an assortment of physiological, intellectual, psychological, and behavioural problems in response to the stress of their abuse, including increased aggression in adulthood, antisocial personality traits, depression, anxiety, emotional and behavioural problems and suicidal ideation.

4.4.6 Different reflections

As time went on at the boarding school, participants described how they learned to adapt to boarding school life. For some this meant they felt more content and less distressed by previous difficult emotions. For others it did not, and they continued to struggle. As a trainee clinical psychologist this is something that fascinates me. Why do some experience life difficulties in a negative way, while others do not and instead attribute the development of resilience and personal growth to their difficult past experiences?

When we consider the different difficulties experienced by the ex-boarders at boarding school such as punishment for smoking or feeling they never made friends or connected with others; the impact and consequences of these difficult experiences on the ex-boarder's mental health and well-being varied a lot. For some they described personal growth, resilience development and positive life-long lessons. For others they recalled the opposite effect - that these experiences hindered their development and affected them negatively in the longer term and they harboured feelings of sadness or resentment. The variety of responses to difficult experiences didn't vary according to age group. The question of what caused or influenced these different perspectives, and why some viewed difficult events positively later in life, and others negatively remains an interesting question to be resolved. This is discussed below and considers factors such as resilience and post-traumatic growth, which may have influenced the ex-boarder's reflections of their difficult past experiences, no matter what age they occurred at.

Resilience is defined as a dynamic characteristic which allows some individuals to experience a relatively positive outcome, despite stressful or adverse experiences (Rutter, 2013; Stainton et al., 2019). Resilience has become one of a number of significant constructs to be studied extensively by positivist psychologists over the last few decades. Its roots in psychology go

back much further. The philosophy behind the psychotherapy treatment ACT (acceptance and commitment therapy), which is based on Skinner's (1948) radical behaviourism teaches us that instead of reflecting on difficult events negatively, one should accept and embrace them (Harris, 2007). This is a concept that has been around for thousands of years, known primarily to the ancient Hellenistic philosophy of Stoicism founded by Zeno of Citium in the 3rd century BC. According to stoics, the path to 'eudiamonia' (happiness or blessedness) is found in accepting the moment as it presents itself, by not allowing oneself to be controlled by the desire for pleasure or fear of pain; but to use one's abilities to be at one with the world and the path laid out for them. The stoics emphasised that virtue was the path to happiness, and those who could achieve this (a 'sage') would be emotionally resilient to misfortune.

In more recent years, studies of resilience have found that the single most important determinant is the quality of our close personal relationships (Van Der Kolk, 1994). A child's early attachment to their parent or carer plays a lifelong role in how we adapt to different difficult situations. How loved a child felt has been shown to be a greater predictor of how one manages all types of difficult situations later on. According to Van Der Kolk (1994) the first 20 years of life are the most crucial. Early traumatic experiences sculpt the brain because it is use dependent. When thinking of resilience, imagine a set of skills that can be learned, and part of skill-building comes from exposure to difficult, but manageable experiences. Southwick (2005) research into resilience, stress and PTSD symptoms highlights that stressful and distressing events aren't all bad. At times they make people stronger once they get through them; and how the most resilient are those with cognitive and emotional flexibility, optimism and social connectedness. But many of the ex-boarders described difficult past relationships with their parents, and not all of them had healthy, stable attachments, even those who viewed life positively in adulthood. So perhaps is not simply resilience that makes the difference.

Tranter, Brooks & Khan (2020) recent study of post-traumatic growth following adverse childhood events (ACE's) investigated how ACE's led to a range of negative psychological symptoms later in life for some, but for others acted as a catalyst for post-traumatic growth (PTG) and psychological development. To explore the mechanisms of how these different outcomes came about they analysed how resilience and event centrality (i.e. an event that occurs in an individual's life and alters their planned life trajectory significantly – how central the event was to their life as a whole) influenced post-traumatic symptoms (hypervigilance, avoidances, mood changes) and PTG (new appreciation of life, new life philosophy and improved social relationships) to determine the degree of negative or positive changes following ACE's.

