Performance and Performativity of Emotions in Systemic Psychotherapy

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Please note that a list of acronyms has been created in appendix A for the ease of the reader.

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1. Acknowledgements

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2. Abstract

This is a post-qualitative research inquiry that drew upon a new materialist approach to investigate the performance and performativity of emotions in systemic psychotherapy. Whilst there have been some developments in understanding emotions from a relational and contextual perspective in systemic psychotherapy, research on emotions within the field continues to fall behind other disciplines.

The aim of this research inquiry is to understand how emotions are performed by systemic psychotherapists and families in the process of systemic psychotherapy in a General Adolescent Unit (GAU) in the UK. The study comprised three parts: (1) a microanalysis of two recorded systemic psychotherapy sessions using multimodal Conversation Analysis and New Materialist methodology; (2) a piece of ethnography in the GAU involving only clinicians, with the materials generated analysed using a thematic and descriptive approach; (3) an autoethnographic work that served as a means to connect my 'self' with the first two parts of the study.

The themes generated from the microanalysis of the systemic psychotherapy sessions were: (i) connecting through haptic touch, (ii) participation of non-human bodies, and (iii) affective influence on the movement of bodies. The ethnographic themes included: (a) ***invisible structures*** formed by the subthemes of 'surveillance' and 'rules and boundaries', (b) ***visible structures*** supported by the subthemes of 'space and infrastructure', 'physical items' and 'sound', and (c) ***physicality of human bodies***, contributed by the subthemes 'whiteness', 'binarism' and 'embodied reactions to violence'. This study suggests that emotions are performed through movement, bodies

(human and non-human) and relational processes within the haptic field of systemic psychotherapy sessions. It critiques (self-)reflexivity as still keeping the practitioner-researcher outside and separate from the client's/participant's world. The study advocates for practitioner-researchers to adopt a stance of ***reflexive becoming*** which can be facilitated by autoethnography.

3. Point of Orientation

'The Beginning of Heaven and Earth has No Name'

'无名天地之始，有名万物之母'

– originally from Dao De Jing (道德经), by Lao Tzu (老子), estimated to be published in the 4th century BC

3.1. Prologue

Where is the beginning? How do I begin? The above quote is the title of a book by Heinz von Foerster (2014), one of the readings in my doctoral study. My point of orientation (Ahmed, 2007) starts and proceeds from this quote because it connects with my heritage. It also resonates with me maybe because this is how I tend to make sense of the world, and I am drawn to the arbitrariness of this frame. The quote is a Chinese proverb that comes from Dao De Jing, a classical Chinese text attributed to the Chinese philosopher Lao Tzu, who is known to be the founder of Daoism. The quote reflects a core idea in Daoism, that is, the ultimate reality (also known as Dao) is beyond conceptualisation and language. Things are simply what they are before they are named or categorised (Tzu, 1990). Naming, thus, introduces duality and separation, but Dao itself is formless, hard to get close to, and primal. Perhaps, this is what emotions are too.

My Chinese name is Lu Zheng Yuan (卢证元). 卢 (Lu) is my surname 'Loh', 证 (Zheng) means 'witness' or 'truth', and 元 (Yuan) refers to 'money'. I believe my parents have

given me this Chinese name because they would like me to be an honest person, speak to social justice, do what is right, and be self-sufficient. I am a Chinese Singaporean and third-generation immigrant of a working-class background. My paternal grandparents immigrated from Southern China and my maternal grandparents from Eastern China to Singapore at a very young age. Alongside Mandarin, people in Southern China speak the dialect Hokkien and people in Eastern China speak the dialect Teochew. I often refer to Singapore as Asia with a small 'a' because it is highly westernised partly due the British colonial legacy. English is the official language and 'mother tongue' refers to the language that families speak based on their ethnicity. Mandarin (or Chinese) is thus my mother tongue or second language. Growing up in Singapore in a household originally from these two parts of China, my family speaks a mix of Hokkien, Teochew, Mandarin, and English. Presently, I am based in London and I have a younger sister who is based in Los Angeles. Migration runs across generations in my family – for some it is more about survival and for others perhaps more about opportunities. Singapore and London feel like home to me, but I also feel like an outsider in these two contexts. I often wonder about the meaning of home and ask myself, 'where do I belong?'. Perhaps, I do not (need to) feel a sense of belonging anywhere as the search for belonging feels like an endless pursuit. However, what I know is that these two places are special to me because of the relationships I have with the people and places. Most of my family practise Daoism and some of them are devoted Christians but, as a family, our values and beliefs are very much informed by Daoism, Confucianism and Buddhism. Like the mix of languages and dialects that we speak at home, my family unit consists of members from a range of faith backgrounds. Even the way we practise Daoism seems to have elements of Buddhism.

On 9th August 2025, Singapore celebrated its 60th birthday. Over a short period of six decades, Singapore has made significant progress economically and become one of the wealthiest countries in the world. With the heavy influence from the West, Singapore remains primordial and falls way behind that of its Western counterparts in the rights of Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and other gender and sexual identities not explicitly named (LGBTQIA+). Same-sex sexual activity was illegal under Section 337A of the Penal Code until January 2023. Growing up as a queer person in the context of Singapore was incredibly challenging. During that time, I was also attending church with a family member and struggling with the church's view on homosexuality. Perhaps, this is why I find religion constraining and ended up being an atheist. I remember that the coming out process during my adolescence years was filled with difficult emotions in the context of Singapore's and the church's position towards the queer community. It is also not usual in my family to talk about our emotions openly with each other, although the two members with whom I feel closest and able to share my feelings with are my maternal aunt and younger sister. I believe that this experience has shaped my interest in the topic of emotions and working with adolescents. I also find myself feeling drawn to ideas that disrupt normative thinking and attend to social differences.

Some years ago, I had the opportunity to work in a GAU, which I found very meaningful, rewarding and exciting, yet also challenging and demanding. It was a privilege to work alongside families during what I observed to be one of the hardest journeys of their lives, when their child was vulnerable and at risk of harm. I learnt from the families that working closely and collaboratively with them, as well as within the

team, is vital to keeping their child safe. I believe that my experience of working in a GAU, along with my family and cultural scripts, which I mentioned earlier, are the driving forces behind this study.

As the indigenous scholar Kovach (2021, p. 9) poignantly stated, ‘Our life story shapes our research interpretations… We know what we know from where we start. We need to be honest about that.’ I feel inspired by indigenous scholars and studies because, as a Singaporean, I have a colonial history. However, I do not claim that all colonial histories are the same. Maybe my diasporic background makes me sensitive to the way localised relationships and dynamics shape me and people, which in turn has influenced my choice of methodology and interest in the topic of emotions and adolescence. For this prologue, I am introducing and positioning myself purposefully because I want to state what is indigenous to me and how this connects to my research. I also want to show that my research inquiry is relational. My personal and professional selves are closely entangled in this work. We all have stories to tell. This thesis is my story as it starts from me, but it is not all about me; it is your story as it may or may not touch you as a reader; it is also our story because ideas, resonances, connections and disconnections may emerge through touch. After all, stories and relationships are who we are.

3.2. Background: Situating the Inquiry

In this segment, I will situate the inquiry by exploring the concept of adolescence and the context of adolescent mental health.

3.2.1. Current Context

After introducing and positioning myself in this piece of work, I want to acknowledge the socio-politico-cultural context that we are currently situated in. The recent wars in Ukraine and Gaza have cost the lives of many innocents, the Trump administration that bred hatred and divide, the rise of white supremacists, the demonising of immigrants, the murder of George Floyd that led to the Black Lives Matter movement, the attack on the trans community, the ecological disasters as a result of reckless human consumption and climate change, the genocide in Myanmar, the house arrest of Aung San Suu Kyi, and young people being killed in Britain due to knife crime show that the forces of violence are ever so present in our times. Violence is always lurking around and resisting violence is so crucial but incredibly challenging to do. By stating my position as a Chinese Singaporean, queer man, atheist, coming from a working-class family background, social worker and systemic psychotherapist, I want to claim what is indigenous to me and hold a decolonising frame to resist violence in my clinical and research practices. More specifically, my positionality has influenced my interest in the topics of emotions and adolescence. I am aware that the idea of social justice practice has been a fashionable term used in the systemic psychotherapy field in recent years. I feel rather uncomfortable using this term because it seems to place one on a higher moral ground. I am cautious about not using the term in a throwaway manner, but I do agree with its principles. In the rest of this section, I will discuss the background of the idea of adolescence and working with adolescents in an inpatient setting, followed by my area of research.

3.2.2. Adolescents in Context

Terms such as adolescents, young people, youths, juveniles, teenagers, teens, minors, kids, youngsters and pubescents are often used to refer to people between around the age of 12 and 18. Some of these terms are used more in scholarly materials whilst others are used in popular media. These terms do come with different meanings with some of them having a negative connotation. By and large, adolescents can be portrayed by the media as dangerous, risky, volatile and prone to the criminal justice system. According to the Youth Justice Board for England and Wales (2025), youth crime involving young people between the age of 10 and 17 has declined between 2023 and 2024. Rogan (2021) noted that the media reports of youth crime are skewed, and this is often related to the issue becoming a convenient tool for political parties to rally for votes. In fact, adolescents are more likely to be victims rather than perpetrators of crime (Rogan, 2021). Therefore, it is vital to stay alert to the terms used in literature and popular media to describe adolescents. For the same reason, I am careful in choosing the terms to refer to adolescents as they have different meanings and can run the risk of casting adolescents in a particular light.

In the UK (and perhaps other parts of the world), institutional systems have different definitions of adolescent in both implicit and explicit ways. Generally, the start of adolescence is normally defined in biological terms as the typical onset of puberty is between eight and 13 in girls and between 9 and 14 in boys (Steinberg, 2023). The end of adolescence is usually defined in social terms between mid and late 20s, such as when the young person has reached some degree of financial and social

independence. In the UK, secondary education[1] begins at the age of 11 in year 7. Children and young people up to the age of 25 with special education needs can apply for a support package known as the Education and Health Care Plan (EHCP)[2]. Mental health services for adolescents in the National Healthcare Service (NHS)[3] are set up for people between 12 and under 18. Early onset in psychosis services[4] work with young people aged 14 to 25, and First Episode and Rapid Intervention for Eating Disorders (FREED)[5] works with young people aged 16 to 25. From these healthcare, education and welfare systems, there are slight variations in how adolescents are defined explicitly by their age and implicitly by their psychological and learning needs.

I do find that rigid definitions about adolescents can potentially limit 'imagination' (Bateson, 2002, p. 210) and turn a blind eye to 'difference'. However, not having a clear definition might run the risk of losing focus. Hence, for the purpose of this study, I will use adolescents and young people interchangeably to refer to people between the age of 12 and under 18. I prefer to use these terms because they seem to bear less negative connotation. I have decided on this age range as it is more widely used by the institutional systems and scholarly literature in the UK and beyond. I have set these parameters to scope my writing and literature search.

[1] https://www.gov.uk/national-curriculum
[2] https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help
[3] https://www.nhs.uk/mental-health/children-and-young-adults/mental-health-support/mental-health-services/
[4] https://www.england.nhs.uk/south/our-work/mental-health/early-intervention-in-psychosis/
[5] https://freedfromed.co.uk/

3.2.3. The Concept of Adolescence

The concept of adolescence has evolved over the decades. This distinct developmental life stage was first defined by Stanley Hall, who described adolescence as a period of 'storm and stress' (Hall, 1904, p. 73) characterised by emotional volatility and conflict. It is well-documented that the biological, cognitive, affective and psychological changes during this period can affect all domains of young people's lives (Santrock, 2022; Steinberg, 2023). From an anthropological perspective, Schlegal and Barry (1991) documented that 186 societies outside the industrial West, including hunter-gatherers and pastoralists, acknowledge adolescence as a transitional phase from childhood to adulthood. However, Schlegal and Barry (1991) seem to suggest that the idea of adolescence is universal across cultures. Whilst I do not disagree with Schlegal and Barry (1991) that adolescence is a unique transitional phase from childhood to adulthood in societies within and beyond the Industrial West, I take the view that adolescence can have different meanings in different cultures. In other words, it is about when, how and what are the implications of adolescence or being an adolescent which vary across contexts. It relates to the rights, privileges, duties and responsibilities within a localised context that inform what the young person can and cannot do. Thus, young people and their families may understand the events related to the biological, cognitive, affective and psychological changes differently depending on their cultural context. As Arnett (2013, p. 4) noted, cultural meanings about adolescence and adulthood play a role in shaping the roles and responsibilities that young people are expected to fulfil. Furthermore, the older anthropological study by Mead (1928) demonstrated that (i) how we look upon adolescence and how many restrictions we impose on young people depends on other rules in the particular

society, and (ii) it is perfectly possible to grow up as a ‘proper’ person without adhering to the rules of capitalist western societies. In Mead’s (1928) case, she wanted to show that adolescence in the USA was of a unique rather than universal kind. For me, this poses the questions: Whose adolescence are we referring to? Are we imposing norms on (what we might perceive as unruly) young people who are likely to do things differently?

Ongoing development in neuroscience shows changes in social and affective processing from the onset of puberty, which are crucial to understanding the vulnerabilities of adolescents (Steinberg, 2005; Crone & Dahl, 2012). Blakemore (2012) referred to the impact of neurophysiological changes on social cognition as the ‘social brain’. Much of the research studies are rooted within the Western culture. As Choudhury et al. (2023) rightly pointed out, mental health and brain development during adolescence do not occur in a vacuum but rather can be shaped by the social and cultural context where young people are situated in. In reviewing the literature in adolescence, I noticed a disconnection with some aspects of the concept of adolescence as they do not resonate with my personal experience. For instance, it is common in Chinese Singaporean culture for young people and adults to live with their parents until they are married or have a partner. There were no expectations for me to move out of my parents’ home at the age of 18. In fact, moving out of the family home without getting married or having a partner can be perceived by the community as a problem which poses a threat to the family honour. Perhaps, this cultural norm of not having to move out at the age of 18 has a different impact on the mental health of young people in Singapore as compared to those in the West.

Social relationships are vital in adolescence as it is a time of identity development which often involves young people understanding and making sense of themselves through others. Whilst the social relationships can shape the neural circuit development in adolescents, the developmental changes can in turn influence the way they interact with and understand their social networks (Capella & Telzer, 2024). During this period in life, young people (at least those in places where education is made compulsory) spend most of their time in schools, where they learn about and build their social relationships. The cultural context of school, which includes peers, teachers, tasks, environment, policies and practices, plays a pivotal role in adolescents' intellectual, social and emotional development (Eccles & Roeser, 2011). Indeed, cultural norms and values can shape ideas about adolescence (Qu, 2023). For example, the Confucian tradition of filial piety, which is about respecting and obeying elders, has a huge influence on how adolescents should behave in China (Chao & Tseng, 2002). Besides influencing the way adolescents relate to elders in the family, filial piety also impacts on adolescents' relationships with their teachers, which is also about respect and obedience. Confucianism also emphasises that learning is a way to improve oneself socially and morally (Li, 2005) and thus encourages young people to fulfil family responsibilities through academic performance (Qu & Pomerantz, 2015). In my experience, I sometimes hear my Western counterparts make comments on academic achievement being very important to Chinese Singaporean (or Asian) students because it brings success and status in life. Whilst this might not be untrue for some Chinese Singaporean (or Asian) students, it is not the only reason for all Chinese Singaporean (or Asian) students, as there is an overarching undertone of moral development and family responsibilities in education achievement. Personally, I did not experience my counterparts' comments as discriminatory or prejudicial.

However, the point I want to highlight here is that we need to be mindful that cultural values, such as Confucianism, can influence how we understand and experience adolescence in a specific context.

Traditionally, adolescence was defined as a distinct period between the age of 12 and under 18. This definition is rather rigid and does not account for cultural variation. I find ‘emerging adulthood’ a useful supplementary concept to understand the overlap between adolescent and adulthood, which creates space to integrate cultural considerations. Arnett (2007) coined the term emerging adulthood for the life stage between late teens and late 20s because terms such as late adolescence, young adulthood, transition to adulthood and youth do not quite capture the transition events over this period of life. According to Arnett (2023), this is the age of instability, possibilities, identity explorations, self-focus, and feeling in-between being an adolescent and adult. Thus, identity development does not automatically end when a young person turns 18 years old. Some adolescent developments can well continue into early adulthood. Again, the concept of emerging adulthood is Western based. Although the notion of emerging adulthood provides the scope to consider the overlap between adolescence and adulthood as well as cultural variations, it is not a panacea to thinking and working cross-culturally. Yi and Tsai (2023), for instance, noted that transition to adulthood is prolonged in East Asia because young people tend to stay in education longer, get a job and start a family later due to socioeconomic changes. Thus, it is important to understand how cultural values and norms can shape emerging adulthood.

3.2.4. Adolescent Mental Health

As discussed above, adolescence can be a developmental phase of growth and vulnerability. Due to the unique developmental needs of young people, it does make sense that a dedicated mental health service for this specific population is required. Over the years, adolescent focused mental health services have increased but remained limited. I wonder, though, if increasing adolescent mental health services, particularly diagnostic ones, is (maybe unintentionally) a way of controlling adolescents. Suresh et al. (2000) surveyed 225 hospitals in England and Wales, and found that only a quarter of them had facilities specifically for adolescents. They argued that the needs of many young people who require inpatient care are still unmet and that specialist adolescent facilities should be increased. In a national survey of hospital beds used by adolescents aged 12 to 19 in the UK, Viner (2001) found an increased use of hospital beds and suggested that adolescents do need separate facilities. The recent COVID-19 pandemic has led to increased admissions of children and adolescents due to mental health issues (Raffagnato et al., 2023). Outside the UK, the need for specialised adolescent units is also reported in Bangalore, India (Yadav et al., 2019). Whilst these studies suggest the need to have dedicated adolescent units, the reality in practice is far from what the research is telling us. In a cohort study, Ward et al. (2025) found a significant increase in children and young people being admitted for mental health issues from 2012 to 2022 in England. Due to a shortage of beds, there is an increase in admissions of adolescents to units that are out of area or to adult wards (Holland et al., 2023). Such admissions can lead to increased distress and pose challenges for young people to keep connected with their families (Roe et al., 2024). Thus, there is an urgency to increase the number of

adolescent-focused services in the UK. I wonder if this tells us that the society that we live in is unable to tolerate and embrace ‘differences’ or anything/anyone who does not fit in neat categories, thereby needing to control and monitor them.

Besides meeting the unique needs of young people who require mental healthcare, the purpose of increasing adolescent-focused services is also to improve their experiences of care. Drawing on a national survey of young people’s experiences of inpatient care, Viner (2007) found that treating young people in adolescent wards, as compared with child or adult wards, does improve aspects of quality of care for young people, especially the older ones. Although it is difficult to prove the effectiveness of adolescent inpatient units, adolescents have unique developmental needs that are hard to be met through child or adult wards (Macfarlane & Blum, 2001). By and large, there is a lack of consistency in how adolescent inpatient units measure change. In a systematic review, Hayes et al. (2018) identified 16 relevant studies that showed inpatient units are effective for the majority of young people in symptom stabilisation. Even in a physical health setting, Smith (2004) reviewed 27 studies on adolescents’ experience in a cancer ward, which pointed to the need to nurse young patients in a specific adolescent unit. Although there is a lack of evidence to prove the effectiveness of adolescent units, the existing literature seems to suggest that dedicated adolescent units do improve quality of care.

Adolescents can be admitted to an inpatient unit either voluntarily or involuntarily depending on the level of risk. Although involuntary admission is necessary at times for safety reasons, young people reported that law enforcement in initiating hospitalisation can be counterproductive, as it makes them feel criminalised,

stigmatised and marginalised (Rice et al., 2021). Likewise, inpatient care can provide containment and safety (Reavey et al., 2017) but some adolescents can experience care as coercive (Nyttingnes et al., 2018). It is, therefore, an ongoing and almost unresolvable conundrum for inpatient units to strike the balance between ensuring safety and being therapeutic. This, in my view, calls for ongoing attention to the process of the inpatient work for the clinicians. An issue for adolescent units is also the lack of clarity in the criteria for admission and discharge (Evans et al., 2020). Thus, adolescent units need to carefully consider how to make the service therapeutic and safe, especially during involuntary admission, and have clear admission and discharge criteria to establish a treatment contract with adolescents and their families right at the beginning.

In addition to the outcomes of inpatient admission, the process of inpatient care is equally, if not more, important for both the adolescents and their families. In the process of inpatient admission, I mean the therapeutic support that is provided to the young people and their families. In a systematic review, Smith (2004) found that the majority of the adolescents emphasised the need for them to be with their peer group. In other studies, adolescents reported that a safe ward environment, relationships with clinicians, peer support (Hayes et al., 2020) and being part of the decision-making process (Shin & Ahn, 2022) are key to their inpatient care. Adolescents also reported that the ward is a contrived environment which they felt safe in, but this also brought about worries around going back to the ‘real world’ (Gill et al., 2016). Adolescents are normally admitted for inpatient treatment due to emotional dysregulation, self-harm and risk of suicide (Kwok et al., 2016; Hayes et al., 2018). Thus, a common therapeutic intervention is to support adolescents to cope with their emotions (Chen et al., 2020).