Findings indicate that those who were high, and those who were low on resilience all experienced PTG. Resilience and growth were related, but distinct. Event centrality however was positively associated with ACE's and PTG. It appeared that for PTG to occur from ACE's, some degree of struggle known as intrusive processing (i.e process the distress from the event) must occur, which then drove further cognitive process needed to experience growth. If those who experienced ACE's were not challenged by them or motivated to find meaning, then there was less incentive for growth. Therefore, for some, event centrality may drive deliberate attempts to find meaning, while for others it may not and they may attach negative psychological consequences to the ACE's, seeing themselves as primarily or solely being consumed by their experiences. This then comes down to how the individual views themselves and their life trajectory. Seeing one's self as a 'survivor' of difficulties as opposed to a 'victim' could have a big impact on how one recovers from traumatic experiences. Therefore, in the case of the ex-boarders, encouraging them to acknowledge a central event where a positive, decisive change occurred, and implementing interventions to support survivors to recognise potential gains made could be beneficial.

Another possibility may be that those who were repeatedly exposed to ACE's may exhibit emotional numbing traits (Kerig et al., 2012), perhaps as an attempt to reduce the distress associated with multiple adverse events. Similar to Duffels (2000) 'encapsulated self' where emotions are hidden but remain active in the adult ex-boarder, it may be that for some, emotional numbing may result in distinct individual reactions to ACE's. These individual reactions will also vary according to the nature and degree of adversity experienced and the support they received at the time of the ACE's, which future research would need to investigate.

Looking further at individual perspectives on difficult past events and what influences these, Hiskey & McPherson (2012) investigated how the term trauma is perceived by older adults. Focus groups with participants of 65 years and older found that many viewed significant adversity as part of normal life. Some viewed help-seeking as a self-indulgent trait and advised how they had limited support for their difficult experiences. Many described how they developed methods of managing challenging emotions by avoiding its discussion. Some of the participants were described as appearing unused to expressing emotions and that these participants placed the concept of trauma as relative to their background, their culture or historical scripts such as living through war. It was noted by the researchers that if a participant did experience an emotional response to an event, societal messages of personal weakness alongside perceived risks of incarceration from fears of being seen as mentally ill combined, encouraging them to retain avoidance of disclosure as a coping mechanism. Hiskey & McPherson highlighted that the "culturally informed spectres of stigma and shame may therefore loom large in shaping the way in which responses to significant adversity are managed in this group."

In terms of the ex-boarders, many similar culturally informed aspects of coping with adversity were described, and this did not depend on the age they were when they attended boarding school. For example, some described how past traumatic or troubling events were not disclosed, related to a family trait of not discussing them; or how difficulties were managed through the known British trait of “stiff-upper-lip”. Hiskey & McPherson noted that maintaining the strongly held belief of non-disclosure and retaining independence through adversity may lead to uncertainty around the value of talking therapies, or worse, that engaging in psychological work is a sign of weakness or an inability to cope. Given that the ex-boarders spoke of how discussing difficult or traumatic events was seen as a “weakness”, this again may link with culturally and also generationally informed perspective - from the families and also from the boarding schools themselves. This may have an impact no matter what age the child was when they attended boarding school. The boarding school as an institution has been around for centuries and one of its functions in the 19th century was to build character in the child while their parents were abroad fighting for the empire (Cain & Hopkins, 2016). Character building methods of strict rules, discipline, discomfort and even beatings were considered essential (Cain & Hopkins, 2016). In this way, for some ex-boarders, the boarding schools themselves may be the catalyst which continues to fuel familial, cultural and societally held beliefs developed centuries ago on how to manage difficult, traumatic emotions.

4.5.1 Therapy

A number of the ex-boarders who experienced challenges at boarding school also described experiencing comfort from talking through and exploring these challenges in therapy, and through support groups where they were able to speak with others about the challenges’ they

faced at boarding school helping them to work through some of their difficulties. This did not vary according to the age the ex-boarders were when they first attended boarding school. However, previous research by Faulkner (2018) indicates that those who attended a boarding school compared to a day school had traits of secure attachments and were less distressed about their past experiences at boarding school if they attended therapy in adulthood. Therefore, perhaps it is worth noting that for the difficult experiences in mental health, well-being and relationships in adulthood attributed to boarding school, therapy may help ease this distress and repair some of the damage done to the individual.

Freud's (1895; 1910) rationale for catharsis predicted that the expression of emotion could be helpful for an individual in many different circumstances. According to Freud, unresolved conflicts and trauma elicit emotion, as echoed by Duffell (2000) and Schaverien (2011). Freud (1890) surmised that emotion, if not effectively managed through expression of the distress, would remain trapped in the body causing problems - somewhat similar to Duffell's (2000) encapsulated child self, trapped within the adult ex-boarder. The non-expression of emotions was the explanation for hysterical paralysis exhibited by Anna O. Catharsis (Freud, 1910). Freud's model tells us that if emotions are released through their expression, then their force dissipates, and related symptoms will disappear. Although stated over 100 years ago, this remains the case for some of the adult ex-boarders interviewed when they advised of their ease of distress through therapy.