Some systemic interventions in this setting include Attachment-Based Family Therapy (ABFT) (Devacht & Carlier, 2023) and Non-Violent Resistance (NVR) (Mackinnon & Kustner, 2023). When adolescents are distressed on the ward, attending to them early could provide opportunities to develop their coping skills (Spencer et al., 2019). Reavey et al. (2017) described the adolescent inpatient unit as an 'emotional ecology'. They interviewed 20 adolescents who reported that discussing emotions was not always experienced as helpful to well-being because it was difficult to talk about feelings in a group setting and the ward was not set up to manage complex feelings (Reavey et al., 2017). This is a pertinent study as it reminds us not to assume that talking about emotions is easy and always helpful. Adolescent units need to consider carefully how to set the context for conversations about emotions as the process can potentially be counterproductive. Whilst hospital admissions are intended to be helpful, they could unintentionally cause iatrogenic harm, such as reinforcing unhelpful coping strategies, (re-)traumatising through restrictive practices and posing risk of institutionalisation, which can have long-term effects post-discharge (Zuccala et al., 2025). Beyond the Western countries, Nwedu and Ominyi (2025) explored the young people's lived experiences in a Nigerian psychiatric ward and found that young people go through a process of shifting from a culturally rooted misconception of their mental health to a biomedical framework. This study highlights the influence of cultural beliefs on how young people make sense of their mental health and the support that they need. Therefore, a culturally adapted intervention is crucial.

Inpatient admission does not affect only the adolescents. Both adolescents and their parents may have conflicted feelings about the ward being a 'home' (Sherbersky et al., 2023) where they would spend a significant amount of time in. It is inevitable that

the people in the adolescents' networks can be equally, but perhaps differently, affected. For instance, feelings of worry, guilt, embarrassment, frustration, hopelessness and exhaustion are not uncommon for parents and carers when young people are in the hospital (D'Angelo et al., 2023). Parents also reported great emotional suffering and many of them may find themselves at different stages of change (Merayo-Sereno et al., 2023). For some families, there is a lack of opportunities to attend to relational and interpersonal needs on the ward, and short-term medical and psychological interventions are insufficient (Salem et al., 2025). Thus, it is crucial to involve families in the care and understand where they are in terms of change. Although it is well-documented that the admission of adolescents has an impact on their families in the West, it is worthwhile to note that how families are involved may differ slightly in places beyond the West. The privileging of autonomy over familial dependence and individualist over a family-focused approach to decision-making seem to predominate in western societies; it is therefore not surprising that contemporary approaches to adolescent health globally is underpinned by such western values (Friedman, 1999). What I want to emphasise here is that the western literature on adolescent mental health is useful, but we need to consider its more nuanced applicability to other contexts or working with minoritised people who reside in a western country such as the UK. Furthermore, clinicians working with high-risk young people in an adolescent unit are susceptible to secondary or vicarious trauma, which can lead to stress, burnout, fatigue and other mental health issues (Branson, 2019). Support for clinicians in this area is often limited or lacking (Kim et al., 2022). This can have a negative impact on care provision and teamwork. In the entirety of inpatient care, young people, family members and nurses had a common view that the therapeutic relationship is in itself the treatment and thus essential, but no doubt

complicated (Hartley et al., 2022). Ultimately, the core of inpatient care lies in the relationships, which include the connections and esprit de corps between all parties involved. To attend to the relationships also means to attend to social differences such as culture, race, ethnicity, gender, sexual orientation, religion, spirituality and class (just to name a few). Without relationships, there is no care, treatment, or possibilities for change in adolescent mental health.

3.3. Research Interests

My research interests are in the areas of emotions and the adolescent inpatient setting. Through the process of this study, I have learnt that my research interests stem from my personal and professional experiences. Firstly, the topic of emotions in the adolescent inpatient setting resonates with my experience as an adolescent coming out as queer in a context where homosexuality was deemed to be illegal. This had a significant impact on my mental health, as I recall having to deal with difficult emotions and not knowing what to do with them. For me, adolescence can be a time in life that is full of vulnerabilities and opportunities. Perhaps, my interest in working with this population is driven by a desire to help them to create change and build hopes for the future. Secondly, coming from a family with a history of migration and being an immigrant in the UK, I often think about the meaning of home. I wonder if this connects with adolescents being in the hospital, where it may feel like a temporary home. Perhaps, this is also why I feel drawn to research methodologies that attend to localised knowledge and relationships. When I was working in an adolescent inpatient unit previously, I often heard young people talking about missing home. Nostalgia is a powerful feeling that resonates with me. Maybe one of the reasons that I am interested

in inpatient work is because it resembles the political context of Singapore, which is a city-state with high surveillance and control. Lastly, my experience of adolescent inpatient work was emotionally demanding due to the high level of risk and the lack of resources in the current NHS climate. I was struck by how clinicians found it difficult to attend to their emotions in the work. I once asked my colleagues how they were feeling in relation to an incident, but the conversation was very quickly closed down. I noticed that my colleagues would either downplay the emotional impact on them or react outwardly with anger (what I would refer to as a 'face value' emotion that hides the other feelings). The subject of the thesis bears a lot of resonances with my personal and professional experiences. Perhaps, this study is a search for better connections to myself, my background and adolescents generally.

In summary, the notion of adolescence can vary across cultures. Existing literatures in adolescent mental health, especially on adolescent inpatient care, suggest the need for a specialised service to meet the specific and complex needs of adolescents. Inpatient care can be emotionally demanding for both service users and providers. It is, therefore, important to understand the process of adolescent inpatient work that includes both service users and providers from a localised perspective. Given the current socio-politico-cultural context, it is also crucial to stay vigilant of how clinical and research practices might (unintentionally) perpetuate violence that is always lurking around. I am keen to find a different methodological frame from the standard (almost positivistic) approach to study emotions in an adolescent inpatient setting. In the next section, I will explore the literatures on emotions.

4. Rhizomatic Review

This literature review methodology draws upon the rhizomatic approach developed by Fox (2024). Rhizomes are a form of a plant root system which grows in multiple directions with no clear beginning or end. Deleuze and Guattari (1988) introduced rhizomes as a metaphor to challenge traditional hierarchical ways of thinking and promote process (becoming) over form (being). As an approach, a rhizomatic review seeks to 'follow the action' (Deleuze & Guattari, 1988) rather than attempting to represent the social world. It fits better with my study because it provides a frame that allows me to follow concepts and trace my links in 'following the action'. This literature review, thus, is not based on a traditional broad-to-narrow, funnel-shaped, frame. Instead, I will follow the guidelines set forth by Fox (2024) which includes (1) reviewing a broad topic instead of a research question, (2) omitting inclusion and exclusion criteria which hinder the ability to follow the action, (3) engaging in an iterative review process, (4) straying into unfamiliar disciplines, (5) tracing the flows and connections of the rhizomes, (6) avoiding looking for a gap and (7) ending the review for practical reasons. I will embark this review process with the topic of emotions. The review does not claim to be exhaustive but aims to explore the topic of emotions in a broad and deep enough way.

4.1. Point of Departure: Bateson and Ethos

My point of departure (Ahmed, 2007) in this review is from the concept of ethos in Bateson's (1958) ethnographic work with the *naven* ritual practised by the Iatmul people in New Guinea. This work was published in the book titled *'Naven'* (Bateson,

1958) which Krause (2007a; 2007b) argued was, and perhaps still is, ignored by systemic psychotherapists. In a nutshell, the *naven* ritual was about adolescent boys' transition to adulthood. The key figures in this ceremony involved adolescent boys and their maternal uncles. When an adolescent boy had achieved a task that showed he had come of age such as having made his first canoe, his maternal uncles would dress in dirty women's clothes, smear themselves with ashes, bind themselves with a string used by pregnant women, and adorn themselves with large lumps of sago. The maternal uncles then ran around the village asking for the adolescent boy, who would be hiding or running away. When a maternal uncle found the adolescent boy, he would go up to him and rub the cleft of his bottom down the adolescent boy's leg. The adolescent boy would then present something valuable to his maternal uncle. Krause (2007a) noted kinship, emotions and therapist's use of self as key areas in Bateson's work with the *naven* ritual that could inform the practice of systemic psychotherapy. The topic of emotions is pertinent in this study. It was the emotions in the *naven* ritual experienced by Bateson, which he initially overlooked, that made him understand the difference between the affective (ethos) and cognitive (eidos) aspects of behaviour and interaction within the culture. Bateson observed an intense and seemingly inconsistent emotional register whereby men (i.e. maternal uncles) engaged in dramatic displays of emotions such as cross-dressing, weeping and praising their nephews with exaggerated joy. This behaviour contrasts with the normative behaviour of men which, tended to be competitive, stoic and emotionally restrained. Bateson wrote that the ritual allowed each gender to experience something about the way it might feel for the other gender and to experience the other's stance. My aim of returning to '*Naven'* is simply to argue that the concept of ethos encapsulates the performance and performativity of emotion, as shown in the emotional intensity of the

ritual and how emotions are expressed in the relational dynamics of the Iatmul people. In other words, ethos or emotions have the potential to move bodies and organise interactions. Bateson, thus, seems to locate emotions inside and outside of people. His work with the *naven* ritual casts light on emotions from a relational, interactional and cultural perspective. Krause (1993) suggested that the development of the topic on emotions in the history of systemic psychotherapy has not progressed because traditionally the relational was seen to be external between people and in interactions, rather than internalised in the subject. Concomitantly, emotions are conceptualised as internal rather than relational, which makes it difficult to study them using a relational and contextual framework. Perhaps this is also related to the disregard of Bateson's work on the *naven* ritual in the systemic psychotherapy field. With this in mind, I will follow on to trace the topic of emotions in systemic psychotherapy.

4.2. Emotions and Systemic Psychotherapy

There was a renewed interest in the therapeutic relationship and the therapist's self in systemic psychotherapy in the 1990s, which was likely the main reason that led to the first wave of interest in the concept of emotions in the field. The second wave of interest in emotions was marked by the advent of Emotionally Focused Couple Therapy (EFCT) (Johnson, 2004) which is a paradigm shift whereby emotions are considered as the central element in the therapeutic change process. Schwartz and Johnson (2000) noted that the earlier years of systemic psychotherapy privileged thinking over feeling. Although emotions were not explicitly theorised and written about in the early systemic models, they were implicit in the thinking of strategic, structural and early Milan family therapies (Krause, 1993). Historically, emotions have been

conceptualised as intrasubjective or coming from within an individual. This posed an epistemic contradiction to systemic psychotherapy, which takes a relational and contextual perspective. As Madden-Derdich (2002) rightly pointed out, it is crucial for systemic psychotherapists to pay more attention to the role of emotions in research practice to ensure that the field is keeping up with the growing field of research on emotions in other disciplines.

Since the growing interest in emotions in the 1990s, some systemic psychotherapists started to develop ideas on ways to work with emotions in family systems. For instance, emotional expression in an individual is conceptualised as part of the wider emotional system (Pocock, 2010; Bertrando, 2018). In relationships, people develop their way of expressing and managing feelings, which Pocock (2005) referred to as ethos (a concept he adapted from Bateson and Krause). Pocock (2009) also argued that working with emotions as part of a system rather than merely within individuals can perturb the family system to shift from self to interactive regulation in family members. This can open possibilities for family members to increase their ability to be reflective and attuned to each other. Many of the literature on emotions in systemic psychotherapy tend to focus on the positive or pleasant emotions. Based on two clinical cases, Bertrando and Arcelloni (2009) explored how to work with anger and boredom as part of an emotional system. They stated that unpleasant emotions tend to be overlooked and, when attended to, can resolve impasses in therapeutic encounters (Bertrando & Arcelloni, 2009). Thus, it is crucial to explore emotions in systemic psychotherapy because they can foster connections (Solomon & Chung, 2012) and fuel disconnections (Cano & O'Leary, 1997)

Self-reflexivity is a core tenet of systemic psychotherapy and therefore the position and emotional experience of the systemic psychotherapist play a key role in the work. In working with shame, Kavner and McNab (2005) noted that shame is not confined to clients' stories but may be relational between the systemic psychotherapist and the client. They cautioned that when both client's and systemic psychotherapist's stories of shame are activated in a session, it can disrupt the therapeutic relationship (Kavner & McNab, 2005). Similarly, Shamoon et al. (2017) cautioned about the risk of therapeutic relationship breakdown if the systemic psychotherapist fails to manage their anxiety. To allow greater reflexivity to make families feel understood, Pocock (1997) stated that systemic psychotherapists need to hold theory lightly. These articles highlight the complexity of working with emotions using a systemic approach. I would argue that it is more complicated to work with emotions with a systemic approach as compared to other individual-focused approaches because systemic psychotherapists consider themselves as part of the therapeutic system rather than intervening from the outside. When working in a high-risk setting such as with men who use violence and control, it can be even trickier for systemic psychotherapists to position themselves. Howard (2005), for instance, noted the challenge of navigating between appreciating the man's feelings and taking a clear position towards the impact of the violent behaviours. Different systemic psychotherapists are likely to have different ways of working with their emotions. Some of them may use more self-disclosure than others. Sanders (1996) explored client and therapist perspectives on the therapeutic relationship and found that they agreed that it was appropriate for the therapist not to disclose her (therapist's) emotional response, as this might complicate the therapeutic work. Sanders (1996) herself believes that she should contain her feelings when they arose in the therapeutic encounter. It is worthwhile to note that Sanders is a clinical

psychologist and perhaps has a different way of using her 'self' in the work as compared to some systemic psychotherapists. From these articles that include the systemic psychotherapists as part of the emotional system, it can be seen that they are constantly engaging with the families in an ongoing 'emotional dance' (Bertrando &Gilli, 2008) through negotiating their 'emotional positioning' (Bertrando & Arcelloni, 2014).

Further development in the area of emotions in systemic psychotherapy explored the embodiment of emotions whereby emotions are not merely felt but can influences one's emotional posture (Fredman, 2004). Drawing on Bateson's work in the *naven* ritual as described earlier, Krause (2010) brought our attention to the use of emotions as a bridge to connect with families across cultures. Some anthropological studies found that people experience different sensory domains such as taste and smell in different culture (Howes, 2003) and emotions are fundamentally based in a western cultural discourse (Lutz, 1988). These studies suggest that emotions are culturally constructed, and we cannot leave out culture in understanding emotions. Ekman (1992), on the other hand, argues that there are some basic emotions that are universal because they are biologically rooted. It is worthwhile to note that Ekman (1992) draws heavily on Darwinian ideas. Most of the articles in systemic psychotherapy that I have reviewed in this section are conceptual and case studies. They are also based on social constructionism, which is understandable, as this framework has been dominating the systemic psychotherapy field, at least in the UK, in the current era. What is useful and encouraging to see in the development of emotions is that Krause, Bertrando and Fredman have conceptualised emotions as not simply coming from within individuals but rather both internal and external. So how

are emotions studied in systemic psychotherapy? I will now turn to the empirical studies in the field.

4.3. Empirical Studies on Emotions in Systemic Psychotherapy

I conducted a search on Google Scholar, Discovery (Tavistock's academic search engine) and King's Library Search[6] (King's College London's academic search engine). I took a broad-brush approach in my search strategy with no specific inclusion and exclusion criteria, as proposed by Fox (2004), because these criteria would limit opportunities to explore more studies on emotions in systemic psychotherapy. The terms 'emotion/s', 'affect/s' and 'feeling/s' were combined with 'family therapy', 'systemic psychotherapy', 'couple therapy' and 'systemic practice' to search in the title and abstract fields on the search engines. Only studies published in English were included because this is the only language that I feel proficient enough in from an academic perspective, which is a limitation of the study. Although this is a rather traditional search approach, it can provide a methodical way to explore existing empirical studies to ensure that some of them are not missed out. This traditional search approach can fit well with the rhizomatic review if no restrictive inclusion and exclusion criteria are set, so that it is possible to 'follow the action' (Fox, 2004). I found six qualitative and 35 quantitative studies on topics of emotions in systemic psychotherapy. I will discuss them in the next two subsections.

[6] Currently, I work in the university and therefore have access to the library resources which I feel grateful for.

4.3.1. Qualitative Studies on Emotions in Systemic Psychotherapy

There is a total of six qualitative studies on emotions in systemic psychotherapy. See Table 1 for a summary of these studies. Out of the six studies, three studies (Lima & Vandenberghe, 2021; Kailanko et al., 2021; Yildizhan et al., 2024) interviewed systemic psychotherapists on their emotional experiences of the sessions using a semi-structured interview guide. The systemic psychotherapists spoke about their emotional pain (Lima & Vandenberghe, 2021), somatic experience (Kailanko et al., 2021) and emotional responses to couples' high conflict (Yildizhan et al., 2024) in the sessions. The other three studies are process research that examined the moments that touched systemic psychotherapists (Frediani & Rober, 2016) and interventions aimed at emotions (Peng, 2014; Duriez, 2021). Frediani and Rober (2016) explored systemic psychotherapists' emotional experiences in the session process using a videotaped recall method. I find this method interesting and useful, as it can create space for systemic psychotherapists to revisit and reflect on the moment-by-moment process of the work. The systemic psychotherapists in this study reported on their emotional responses to the families, which illustrated self-reflexivity. However, this way of reporting systemic psychotherapists' experiences and responses seemed to place them outside of the families' worlds. There seems to be (to me) a missed opportunity for connection here. I am interested to know more about what these resonances are (that is, how do the systemic psychotherapists' experiences and responses in the sessions connect to their personal and professional lives/selves?). Out of the three process research studies, Peng (2014) and Duriez (2021) investigated systemic psychotherapists' interventions by analysing recorded therapy sessions. Peng (2014) used Recursive Frame Analysis (RFA) to study the techniques of EFCT.

RFA is a framework that breaks down conversations in a session into segments of therapeutic moments (Peng, 2014). Similarly, Duriez (2021) examined the emotion regulation strategies in the process of therapy, but used content analysis. It is worth noting that Duriez's (2021) work is focused on emotion regulation in systemic psychotherapy, which is separate from and not based on Sue Johnson's EFCT. The results from these two studies were used to develop EFCT (Peng, 2014) and Emotion Regulation-Focused Family Therapy (Duriez, 2021). A strength of these methods is that they allow interventions to be studied in a moment-by-moment basis, whereby emotions can be examined in detail. By and large, the six studies (Lima & Vandenberghe, 2021; Kailanko et al., 2021; Yildizhan et al., 2024; Frediani & Rober, 2016; Peng, 2014; Duriez, 2021) explored the intrasubjective emotional experiences of the systemic psychotherapist, but the relational aspect of emotions seemed to be missed out. In addition, the studies did not account for the cultural context of the work thereby overlooking the cultural meaning of emotions. Emotions seemed to be conceptualised by the authors as universal and biological. Although I do not disagree that there is a biological aspect to emotions, it seems that there is a lack of consideration of the relational, interactive and cultural aspects of emotions in these six studies. Perhaps, this research trend reflects that the notion of emotions is less developed in the field as compared to other disciplines such as gender, queer, cultural and anthropological studies, which I will touch on later in this section. However, these studies do highlight systemic psychotherapists' emotional resonances in the therapeutic process, which is crucial for thinking about self-reflexivity and the therapeutic relationship. In addition, these studies have demonstrated that qualitative methods can be suitable to investigate emotions in the therapeutic process. Thus,

qualitative methodologies can potentially fit well with the study of performance of emotions in the process of systemic psychotherapy.

Articles	Population	Methods	Results
Frediani & Rober, 2016	Seven psychologists and three psychiatrists who were attending first year of family therapy training.	Participants reviewed their session within 24 hours to identify the moment that touched them most. These moments were transcribed and analysed using thematic analysis.	Family therapy trainees experienced emotions such as self-criticism and irritation hindered and supported the therapeutic process.
Peng, 2014	EFCT therapist Sue Johnson and a couple.	The training video by Sue Johnson was analysed using RFA.	EFCT interventions and techniques to work with emotions were outlined.
Lima & Vandenberghe, 2021	16 marital therapists in private practice.	Participants attended a semi-structure interview. Grounded theory analysis was used.	Therapists reported emotional pain as part of their work and were able to use this experience to connect with the couples.
Duriez, 2021	Five families under the care of the Centre for Care, Support and Prevention in Addictology (CCSPA) due to the impact of technology use on their relationships.	47 family therapy sessions were analysed using content analysis.	Therapists' interventions in the sessions were used to develop a 12-step Emotion Regulation Focused Family Therapy.
Kailanko et al., 2021	Eight experienced EFCT therapist-trainers	Participants attended an individual semi-structured interview. Interpretative Phenomenological Analysis (IPA) was conducted.	Therapists experienced somatic experiences in the work. Thus, having a guidance on working with therapist's emotional

			experience is crucial.
Yildizhan et al., 2024	21 EFCT therapists with experience in working with high-conflict couples.	Participants attended an individual semi-structured interview. Thematic analysis was conducted.	The results highlighted the importance of the three phases in the Person-of-the-Therapist Training (POTT) model (i.e. knowledge of self, access to self, and use of self).