Schaverien (2011) first noted 'boarding school syndrome' in her patients when they attended therapy. She noted the impact of boarding school on their intimate relationships and through analysis, attempted to understand and alleviate some of their distress. Schaverien (2011) noted that at boarding school, only the voice of the parent or the teacher are heard. Therefore,

it is not until the ex-boarder becomes an adult that they finally recognise and are able to articulate the impact boarding school had on them, which therapy can help.

According to Jung (1959), it is the goal of most adults to understand themselves. Jung referred to this as ‘individuation’ - the process of discovering who one truly is. Jung advised that when an individual loses touch with aspects of themselves, their emotions, or their understanding of their lives they are no longer able to continue on their journey toward individuation. Therapy is where the individual recovers their path and continues on their journey, inviting them to discover their “real” self rather than the self they present to society known as the “presented self” (Jung, 1959). In self-analysis the adult ex-boarder can move toward understating their “presented self”, find their “real” self and find understanding through self-expression and self-exploration of their childhood difficulties. In the book “Finding our way home”, Simpson (2019) advises that the path to healing the hurt, distrust and fear and getting in contact with the abandoned, defensive and frightened child is the key to integrating the ex-boarders’ experiences. The journey is a long one, but with self-compassion and a willingness to confront deeply hidden and painful feelings, the recovery journey can begin.

When considering therapies which may be beneficial to the ex-boarder, trauma focused therapy such as ‘Trauma Focused Cognitive Behavioural Therapy’ (TF-CBT) has shown promising results for those who remain struggling with past mental and emotional trauma (Cohen & Mannarino, 2008). TF-CBT allows the individual to recognise and accept their past trauma and decrease associated emotions including guilt or shame. In the case of the ex-boarder, may spoke of guilt at not wanting to seem ungrateful to their parents and others for the privilege of having attended boarding school. TF-CBT could help them understand

difficulties such as these and work past them, reducing the guilt and shame that remains with them.

As discussed, attachment styles developed in the ex-boarder as a child may play a role in their experiences in adulthood in mental health well-being and relationships.

Schaverien (2011) described how broken attachments at childhood can lead to the ex-boarder shutting down emotionally due to strong feelings of rejection from their primary attachment figure when they were sent away from home to a boarding school. The resulting attachment-based difficulties including depression or increased anxiety in close relationships, are said to remain through to adulthood leading to life-long difficulties in mood and in close intimate relationships. Attachment focused psychotherapies may help the ex-boarder by addressing the effects of their negative early attachment experiences and increase their ability to develop secure relationships (Muller, 2010)

Furthermore, therapies focused on strengths which emphasise the ex-boarder's abilities and aid their development from victim of trauma to survivor, could help further. Therapy such as 'Solution Focused Therapy' (SFT) has shown benefits in treating trauma survivors (Eads & Yee Lee, 2019). SFT treats the present and the future for the individual and emphasises their resilience and strength development (Eads & Yee Lee, 2019). For some of the ex-boarders who remain overwhelmed and even consumed by the difficult experiences they had, this form of therapy could have a very positive impact, helping them to move forward with their lives.

4.6 Conclusion

This research showed that boarders who were sent to school at under 12 years of age, had significantly higher levels of anxiety in adulthood. When taking gender into consideration,

females had significantly more anxiety than men in adulthood. Anxiety in adulthood has been linked to experiences at boarding school in previous research, for example, to trauma from being taken away from their parents at a very young age. This rupture with home life is said to impact into adulthood and cause increased anxiety (Duffell, 2000; Schaverien, 2004). The differences between male and female levels of anxiety in adulthood after attending boarding school at a younger age compared to an older age, is a new finding from this thesis. The exact reasons why genders differences exist in ex-boarders needs to be understood further using large scale samples incorporating both genders and age groups. Comparing males and females who attended a day school, or a boarding school could give further conclusive answers to if and why gender differences do exist in ex-boarder's anxiety levels in adulthood. Research indicates however, that a rupture with home for any gender, at any age may cause a number of negative mental, emotional and relationship difficulties later in life including anxiety, depression, PTSD or fear of intimacy.

Therefore, anxiety may be significantly higher in females, but boarding school can have an impact on males, and on many other areas of mental health, well-being and relationships also. This thesis considered caseness levels of younger boarders compared to older boarders on all measures of mental health, well-being and relationships in adulthood and it was seen that those who attended boarding school at under 12 years, scored poorer on all measures including depression in adulthood, anxiety in close relationships and levels of PTSD. Therefore, a rupture with home life may cause a number of difficulties later in life, with anxiety being the most prominent concern from this thesis.

In measures of mental health and well-being, both the younger and the older boarders showed equally high levels of difficulties – for example this was seen in caseness levels where 100%

of those who attended boarding school at aged under 12, and 100% of those who attended at 12 and older self-rated as having experienced a traumatic childhood event which they rated as “highly burdensome”. Trauma in childhood included experiences such as being taken away from home, leaving siblings, parents and loved ones behind, and has been linked to a number of difficulties in adulthood including in emotional regulation, memory loss for traumatic events, PTSD, mental health problems including anxiety, depression, suicide (Trimingham & Devereaux, 2019) and difficulties in close relationships (Schaverien, 2004). Therefore, being taken away from home at any age may cause life-long difficulties for the ex-boarder.

Previous research on broken attachments from a young age such as infancy, and from an older age such as in adolescents cited that inconsistent, unreliable or unavailable attachment figures in a child’s life can lead to a wide range of difficulties in adulthood from mild distress to major mental health problems including depression, personality disorders (Meyer & Pilonis, 2005), emotional dysregulation, self-harm, cognitive disorders, narcissistic personality disorder (Crawford, Livesley & Jang, 2007), difficulties expressing emotions and problems with intimacy (Livesley, 1991). Therefore, attending boarding school at any age may impact in negative ways in adulthood. Future research considering the traumatic experiences and attachment style of the child aged under 12 compared to the adolescent aged 12 and older, when they first attended boarding school, followed-up with an investigation of their trauma history and attachment style in adulthood could help understand this area further and give more insight into the impact of attending boarding school at any age on the adult ex-boarder.

For interviewees, individual experiences varied. There were no major differences seen between age groups. Ex-boarders who attended boarding school at a variety of different ages all spoke of similarities in feeling homesickness when they first left home, being unable to tell others about their feelings of sadness and loss due to a general taboo on doing so at the

school. These experiences were seen to develop, and similar experiences were described by the adult ex-boarders in holding onto difficult emotions, feeling unable to show “weakness” at school and being unable to tell their parents about their difficult experiences for fear of their parents worrying about them. This pattern of holding onto and not disclosing emotions appeared to develop into a “false self” where a façade of being okay and coping developed in order to survive the environment, alongside hiding inner feelings and the need for closeness and emotional support. For many, this façade remained into adulthood and presented in their relationships, mental health and well-being. They described feeling unable to express their emotions later in life and being stuck in wanting to be close to others but lacking trust and having a fear of developing close relationships, as this meant the possibility of rejection. They spoke further of the lack of support from the boarding school itself, how they had no emotional or psychological support when they needed it.

In recent years there has been more of a focus on the emotional and psychological needs of the child at boarding school. Having an accessible and responsible psychologist within each boarding school would allow the boarder access to support when they need it, allowing them to talk, to understand their experiences better and to understand what the impact of these experiences on them may be. This could allow self-understanding and self-compassion to develop, preventing long-term damage. The schools could increase their general understanding of child development within its facility, and how broken attachments with a parental figure can impact the child, and the adult. The schools should make it mandatory that anyone who has responsibility for a child attends child safeguarding training including how to notice and respond to issues of safeguarding, given the reports by ex-boarders of physical, psychological and sexual abuse at the schools in the past. The schools would also benefit from employing an individual external to them who could talk to students generally and

feedback to the boarding school any areas of concern which arise such as poor facilities, inadequate food or other concerns. Doing so may prevent future long-term damage to the boarding school students and the boarding schools themselves, as addressing the needs to the child is imperative.

Of those interviewed many spoke of the difficulties at boarding school and how these difficulties impacted them into adulthood, in their mental health well-being and relationships. Others, however, spoke of their difficult experiences as having a positive effect on them later in life, in their resilience and self-development. The question of resilience from difficult experiences at boarding school, post-traumatic growth, or emotional numbing from experiencing multiple difficult experiences remains, and how and why difficult experiences were viewed positively in adulthood for some and not others. A family's history of trauma and the familial pattern of responding to trauma also needs to be considered. This needs further investigation with research looking at patterns of responding to trauma and what factors allow for increased positive reflections on traumatic experiences for some and not for others including the inter-generational pattern of responding to trauma.