Table 1: Summary of Qualitative Studies

4.3.2. Quantitative Studies on Emotions in Systemic Psychotherapy

There is a total of 35 quantitative studies in systemic psychotherapy. Please see Appendix B for a summary of the studies, which are organised according to the theme of the paper. Out of these studies, six studies are on ABFT (Bounoua et al., 2018; Herres et al., 2021; Lifshitz et al., 2021; Tsvieli & Diamond, 2018; Tsvieli et al., 2020; Diamond et al., 2016), one study on anxiety (Lisica et al., 2024), two studies on attachment (Mehta et al., 2009; Hoover & Jackson, 2021), one study on Brief Strategic Family Therapy (Pezard et al., 2017), one study on couple therapy (Mahvelati et al., 2021), one study on crying (Cuevas-Escorza & Garrido-Fernandez, 2015), 16 studies on Emotionally Focused Couple/Family Therapy (EFC/FT) (Benson et al., 2013; Furrow et al., 2012; Greenberg et al., 2010; Kailanko et al., 2021; Kula et al., 2021; Lee et al., 2017; McKinnon & Greenberg, 2013; McKinnon & Greenberg, 2017; McRae et al., 2014; Menses & Greenberg, 2011; Menses & Greenberg, 2014; Talmor et al., 2025; White VanBoxel et al., 2024; Wiesel et al., 2020; Zuccarini et al., 2013; Sabey et al., 2021), one study on expressed emotions (Vostanis et al., 1992), one study on Family-Based Treatment for Anorexia (Aarnio-Peterson et al., 2024), one study on

intimate partner violence (Pudelko et al., 2025), one study on Satir Family Therapy (Lu et al., 2023), and three studies on therapist factors (Harris & Harriger, 2009; Kessler et al., 2000; Nikell et al. 1995). It is evident that the majority of the studies are on ABFT and EFC/FT, which are predominantly from the USA, Canada and Israel. Perhaps this geographical trend is related to ABFT and EFC/FT being originated from North America and their interest in manualised approaches. Attachment theory is the foundation of ABFT and EFC/FT, which view emotions as a primary product of attachment needs. Thus, emotions are conceptualised as residing in or coming from within individuals. Furthermore, none of the studies accounted for the cultural context of the work and seemed to assume that emotions are universal. The issue with this conceptualisation is that it limits the opportunities to understand emotions from a relational and contextual perspective. For instance, most, if not all, studies describe the need to regulate emotions as if they were separate entities from the individuals. All studies employed measures, questionnaires and/or a coding protocol to approach emotions. Although these methodologies can help in tracking changes in emotions and investigating the effects of interventions, they might have unintentionally reduced emotions to a static form. The studies also seemed to assume that emotions can be objectively measured. By subjecting emotions to a statistical analysis, it does not allow aspects of emotions such as their relationality, intensity, context and process to be studied. At its best, quantitative methods give a snapshot of some (maybe not all) emotions at a given time. In other words, the complexity of the phenomenon is completely lost. Furthermore, there might be a terminological problem–emotions, in my view, cannot be described in ‘shorthand’ (like what these quantitative studies did). Emotions need to be experienced and therefore a narrative descriptive is important. Therefore, I would argue that quantitative methodologies do not fit with the study of

performance and performativity of emotions in systemic psychotherapy. Out of the 35 studies, only two studies (Vostanis et al., 1992; Nikell et al. 1995) were done before 2000, in which the first study was on expressed emotions (Vostanis et al., 1992)—a topic that came from the psychosis field and was already established at the time—and the second study was in therapist factors (Nikell et al. 1995). This trend, perhaps, reflects the little interest in the topic of emotions until the notion of therapeutic relationship started to be in the limelight in the late 1990s. In reviewing these quantitative studies, I felt incredibly bored with the technicality of the research methodologies, especially by the measures that assume that emotions can be accessed and measured objectively. I also noticed that I was frustrated with and irritated by the authors' writings, as they seemed to assume that everyone and all emotions are the same across all cultures. I also felt a sense of colonising practices embedded in these works. The emotional experience of reviewing these studies had led me to at times doze off, be distracted or walk away from my desk, which took me a much longer time to complete this part of the rhizomatic review.

All in all, existing qualitative and quantitative studies seemed to conceptualise emotions as coming from within individuals. As discussed earlier, later works on emotions in systemic psychotherapy started to understand emotions from a relational and contextual perspective. There are no existing empirical studies that explore emotions from this vantage point. Although systemic psychotherapy has progressed in understanding emotions from a relational and contextual perspective, it does not look at emotions in space and place. This, in my view, is crucial because systemic psychotherapists often speak to context which at times alludes to space and place.

Next, I will follow the works in other disciplines (particularly hospital ethnography and indigenous studies) on emotions in space and place.

4.4. Emotions in Space and Place

The work on affect in anthropology has shed light on the capacity of clinical spaces to evoke emotions and feelings. This is illustrated in several key ethnographic studies in medical institutions such as the Madang General Hospital in Papua New Guinea (Street, 2012; 2014), the Walter Reed Army Medical Centre in Washington, D.C. (Wool, 2015), the oncology ward of Princess Marina Hospital (PMH) in Botswana (Livingston, 2012), the psychiatric clinics in highly militarised Kashmir (Varma, 2020) and a university hospital in the Netherlands (Mol, 2002).

The Madang General Hospital in Papua New Guinea had a facelift that was funded by donors. It is situated in a postcolonial setting whereby there is a juxtaposition between the new constructions and rundown colonial buildings (Street, 2014). Going beyond the physical façade, Street (2014) argued that the hospital infrastructure is social and political as it shapes the delivery of care as well as the interaction between people and the state. She critiqued that the changes to healthcare are unsustainable because healthcare equipment and training are often provided without a stable infrastructure (Street, 2014). Consequently, the landscape itself does evoke feelings in the people and their ambivalent attachment to the state's future (Street, 2012). Street (2012, p. 45) noted that 'the institution is experienced by hospital workers as at once a space of hope, offering the potential for (bodily, personal and societal) transformation and renewal, and as a space in which workers become resigned to (personal, medical,

state) failure'. This ethnographic work illustrates how people's struggle to complete their daily hospital tasks within a postcolonial and resource-limited place can elicit feelings of hope and resignation to failure.

The Walter Reed Army Medical Centre in Washington, D.C. is a rehabilitation place for soldiers who are injured in the Iraq and Afghanistan wars. Wool (2015) carried out ethnographic fieldwork with the wounded soldiers and their family members to understand their experience of returning to non-soldiering life. Although the wounded soldiers' bodies embody heroism, masculinity and patriotism, the injury, such as a loss of limb, disrupts this ideal image. Wool (2015) observed that this rehabilitation place is highly emotional and shaped by medical care, war trauma and daily American life. This ethnographic study shows how emotions shape and are shaped by the rooms and walkways as they circulate within the spaces. For example, anxiety, dependency and resilience in soldiers may be elicited when they move in the kitchen, such as reaching for food or putting on prosthetics whilst sitting on a chair (Wool, 2015). Here, we can see how emotions, movement and space are closely intertwined.

Livingston (2012) conducted ethnographic fieldwork in the oncology ward of PMH in Botswana. She observed that the ward was dominated by death and pain, but at the same time filled with laughter (Livingston, 2012). Despite the distressing situation, humour was still very much alive. Livingston (2012) noted that laughter serves the purpose of reclaiming space for life rather than erasing pain. This emotional expression shifts the ward's gloomy atmosphere and creates space for short-term relief and warm human connection (Livingston, 2012). This is a useful study to me as

it further unpacked the doing of laughter rather than assuming it was a form of denial or avoidance of difficult emotions.

Kashmir is the world's most densely militarised place where psychiatric clinics are situated within checkpoints and surveillance. In an ethnographic study, Varma (2020) observed that the boundaries between care and violence are blurred, as psychiatric clinics operate within the ethical framework of the military, which opposes traditional medical neutrality. The locals used the indigenous term 'kamozorī' to describe distress and weakness, which fall outside psychiatric categories. 'Kamozorī' is a social and relational embodied experience related to living in a traumatic environment rather than a particular episode of violence (Varma, 2020). This study brings forth two pertinent points in understanding emotions. Firstly, it demonstrates the interconnectedness between the socio-politico-cultural context and emotions. Secondly, it suggests that there is a particular language (i.e. terms) used to express emotions within a local area.

Mol (2002) conducted fieldwork in a Dutch university hospital to understand the day-to-day diagnosis and treatment of atherosclerosis, which is a disease whereby there is a gradual build-up of plaque in arteries, blocking blood flow. Although she did not describe how emotions shape and are shaped by space, she noted that they are embedded in the practices. For example, a clinician feeling uncertain about test results, a patient experiencing anxiety about symptoms, and a nurse showing compassion in everyday care (Mol, 2002). From this study, it is implicit that emotions arise in the practice of healthcare within clinical rooms, routines, and roles. In other words, emotions contribute to healthcare decisions, priorities and work coordination that holds the 'multiplicities of the body' (Mol, 2002). Mol (2002) argued that the body

and disease are not a single static entity but rather exists in multiple forms depending on material (clinical) practices such as blood flow, radiographic images and conversations in consultation rooms.

As an inhabited space situated within a socio-politico-cultural context, hospitals are not merely places for medical change but rather landscapes imbued with emotions such as hope, hopelessness, anxiety, dependency, distress, fear, pain, joy, uncertainty, compassion and many more. This chimes with some indigenous studies, which described emotions as deriving from the relationship between people and place (Deloria, 1999) and the emotionality of land (Walker, 2016; Wilson & Wilson, 2016). Smith (2021), for example, noted that indigenous knowledge, culture, relationships and land are not only intellectual but also affective. The indigenous people and traditions are shaped by their emotional relationship to the land (Wilson, 2008). I find these indigenous works very moving and inspiring mainly because they resonate with my colonial history. However, I do not claim that Singapore's colonial history is anywhere close to the indigenous experiences. I feel wary of unintentionally appropriating indigenous cultures and perpetuating the very colonising violence that I detest. Therefore, I feel the need to state my emotional experience and connection to the indigenous studies. Like these indigenous studies, the hospital ethnographic studies described in this segment depict how emotions do not only come from within individuals but also from relationships, procedures, routines, roles, spaces and places. Therefore, I take the view that to study emotions in a clinical setting, it is important to consider how they reside and flow in the space and place. These anthropological and indigenous studies provide great insight to the emotionality of place, space and land. This evokes a feeling of curiosity in me about the non-human and inanimate subjects

within the environment. Hence, I will follow this feeling and zoom in to explore the literature specifically about the non-human and inanimate subjects.