For many, no matter what age they were when they attended boarding school, the benefits of therapy for understanding and helping those ex-boarders who didn't experience growth and remained distressed by their experiences appeared to be an important factor in recovery. Therapy, and support through organisations such as 'boarding school concern' was seen by many as having a vital role in allowing them to understand themselves and their experiences better, to understand why they felt the way they did, and how and why boarding school impacted them the way it did. It also allowed some ex-boarders to connect with others who

had similar experiences to theirs and allowed them to discuss their experiences with others who understood them and with whom they felt they connected.

4.7 Limitations

This study had a number of limitations. One being non-random case selection, as some participants were recruited from ‘boarding concern’ - a support group for those who had difficult experiences at boarding school. It also cannot be ruled out that subjects recruited from other sources were drawn to participate for personal reasons of wishing to discuss the negative effects of attending boarding school. This may also have created a suggestion effect whereby the challenges of boarding school were over emphasised by some interviewees. Although efforts were made to reduce biases including the researcher not bringing any preconceptions of boarding school to the research, one cannot completely eliminate this. Unequal sample sizes in groups may have reduced the statistical power of the study and is therefore not ideal. Further research increasing the numbers of participants in each group so the differences between numbers of participants isn’t so great, could increase the power of the study.

4.8 Future research

Anxiety is a significant factor for females who attend boarding school at under the age of 12 years. Difficulties can arise for both males and females in many areas of mental health, well-being and relationships, however. Future research into ex-boarder’s experiences of boarding school from a young age, and their specific attachment history with their parent or carer could give an increased understanding of why boarding school has such an impact in adulthood. Added to this, trauma and related mental health difficulties can occur at any age and impact

the individual for life. Therefore, uncovering more around the area of broken attachments and trauma at any age or at adolescents age at boarding school, and the impact this has on the ex-boarder in adulthood would be particularly beneficial. Investigating this comparing ex-boarder school students and those who attended an independent day school with equal numbers of participants in both groups, and an equal number of males and females would be even more benefit in shedding light on the impact of boarding school in adulthood on anxiety and generally, regardless of the age the boarder first went to a boarding school.

Research looking at inter-generational attachment styles inherited through attending boarding school, and the possible impact of this on anxiety in the adult ex-boarder would be worth understanding. This could be aided by research looking at the benefits of treating anxiety using attachment-based psychotherapy for this group. Research into adverse childhood events with treatment that allows the ex-boarders to find meaning from their experiences, could lead to positive effects on psychological well-being later in life.

Teachers and carers at boarding schools could benefit from understanding the developmental and attachment needs of the boarder. Understanding this could help staff understand the emotional and mental health needs of the child, enabling them to recognise distress and help healthy emotional development, which could aide healthy development into adulthood.

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Appendix

6.1 Consent form

Title of Project: Exploring the impact of attending independent boarding or day schools on adult wellbeing and relationships: Part 2 – in-depth interviews

Name of Researcher: [this will show one of the following names depending on which team member will interview the participant: Emma Hopkins/Susan McPherson/Penny Cavenagh]

Thank you for agreeing to participate in Part 2 of this study. A participant information sheet is attached to this form describing the study and what is involved in Part 2. If you have any questions about the study or wish to discuss taking part please contact [name of researcher] on [researcher email] or [researcher phone].

Please initial boxes

1. I confirm that I have read and understand the information sheet dated.....(version.....) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

☐

3. I understand that data collected during the study, may be looked at by the researcher's academic or clinical supervisors. I give permission for these individuals to have access to this data.

☐

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

☐

Name of participant _____ Date _____

Signature _____

Name of person taking consent _____ Date _____

Signature _____

6.2 Participant Information

My name is Emma Hopkins. I am studying for a Doctorate in Clinical Psychology at the University of Essex. I'm interested in the experiences of people who attended independent schools (boarders and day pupils), and what impact school and early family life has had on adult wellbeing and relationships.

Who can take part?

If you are aged 30 or older and attended an independent school as a day pupil or boarder, you are eligible to take part in this study.

What is the aim of the project?

This study aims to explore the experiences of those who attended independent schools and to compare the impact of attending as a boarder with attending as a day pupil. The study will examine if there are differences in the impact of school on current well-being and relationships.

What is involved in taking part?

There are two parts of the study. You may take part in Part 1 only (the online survey); or you may take part in both (online survey plus an individual interview). If you just wish to take part in the interview please get in touch with me directly.

Part 1

The first part of the project involves completing this online survey. If you tick the consent box on the next page, you will be guided through an online survey which includes a range of questions about your current wellbeing and relationships as well as what you can remember about your childhood upbringing, experiences and family life. The survey will take 10-15 minutes to complete.