4.5. Emotions and Non-Human

The ethnographic studies in hospitals illustrate how emotions reside and circulate in spaces and places, which include non-human bodies. In this section, I will zoom in to discuss the role of non-human bodies in emotions. We live in a world where non-human subjects have always been around in our lives. Yet for many years, human bodies have been the centre of clinical and research practices in systemic psychotherapy. Braidotti (2013) argues that we have the ethical responsibility to decentre the human in our daily living and acknowledge that the non-human such as technologies, plants, animals, inanimate objects, etc. have agency too. The Actor-Network Theory posits that non-humans (like their human counterparts) are social actors, and have the agency and capacity to participate in networks (Latour, 2005). In this sense, the human and non-human are partners in world-making, which Haraway (2016) refers to as 'sympoiesis'. As Haraway (2016, p. 58) writes,

> *'Sympoiesis is a word proper to complex, dynamic, responsive, situated, historical systems. It is a word for worlding-with, in company.'*

Drawing on a 'ventriloqual' perspective, Caronia and Cooren (2014) posit that the agency of things can be recognised when they are 'in dialogue' with humans through the to-and-fro process of humans reacting and responding to what things indicate, say or tell them to do. For example, the belt barriers at the till organise people in a queue

when they are ready to pay. Likewise, in constructing a genogram, systemic psychotherapists do not simply use the flipchart and markers to invite families to work on a genogram. Similarly, in facilitating a sculpting exercise, systemic psychotherapists do not use the objects in the room to initiate a mini-sculpt. These flipcharts, markers and objects make systemic psychotherapists and families discuss the presenting dilemmas using a genogram or mini-sculpt. The genogram and mini-sculpt are not mere exercises. In some respects, they have a voice and are able to tell stories about the families in the room. They invite curiosity in systemic psychotherapists to ask questions and families to explore unknown and untold stories to help families create changes in their lives. When systemic psychotherapists invite families to participate in a genogram or mini-sculpt exercise, they are implicitly ventriloquising a principle that the presence of the flipcharts, markers and objects is a means for them to explore familial stories, perhaps in a safe and non-threatening way. Thus, it is not the mere presence of the flipcharts, markers and objects but also the opportunities associated with their existence that expresses themselves. This process of ventriloquism is reflexive and recursive whereby people ventriloquise things and things also ventriloquise people (i.e. leading people to do what they do and say what they say). It is only when the contributions of things are acknowledged that their illocutionary force in the form of a reminder or an invitation to our actions become salient (Caronia & Cooren, 2014). This ‘performative force of things’ (Caron & Caronia, 2007) and how they do things without words is described by linguists and semioticians as ‘factitiveness’. Therefore, humans are never alone in constructing situations. Humans and non-humans have a mutual influence in making each other do something. Through these relational processes between the humans and non-humans, emotions are produced and in turn shape the relational processes. As seen

in the literature discussed so far, there are various ways of understanding the place of emotions which may or may not include the non-human and inanimate subjects. This then leads me to explore the different perspectives on emotions next.

4.6. Conceptualisation of Emotions

In this section, I will broadly sketch out three strands of conceptualising emotions across a range of disciplines using the work of Ott (2017) as a guide. The first school of thought is grounded in psychology and neuroscience where emotions are perceived as coming from within individuals. This strand of work is shown in Silvan Tomkins' theory of primary affects (2008) and Antonio Damasio's theory of basic emotions (2000; 2004; 2006). Tomkins argues that there are universal, positive, neutral and negative emotions that drive human behaviours (Tomkins, 2008). Damasio (2006) challenges the Cartesian dualism, which posits that the body and mind are separated, and states that emotions are vital and not inferior to reason. Revisiting Spinoza's philosophy, Damasio (2004) shows that feelings are essentially mental experiences of body states. For Damasio (2000) emotions are unconscious responses whereas feelings are conscious experiences of these emotional responses. What is interesting is that Damasio shows how modern neuroscience on emotions is closely aligned with Spinoza's philosophy. An extension of the works of Tomkins and Damasio is that of Eve Kosofsky Sedgwick (2003) who draws on queer theory, literary criticism and pedagogy to argue that affect is not just an internal emotion but rather relational, bodily and pedagogical. More specifically, Sedgwick (2003, p. 64) is interested in shame and writes that 'shame—living, as it does, on and in the muscles and capillaries of the face—seems to be uniquely contagious from one person to another.'

The second school of thought emerged through the developments in philosophy and the humanities in which emotions are conceptualised as a force with intensity. Gilles Deleuze is the key proponent in this strand of thinking about emotions, although some of his works were developed alongside his colleague Felix Guattari. Deleuze's work, however, is focused on affect rather than emotion. As Deleuze (1988, p. 49) writes,

> 'The affection (affection/feeling) refers to a state of the affected body and implies the presence of the affecting body, whereas the affectus (affect) refers to the passage from one state to another, taking into account the correlative variation of the affecting bodies.'

Here, Deleuze (1988) made a clear distinction between affection/feeling as a subjective, embodied experience, and affects as the capacity of a body (human and non-human) to affect or be affected. In the collaboration between Deleuze and Guattari (1988) that draws on the notion of becoming, they noted that affects are not intersubjective feelings or emotions but rather powerful intensities that emerge from the relations between bodies. As they wrote (Deleuze & Guattari, 1988, p. 299),

> 'To every relation of movement and rest, speed and slowness grouping together as infinity of parts, there corresponds a degree of power. To the relations composing, decomposing, or modifying an individual there correspond intensities that affect it, augmenting or diminishing its power to act; these intensities come from external parts or from the individual's own parts. Affects are becomings.'

Although Deleuze's and Guattari's work focuses on the concept of affects, the development in this way of understanding affects as a body's capacity and affection (or feeling) as an intensive force has implications on how we can think about and work with emotions in systemic psychotherapy. Firstly, it brings forth opportunities to think about what emotions can do rather than what emotions are. Secondly, it includes the non-human bodies which, in my view, are overlooked in the systemic psychotherapy field. Following this tradition, Deleuze and Guattari's work can be traced in Brian Massumi's theory of autonomous affect (1995; 2002), Nigel Thrift's non-representational theory (2008), and Jane Bennett's concept of 'thing-power' (2010). Massumi (1995) argues that affect is autonomous because it operates before and separate from emotion, cognition and conscious perception. Unlike emotions, affect is pre-individual (i.e. not belonging to a body or subject) and moves between bodies before we can predict or interpret it (Massumi, 2002). Along a similar line as Massumi (1995; 2002), Thrift (2008) espouses the need to capture the unfolding moments in life through affect, sensation, movement and embodiment to understand the world, instead of relying on representation. Here, the emphasis is on practice and performance—that is the 'doing'—over thinking or interpreting. Whilst Thrift's (2008) work seems to emphasise space, Bennett's work (2010) seems to shine the spotlight on the non-human and inanimate. In her book 'Vibrant Matter: a Political Ecology of Things', Bennett (2010) documented how a dead rat, plastic fragments and a glove that she found on the street shimmered in their material presence, which formed relational intensities with one another, the weather and herself. From this experience, she argues that matter is therefore not passive and has a 'vital material agency' that can influence human life and ecology (Bennett, 2010).

The third school of thought involves scholars working in communication and cultural studies with an interest to bridge the earlier two schools of thought. This third hybrid tradition includes Lawrence Grossberg's notion of affective investments (1992), Sara Ahmed's sociality of emotion (2014) and Gernot Böhme's theory of atmospheres (1993; 1994). This shift re-conceptualises emotions as an ongoing process of interactivity that connects bodies to their physical and social environment (Fox, 2015). In other words, emotions play a vital role in the affective flow through which assemblages of bodies, objects, social institutions affect and are affected by each other. According to Grossberg (1992), affective investments are the emotional, energetic and motivational ties that individuals and groups form with cultural elements such as music, politics, ideologies or social identities. Therefore, our everyday life is organised and structured by affect rather than just meaning and ideology. Grossberg (1992) argues that people do not always engage with culture because of its meaning but rather because of the affective charge it carries. Thus, emotions reside in culture and they shape and are shaped by people's daily lives. Böhme (1993) argues that atmospheres are spatially extended feelings or moods that are felt both in the environment and by the subject. In other words, they are not located in the subject (like private emotions), nor in the object or environment (like measurable properties), but emerge relationally. According to Böhme (1993), atmospheres are felt and not fully articulated; we sense atmospheres before we can put them into words. Building on Böhme's work, Anderson (2009) defines affective atmospheres as 'a kind of impersonal intensity' that precedes and exceeds the individual. He argues that atmospheres are transpersonal whereby they arise between people, objects, spaces and histories (Anderson, 2009). In a similar vein, Ahmed (2014) rejects the notion that

emotions are psychological states. In her framework of the 'sociality of emotions', emotions reside neither in individuals nor objects but move in association with the movement of objects, which become sticky or saturated with affect that shapes bodies and objects (Ahmed, 2014). This framework, in my view, is useful to analyse how affect flows through the process of systemic psychotherapy. I feel perturbed by the literature on emotions in systemic psychotherapy and other disciplines. The notion of emotions seemed to be much more advanced in its development in other disciplines. I feel very excited and intrigued by them as they seemed to have a lot to offer to the field of systemic psychotherapy. This leads me to the next section where I will discuss how I frame emotions in this study.

4.7. Framing Emotions in this Study

In this study, I draw on Deleuze's (1988) work primarily to frame ***emotions*** as intensive moving forces that are fundamentally relational and contextual, and ***affect*** as the capacity of a body (including both human and non-human) to affect or be affected. As Ahmed (2014) pointed out, emotions shape the surfaces of bodies in relation to objects, which take shape through the repetition of actions over time, as well as through orientations towards and away from others. Indeed, attending to emotions might show us how all actions are reactions, as in what we do is shaped by the affective contact we have with others. ***Feelings***, unlike emotions, are bodily sensations. They can be seen in our daily lives when people say, for example, 'I feel excited' or 'I feel happy'. To feel excited and happy may encompass similar bodily sensations. However, the emotions of excitement and happiness (as intensive forces) move the bodies into motion and appraise the events or situations within a relational

context differently. For example, the emotion of excitement in a systemic psychotherapist might move him to engage the family in the room in a genogram exercise to find out more about their background, whereas the emotion of happiness might move him to engage the family in a relapse prevention exercise to help the young person stay well in recovery. ***Mood*** tends to be a broader sense of a person in relation to his environment or situation and is often described in binary terms. For instance, a person may feel good/bad, high/low, or light/heavy in mood. I am not rejecting the biological and psychological aspects of emotions. I am interested in emotions as part of an affective flow that produces bodies and the social world. This study turns away from the anthropocentric emphasis on the experience of emotions and feelings and instead approaches emotions as part of a continuum of affectivity that connects human bodies, their non-human counterparts and the environment. The display of emotions is, thus, viewed as a relational act. I then find myself in a conundrum with the verb 'to feel', which is a common language that we use in our daily lives to describe emotions and feelings. The heart of the issue lies in the limitation of language (that is, the verb 'to feel') because it tends to locate emotions within individuals, making it difficult to understand emotions from a relational and contextual perspective. Hence, I turn to the concepts of performance and performativity, which, in my view, offer a useful frame to take a relational and contextual approach to emotions. I am not claiming that these concepts are objectively better, but I think that they are a useful starting point. I will elaborate on these concepts in the next section.

4.8. Framing Performance and Performativity of Emotions

This section describes the use of performance and performativity to understand emotions as an affective flow. In our day-to-day social language, we use the verb ‘to feel’ rather than ‘to perform’ to express our feelings and emotions. Therefore, it is important for me to note that the purpose of this study is not to replace the verb ‘to feel’ with ‘to perform’ to describe feelings and emotions in both clinical and social settings. The study sets out to draw upon the concepts of performance and performativity to understand what emotions can do rather than what emotions are, in order to explore how systemic psychotherapists can work relationally and socially with emotions in systemic psychotherapy.

The performance and performativity of emotions is grounded in the work of Irving Goffman, Michel Foucault and Judith Butler. Goffman (1961) conducted an observations in a prison where inmates and staff are subscribed and confined to their roles, which govern the way they act and behave. He used the term ‘performance’ to describe activities of an individual which occur before observers, which in turn have an influence on how the observers act (Goffman, 1959). Goffman’s notion of performance sheds light on bodies as it is focused on how an individual acts or behaves. Performance between the individual and the observers can be augmented with the work of Butler (1997, Chapter 1, p. 11) who states that ‘performative acts are forms of authoritative speech whereby the uttering of statements also performs a certain action and exercises a binding power’. Therefore, performance encompasses both the acts of bodies and utterances in speech. However, the performance of

emotions is not merely about how one behaves and/or what one says but rather an ongoing, moving, relational process

Whilst Goffman's work attends to power in the micro-politics of interactions, which is relevant to the performance of emotions, it does not account for power issues in the broader social structure. To address this gap, I turn to Foucault's (1995) account of prison and legal systems, where he writes about people being subjected to the power of institutional structures. Butler (1990), who draws heavily on Foucault's work, posits that performativity relates to the way in which an individual behaves based on the label they are given. Ahmed (2014) linked the notion of performativity to speech acts. She argued that to name something as disgusting in the speech act 'That's disgusting!', for instance, is itself performative. Performativity is hence about the influence of discourse, which (re)produces effects on the individual through reiteration (Butler, 1993). Thus, when an individual is given a label within an institution, in this case a mental health unit/service, the reiteration of the discursive force (re)produces an effect on the way they behave, speak and feel. In this sense, the movement, utterances and emotions of bodies are effects rather than causes or outcomes. Therefore, I argue that when emotions are institutionalised, they are performed in particular ways. For Butler, it is crucial to make a distinction between performance and performativity. According to Butler (1997, Chapter 1, p. 11), 'performance is a bounded act whereas performativity consists in a reiteration of norms which precede, constrain, and exceed the performer and in that sense cannot be taken as the fabrication of the performer's will or choice.' She further explicates that what is 'performed' works to conceal, if not to disavow, what remains opaque, unconscious, and unperformable (Butler, 1997). In

other words, the performance of emotions is within one's awareness whereas performativity of emotions may not be so obvious to one.

In summary, the performance of emotions is an affective act of a body in movement and utterance. For example, when a service user breaks down in tears and the systemic psychotherapist says, 'I can sense that you miss your aunt' and hands a box of tissues to the client, the systemic psychotherapist is performing sadness and empathy through his movement and words. He conveys that he is attuned to the service user's feelings. The box of tissues is also performing the emotions of empathy and comfort. Performativity of emotions is the intensity of the affective flow within the assemblage of bodies, objects and social institutions, which are in a constant flux of affecting and being affected by one another. Using the same example, the performativity of sadness moved the systemic psychotherapist to utter words of comfort and understanding, and to pick up the box of tissues to hand it over to the service user. Feelings of comfort and relief evoked by the systemic psychotherapist and the box of tissues in turn moved the service user to take a piece of tissue to wipe her tears. This encounter occurred within a mental health service, which provides the context where the service user is seeking help for her depression and the systemic psychotherapist is providing support. Feelings of sadness, understood, comforted, relieved and empathy circulate amongst the service user, systemic psychotherapist, box of tissues and mental health clinic, which 'creates the effects of their surfaces and boundaries' (Ahmed, 2014). These effects delineate the relationship between the helped (service user) and the helper (systemic psychotherapist) and open possibilities for change to occur.

4.9. Performance and Performativity of Emotions in the Naven Ritual

Having traced the developments of emotions across various disciplines (including systemic psychotherapy) and defined the concepts of performance and performativity of emotions, I would now like to return to the *naven* ritual to recast its process through the lens of queer theory. My intention in doing so is twofold: firstly, I want to highlight how queer theory can enhance the understanding of bodies in the performance and performativity of emotions; secondly, I want to bring forth the works of queer writers of colour to understand the performance and performativity of emotions. Essentially, this section is an extension of the work of Krause (2007a; 2007b). Whilst Krause's work (2007a) brings forth issues of kinship, emotions and the therapist's use of self from the *naven* ritual, I want to highlight the theme of bodies in the performativity and performance of emotions from Bateson's (1958) work that can be useful in the practice of systemic psychotherapy.

Contemporary queer theory was born during the era of feminist, civil rights and gay liberation movements between the late 1980s and early 1990s (Turner, 2000, pp. 1—35). Bateson's (1958) work was written before queer theory emerged in the academic field. Although Bateson did not explicitly engage with queer theory, his analysis of the *naven* ritual seems to suggest gender fluidity and non-conformity in the Iatmul culture. Therefore, I concur with some social anthropologists (Marcus, 1985; Krause, 2007b) that Bateson was indeed ahead of his time. The *naven* ritual is a sexually charged performance as evident in the sexualised behaviours such as erotic mockery, bodily exhibitionism, cross-dressing and sexual gestures that are taboo in everyday life. Lipset (2008) reread Bateson's observations of these highly sexualised performances,

and argues that they show how masculinity is questioned by reversing gender norms. Weiss and Stanek (2006, p. 71) refer to this act of gender norm reversal as a 'transvestite behaviour'. Silverman's (2001) ethnographic analysis of the Eastern Iatmul culture of Papua New Guinea reveals that emotions, bodies and gender identities are culturally produced through the reiteration of rituals. Silverman (2001) noted that the ritual's sexual elements elicit feelings of shame, embarrassment, and laughter, which are central to masculinisation in the Iatmul culture. These re-readings of Bateson's ethnographic work seem to suggest that gendered sexual identity and behaviours are fluid in the Iatmul culture, particularly during the *naven* ritual. The *naven* ritual is also a reminder that gender fluidity and non-conformity are part of the tradition of a community situated outside the West. As Middleton (2022) pointed out, the hegemony of the patriarchal and heteronormative West in the current socio-politico-cultural climate uses gender binary and conformity as a weapon to demonise trans and non-binary people. Butler (2021) noted that such violence towards people of minoritised backgrounds is deemed acceptable because the bodies of these people are more 'grievable'. It is vital to be mindful of how the rejection of what falls outside the normative categories is an act of violence. By recasting the *naven* ritual using a queer theoretical framework, I suggest that emotions and gender are performed by the Iatmul people through an emotionally charged ritual involving bodies cross-dressing and behaving in a sexualised manner.

In an ethnographic fieldwork studying the androgynous beings in the culture of Binmin-Kuskusmin of Papua New Guinea, Poole (1996) noted that androgynous images are not fixed and static identities but rather an ongoing, moving, entanglement of masculinity and femininity that is driven by rituals and ordinary everyday life. This fits

with queer theory which treats LGBTQIA+ categories as ‘a constellation of multiple and unstable positions’ (Jagose, 1996, p. 3—6). Although queer theory takes the view that queer identity is not fixed and static, I opine that the multiplicities within it are lost due to the focus on queerness and limited consideration of culture and race. Jagose’s (1996) work, for instance, it not without limitations as it is focused on Western queer movements and does not account for non-Western or indigenous perspectives. Writing from the position of a Chicana, Indigenous and queer woman, Anzaldúa (2007, pp. 99—113) challenges the Western perspective on gender and sexuality, and advocates for developing a ‘mestiza consciousness’ that can ‘tolerate contradictions and ambiguity’ when living in conflicting cultural, racial, linguistic and sexual territories. Like Anzaldúa, Muñoz (1999) centres queer people of colour but proposes a different practice, known as ‘disidentification’, to address both race and sexuality concurrently. Disidentification is a stance of ‘apolitical sidestepping’ to work on and against dominant ideologies to avoid the trap of accepting (identification) or rejecting (counter-identification) them (Muñoz,1999, p. 18). Drawing on drag queen performances, especially by queer people-of-colour, Muñoz (1999) argues that emotions are not just representative and private but rather transformative and political for those who are excluded from dominant cultural narratives. I am particularly drawn to Muñoz’s (1999) work because it helps me to connect (i) the cross-dressing and transvestism in the *naven* ritual (like a drag performance), (ii) the limitations of Western-based queer theory, (iii) the bodies of queer people-of-colour in drag performance, and (iv) emotions as transformative and political in performative practices, which are all pertinent to my research interest in the performance and performativity of emotions in systemic psychotherapy. This leads me to punctuate the review with my research aim, objectives and question in the next section.

4.10. Punctuating the Rhizomatic Review: Research Aim, Objectives and Question

Due to limited time and scope of the thesis, I will punctuate and conclude the process of this rhizomatic review at this point. The rhizomes of the social world are always going forward and therefore it is artificial to ‘end’ a rhizomatic review (Fox, 2024). The insights generated from this rhizomatic review serve to set the parameters for this study. The aim of the study is to understand the performance and performativity of emotions by families and systemic psychotherapists in the process of systemic psychotherapy in a GAU in the UK. The three objectives of the study that feed into the research aim are: (i) to trace how emotions unfold between systemic psychotherapists and families in the process of systemic psychotherapy; (ii) to understand the potential impact of the broader emotional climate of a GAU on the process of systemic psychotherapy; (iii) to explore how the non-human plays a part in the emotional process of systemic psychotherapy. The research question that serves as my compass in traversing the paths in this study is, ‘How are emotions performed by systemic psychotherapists and families in the process of systemic psychotherapy in a GAU in the UK?’ I will move on to discuss the research apparatus of the study, traditionally known as methodology.

5. Research Apparatus

In this section, I will discuss the research paradigm and assemblage (design) that I drew on to produce the research materials.