Part 2

At the end of the survey there will be an opportunity to let me know if you would be interested in taking part in a further interview about your experiences. If you want to take part in an interview, you can enter your contact details and one of the researchers will get in touch to arrange a convenient time and place for the interview. The interview would be audio-recorded and transcribed.

The interviewer can travel to your house for the interview, or to a place you usually like to spend time, wherever you feel most comfortable. They could also arrange to interview you in a room at the University of Essex if you prefer. If you would prefer they could also do the interview by skype or telephone.

What if I'm not sure whether to take part?

If you have questions about the project or if you would like to talk more about it before you take the survey or before you decide whether you want to be interviewed, you can contact a member of the research team through text, email, or phone (details below).

Do I have to take part?

No. It is your choice to participate or not. No one will mind if you choose not to take part. You can also change your mind at any time during the survey or interview. You can let me know at any time that you no longer wish to take part.

Will people recognise me from the information I give?

No. All of your answers to the survey will be kept confidential. Your name or details will not be mentioned. All information will be stored securely in password protected files to which only myself and my university supervisors will have access to. ^[1]_{SEP}

If you decide to take part in an interview, this will be recorded. The recording will be kept securely and any personal details will be changed. Everything you say will be kept confidential and if something you say is quoted in a report, you will not be identifiable to others.

What happens to the data?

All the information from all the people who take part will be compiled and then analysed. The findings will then be written up and share with you and other people who took part. The project will be written up in a doctoral thesis and stored at the University of Essex. It may also be written up as an academic journal article.

Are there any risks to me?

Participating in the research is not anticipated to cause any harm or distress. However, discussion or any personal or emotive topics may bring up feelings for some. Please let me know if taking part in the project causes you any distress. At the end of this survey you will find names and details of professionals and organisations where you may be able to find support for any distress that is stirred up.

What if I'm not happy and want to make a complaint?

If for any reasons you feel unhappy with the process or treatment you receive when participating in the project you can contact me, or other members of the research team: Dr Susan McPherson and Prof Penny Cavenagh. If you feel your complaint isn't handled to the best of your satisfaction, you can contact the University of Essex research governance department (details below).

Emma Hopkins: eh17581@essex.ac.uk

Dr Susan McPherson: smcpher@essex.ac.uk

Professor Penny Cavenagh: P.Cavenagh@UOS.AC.UK

Sarah Manning, Research Governance, University of Essex: sarahm@essex.ac.uk

6.3 Online consent

Consent statements (this will appear as an online screen following the study information screen).

Before completing the survey, please read the statements below and indicate your consent by ticking the boxes

- 1. I confirm that I have read and understood the Participant Information on the previous screen*
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason*
- 3. I agree to take part in this study*

If you would like to contact the principle investigator in the study to discuss this research before you complete this survey please contact Emma Hopkins– eh17581@essex.ac.uk; 07960130898; or Dr Susan McPherson - smcpher@essex.ac.uk

6.4 Questionnaires

6.4.1 HADS – Hospital Anxiety and Depression Scale

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.
Don't take too long over you replies: your immediate is best.

D	A		D	A	
		I feel tense or 'wound up':			I feel as if I am slowed down:
3		Most of the time	3		Nearly all the time
2		A lot of the time	2		Very often
1		From time to time, occasionally	1		Sometimes
0		Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			I get a sort of frightened feeling like 'butterflies' in the stomach:
0		Definitely as much	0		Not at all
1		Not quite so much	1		Occasionally
2		Only a little	2		Quite Often
3		Hardly at all	3		Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			I have lost interest in my appearance:
3		Very definitely and quite badly	3		Definitely
2		Yes, but not too badly	2		I don't take as much care as I should
1		A little, but it doesn't worry me	1		I may not take quite as much care
0		Not at all	0		I take just as much care as ever
		I can laugh and see the funny side of things:			I feel restless as I have to be on the move:
0		As much as I always could	3		Very much indeed
1		Not quite so much now	2		Quite a lot
2		Definitely not so much now	1		Not very much
3		Not at all	0		Not at all
		Worrying thoughts go through my mind:			I look forward with enjoyment to things:
3		A great deal of the time	0		As much as I ever did
2		A lot of the time	1		Rather less than I used to
1		From time to time, but not too often	2		Definitely less than I used to
0		Only occasionally	3		Hardly at all
		I feel cheerful:			I get sudden feelings of panic:
3		Not at all	3		Very often indeed
2		Not often	2		Quite often
1		Sometimes	1		Not very often
0		Most of the time	0		Not at all
		I can sit at ease and feel relaxed:			I can enjoy a good book or radio or TV program:
0		Definitely	0		Often
1		Usually	1		Sometimes
2		Not Often	2		Not often
3		Not at all	3		Very seldom

Please check you have answered all the questions

Scoring:

Total score: Depression (D) _____ Anxiety (A) _____

0-7 = Normal

8-10 = Borderline abnormal (borderline case)

11-21 = Abnormal (case)

6.4.2 ECR – My Experience of Close Relationships

	QUESTION	1=Strongly Disagree.....7=Strong Agree						
1.	I'm afraid that I will lose my partner's love.	1	2	3	4	5	6	7
2.	I often worry that my partner will not want to stay with me.	1	2	3	4	5	6	7
3.	I often worry that my partner doesn't really love me.	1	2	3	4	5	6	7
4.	I worry that romantic partners won't care about me as much as I care about them.	1	2	3	4	5	6	7
5.	I often wish that my partner's feelings for me were as strong as my feelings for him or her.	1	2	3	4	5	6	7
6.	I worry a lot about my relationships.	1	2	3	4	5	6	7
7.	When my partner is out of sight, I worry that he or she might become interested in someone else.	1	2	3	4	5	6	7
8.	When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.	1	2	3	4	5	6	7
9.	I rarely worry about my partner leaving me.	1	2	3	4	5	6	7
10.	My romantic partner makes me doubt myself.	1	2	3	4	5	6	7
11.	I do not often worry about being abandoned.	1	2	3	4	5	6	7
12.	I find that my partner(s) don't want to get as close as I would like.	1	2	3	4	5	6	7
13.	Sometimes romantic partners change their feelings about me for no apparent reason.	1	2	3	4	5	6	7
14.	My desire to be very close sometimes scares people away.	1	2	3	4	5	6	7
15.	I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.	1	2	3	4	5	6	7
16.	It makes me mad that I don't get the affection and support I need from my partner.	1	2	3	4	5	6	7
17.	I worry that I won't measure up to other people.	1	2	3	4	5	6	7
18.	My partner only seems to notice me when I'm angry.	1	2	3	4	5	6	7
19.	I prefer not to show a partner how I feel deep down.	1	2	3	4	5	6	7
20.	I feel comfortable sharing my private thoughts and feelings	1	2	3	4	5	6	7

	with my partner.							
21.	I find it difficult to allow myself to depend on romantic partners.	1	2	3	4	5	6	7
22.	I am very comfortable being close to romantic partners.	1	2	3	4	5	6	7
23.	I don't feel comfortable opening up to romantic partners.	1	2	3	4	5	6	7
24.	I prefer not to be too close to romantic partners.	1	2	3	4	5	6	7
25.	I get uncomfortable when a romantic partner wants to be very close.	1	2	3	4	5	6	7
26.	I find it relatively easy to get close to my partner.	1	2	3	4	5	6	7
27.	It's not difficult for me to get close to my partner.	1	2	3	4	5	6	7
28.	I usually discuss my problems and concerns with my partner.	1	2	3	4	5	6	7
29.	It helps to turn to my romantic partner in times of need.	1	2	3	4	5	6	7
30.	I tell my partner just about everything.	1	2	3	4	5	6	7
31.	I talk things over with my partner.	1	2	3	4	5	6	7
32.	I am nervous when partners get too close to me.	1	2	3	4	5	6	7
33.	I feel comfortable depending on romantic partners.	1	2	3	4	5	6	7
34.	I find it easy to depend on romantic partners.	1	2	3	4	5	6	7
35.	It's easy for me to be affectionate with my partner.	1	2	3	4	5	6	7
36.	My partner really understands me and my needs.	1	2	3	4	5	6	7

6.4.3 PLC-5 – Measure of Post-Traumatic Stress Disorder

PTSD Checklist (PCL) - 5

Name: _____

Date: _____

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4

9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Total _____

6.4.4 BRS – Brief Resilience Scale

Brief Resilience Scale (BRS)

Please respond to each item by marking <u>one box per row</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 2	I have a hard time making it through stressful events.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 3	It does not take me long to recover from a stressful event.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 4	It is hard for me to snap back when something bad happens.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
BRS 5	I usually come through difficult times with little trouble.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BRS 6	I tend to take a long time to get over set-backs in my life.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Scoring: Add the responses varying from 1-5 for all six items giving a range from 6-30. Divide the total sum by the total number of questions answered.

My score: _____ item average / 6

6.4.5 CTQ – Childhood Trauma Questionnaire

Childhood Traumatic Events Scale

For the following questions, answer each item that is relevant. Be as honest as you can. Each question refers to any event that you may have experienced **prior to the age of 17**.

1. Prior to the age of 17, did you experience a death of a very close friend or family member?_____ If yes, how old were you?_____
If yes, how traumatic was this? (using a 7-point scale, where 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic)_____
If yes, how much did you confide in others about this traumatic experience at the time? (1 not at all, 7 = a great deal)_____
2. Prior to the age of 17, was there a major upheaval between your parents (such as divorce, separation)?_____ If yes, how old were you?_____
If yes, how traumatic was this? (where 7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____
3. Prior to the age of 17, did you have a traumatic sexual experience (raped, molested, etc.)?_____ If yes, how old were you?_____
If yes, how traumatic was this? (7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____
4. Prior to the age of 17, were you the victim of violence (child abuse, mugged or assaulted -- other than sexual)?_____ If yes, how old were you?_____
If yes, how traumatic was this? (7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____
5. Prior to the age of 17, were you extremely ill or injured?_____ If yes, how old were you?_____
If yes, how traumatic was this? (7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____
6. Prior to the age of 17, did you experience any other major upheaval that you think may have shaped your life or personality significantly?_____ If yes, how old were you?_____
If yes, what was the event?_____
If yes, how traumatic was this? (7 = extremely traumatic)_____
If yes, how much did you confide in others? (7 = a great deal)_____

6.4.6 s-EMBU – My Experiences of Childhood

Table 1

Item	
(1)	It happened that my parents were sour or angry with me without letting me know the cause
(2)	My parents praised me
(3)	It happened that I wished my parents would worry less about what I was doing
(4)	It happened that my parents gave me more corporal punishment than I deserved
(5)	When I came home, I then had to account for what I had been doing, to my parents
(6)	I think that my parents tried to make my adolescence stimulating, interesting and instructive (for instance by giving me good books, arranging for me to go on camps, taking me to clubs)
(7)	My parents criticized me and told me how lazy and useless I was in front of others
(8)	It happened that my parents forbade me to do things other children were allowed to do because they were afraid that something might happen to me
(9)	My parents tried to spur me to become the best
(10)	My parents would look sad or in some other way show that I had behaved badly so that I got real feelings of guilt
(11)	I think that my <u>parents</u> anxiety that something might happen to me was exaggerated
(12)	If things went badly for me, I then felt that my parents tried to comfort and encourage me
(13)	I was treated as the 'black sheep' or 'scapegoat' of the family
(14)	My parents showed with words and gestures that they liked me
(15)	I felt that my parents liked my brother(s) and/or sister(s) more than they liked me
(16)	My parents treated me in such a way that I felt ashamed

(17)	I was allowed to go where I liked without my parents caring too much
(18)	I felt that my parents interfered with everything I did
(19)	I felt that warmth and tenderness existed between me and my parents
(20)	My parents put decisive limits for what I was and was not allowed to do, to which they then adhered rigorously
(21)	My parents would punish me hard, even for trifles (small offenses)
(22)	My parents wanted to decide how I should be dressed or how I should look
(23)	I felt that my parents were proud when I succeeded in something I had undertaken

The scoring key for the s-EMBU is given in Table 3.

6.5 Researcher details

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6.5. Semi-structured Interview guide

1. Have you completed the consent form and returned this?
2. Do you have any concerns about taking part in the interview?
3. Discussion of the length of time the interview will take (approx. 1 hr).
4. Are there questions you have before we begin?
5. What age were you when you first attended boarding school?
6. Did anyone else in your family (siblings, parents or grandparents etc) attend a boarding school?
7. Do you remember how you felt (emotionally) about attending boarding school?
8. Do you remember anything significant about the transition from home to boarding school?
9. How did you settle into boarding school – was this a positive or negative experience?
10. Did you make friends or join a sports team for support?
11. If you felt distressed at any point, were you able to talk to anyone about how you felt (friends, anyone at school or your parents? If not, why not?
12. Looking back do you think your experiences at boarding school impacted you in later life (in your mental health, well-being and relationships). If so/if not, how do you know?

At the end of each interview:

- How are you feeling? I realise some of the experiences were difficult to discuss. Are you feeling okay?
- I will now email you a list of counselling services to contact should you need them following this interview.
- Please contact me if you do have any concerns, or if there is anything you later consider important and wish to discuss as part of your interview.

Thank you!