5.1. Post-Qualitative Inquiry

This is a post-qualitative study, which aims to understand the performance and performativity of emotions in systemic psychotherapy in a GAU in the UK. Post-qualitative research is an emergent, experimental approach to inquiry that challenges the assumptions, methods, and epistemologies of traditional qualitative research (Lather & St. Pierre, 2013). It is not a single method or set of procedures but rather a philosophical and political orientation towards doing research differently (St. Pierre, 2014). Post-qualitative studies are often deeply informed by new materialist, decolonial and feminist philosophies (Gerrard, Rudolph & Sriprakash, 2017). Thinkers such as Gilles Deleuze, Karen Barad, Donna Haraway and Jane Bennett (just to name a few) are key proponents. Whilst I drew upon a range of the works of these thinkers, I was most inspired by the work of Gilles Deleuze. St. Pierre (2021) argued that traditional qualitative methodologies are problematic for post-qualitative inquiry because the former are human-centred and the latter rejects pre-existing method and methodology. Whilst I do not disagree with her argument, I opine that 'plugging' (Jackson & Mazzei, 2023) traditional qualitative methodologies into post-qualitative inquiry can produce diffractive effects and open possibilities. The notion of 'plugging in' was taken from Deleuze and Guattari (1987, as cited in Jackson & Mazzei, 2023) who wrote that 'When one writes, the only question is which other machine the literary

machine can be plugged into, must be plugged into in order to work.' This fits well with 'diffraction' (Barad, 2007) which is to see how patterns may emerge from reading insights through one another rather than opposing them. It is, therefore, crucial that I do not take post-qualitative inquiry as an independent and fixed entity because this would contradict the very principles of post-qualitative inquiry. As a systemic psychotherapist, I cannot engage in research practice without thinking from the position of a clinician. Like the Möbius strip, the role of the systemic psychotherapist and the researcher are blurred, and a systemic inquiry is the same as a post-qualitative research inquiry (Loh & Albertini, 2024). Thus, post-qualitative research for me is about thinking with theory and clinical practice, and challenging traditional qualitative methodologies. I would locate this post-qualitative inquiry within a new materialist research paradigm which, according to Fox and Alldred (2015), views research as an entangled practice that produces knowledge with the phenomenon it studies, including both human and non-human components.

The quality of this study was ensured by grounding the research practice in the foundations of systemic practice which attends to relational patterns, connections and contexts. Simon (2018) states that rigorous systemic research should: (i) be coherent with the principles of systemic practice; (ii) have a methodology that reflects systemic inquiry; (iii) be situated within local contexts; (iv) uphold relational ethics, (v) attend to and bring forth experience; (vi) demonstrate awareness of the researcher's influence on the work; (vii) show consistency and coherence in the research design, materials and writing; and (viii) contribute insights to clinical practice. This study integrates professional experience with research inquiry whereby I conducted the research as a professional working within my own practice rather than as an external observer.

Simon (2022) refers to this kind of research as practitioner research which is neither practice evaluation nor research about clinical practice conducted from outside; rather, it is a blending of professional experience and inquiry. My resonances with the participants and research materials are key elements that helped me to keep ‘rigour and imagination’ (Bateson, 2002) alive as no research can be neutral and the self of the researcher cannot be left out. In addition, the ‘rigour and imagination’ (Bateson, 2002) was maintained by generating thick and rich, as opposed to thin, materials through the diffractive use of six methods: ethnography, Reflexive Thematic Analysis (RTA), cartography, Multimodal Conversation Analysis (MCA), New Materialist Methodology (NMM) and autoethnography.

5.2. Research Assemblage

The core part of the study is a microanalysis of systemic psychotherapy sessions which took place in a GAU. However, the performance and performativity of emotions in systemic psychotherapy sessions do not occur in a ‘vacuum’ but rather are embedded within the context of a GAU. As Deleuze and Guattari (1988, as cited in Fox & Alldred, 2018) stated, in order to understand a river, one needs to take a boat and become part of its flow, rather than observing it from the bank. Hence, to understand the performance and performativity of emotions in the systemic psychotherapy sessions, it is crucial to immerse myself in a GAU where the systemic psychotherapy sessions took place. This leads to the second part of the study, which involved a piece of ethnography in a GAU. It is important to me not to leave out the self of the researcher. To ensure that my ‘self’ as a researcher is centred in the research practice, I integrated autoethnography as the third part of the study. Bateson

(2002) stated that ‘without context, there is no meaning’. Thus, both the ethnography and autoethnography served as a backdrop (or context) to help me make sense of the microanalysis of the systemic psychotherapy sessions. I am also interested in mapping ‘the patterns that connect’ (Bateson, 2002) across the three parts of the study. An overview of the triangulation of the three parts of the study is shown in Diagram A below. For the purpose of the flow of writing, I have organised the parts of the study in this chronological order: (1) a piece of ethnography (i.e. participant observation) work in a GAU; (2) the microanalysis of systemic psychotherapy sessions in a GAU; (3) an autoethnography of my personal and professional resonances to the systemic psychotherapy sessions, the processes of the GAU and the entire research process.

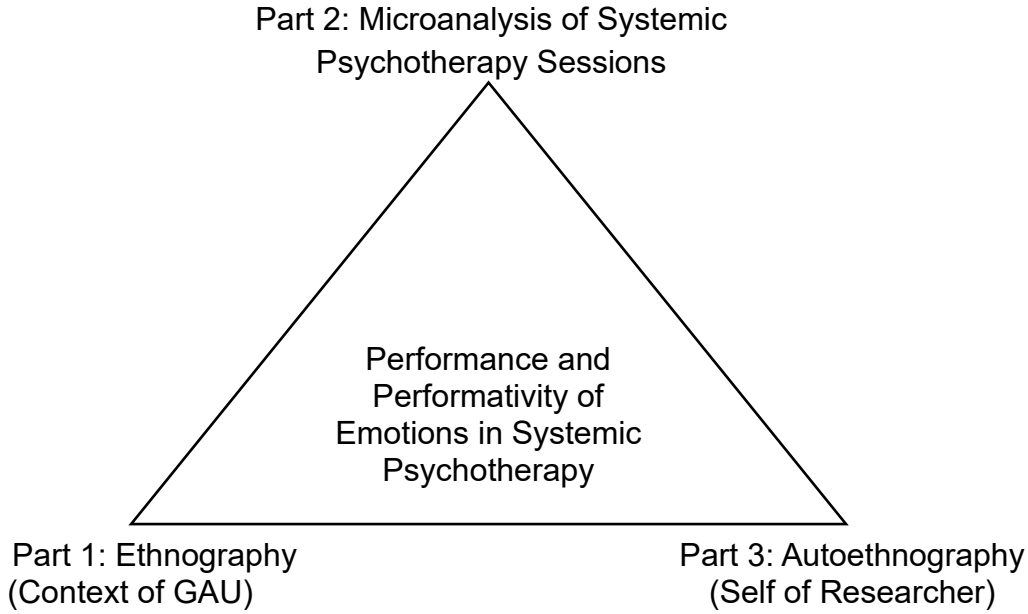


Diagram A: Triangulation of the three parts of the study

5.3. Research Participants and Relationships

There were two phases of recruitment related to Parts 1 and 2 of the study. In the first phase of Part 1 of the study, I contacted systemic psychotherapists who worked in a GAU through my professional contacts to invite them to participate in my study. An invitation letter outlining the study was sent to the systemic psychotherapists, who then shared it with their management teams. The systemic psychotherapists were the point of contact between me and their teams. Generally, the responses from the systemic psychotherapists were rather lukewarm. Some systemic psychotherapists did not respond; others who were interested started a conversation, required some chasing, or eventually did not respond. The systemic psychotherapists who eventually declined my invitation cited reasons such as that the service was already engaging with several research projects, or the team was very busy. These responses resonated with my previous experience of working in a GAU where the work was fast-paced and the resources were limited in the current NHS climate, which could have a huge impact on service capacity to take on a doctoral study. I also hypothesised that perhaps some GAUs might be worried about being scrutinised or evaluated by the ethnographic part of my study. The search for a GAU to participate in my study took approximately six months between June 2021 and January 2022, which felt like an emotional rollercoaster ride. I was close to giving up on the study and started to consider how I could tweak my research design to study the same topic in a community Child and Adolescent Mental Health Service (CAMHS) or Adult Mental Health Service (AMHS). It was pertinent for me to journal my experience of the recruitment process, as it was a relationship-building process which encompassed emotions. My emotional response can be seen in one of the entries in my autoethnography:

'I met with [the systemic psychotherapist] on Teams today... I am so glad that I have FINALLY found a site for my research. I am so grateful to [a colleague] for linking us up and of course to [the systemic psychotherapist] for being so open to collaborate with me. I feel an enormous weight off my shoulders but also in disbelief. This is too good to be true. Perhaps, part of me still worries that this opportunity may fall through after such an arduous search for a research site. I wonder if this potential collaboration reflects that the service is open and values (systemic) research. I also wonder what this means in relation to the emotional climate in the GAU.' – 20th January 2022 (Autoethnography)

After a systemic psychotherapist confirmed that the GAU that he was working in was willing to participate, I presented the study to the team in their MDT meeting and answered the questions that they had. This systemic psychotherapist was both a participant and a co-investigator of my study. His role as a co-investigator was a requirement set forth by the Research and Development Department (RDD) in the NHS Trust. The management team had some concerns about staff feeling evaluated and criticised, particularly in the ethnographic part of the study. I reassured the team that the purpose of the ethnography was to understand some of the daily ward processes and how these might contribute to the emotional climate of the work. Initially, I sought individual consent from staff who were on shift during the time I conducted the participant observation. However, this proved to be challenging due to the fast-paced and constant movement of staff on the ward. As a result, I changed to taking group consent with the approval of the ethics committee. For example, I would

remind staff at the start of the MDT meeting that I was conducting participant observation and sought their consent.

In the second phase of recruitment for Part 2 of the study, participants were the systemic psychotherapist and three families. The systemic psychotherapist, who was the only systemic psychotherapist in the service, had already agreed to participate in part 2 of the study. Written consent for Parts 1 and 2 of the study was concurrently taken from him at the beginning. He disseminated information about the study to the young people and their family members with whom he was working by sharing the participant information sheets. Young people and their family members who were interested in participating completed the written consent forms and were given the opportunity to speak to me via a phone or Teams call if they had questions. The inclusion and exclusion criteria for these two parts of the study are summarised in Table 2 below. Part 3 of the study did not require inclusion and exclusion criteria as it was an autoethnographic account on my experience of the research process.

Study Part	Inclusion	Exclusion
Part 1: Ethnography	• A GAU which sees adolescents between the ages of 13 and 18 with mental health difficulties.	• CAMHS inpatient unit that sees children under the age of 13 with mental health difficulties.
Part 2: Microanalysis of Systemic Psychotherapy Sessions	• The systemic psychotherapist, who facilitates the session, has completed the qualifying (masters) level of systemic psychotherapy training. • The session involves colleagues of the systemic psychotherapist. • The session is conducted in English only. • The family consists of at least two family members, including or excluding the adolescent.	• The session involves an interpreter.

	• The family member is a parent, sibling, relative or non-biologically related person whom the adolescent considers as part of their family.	

Table 2: inclusion and exclusion criteria

5.4. Creata (Production of Materials)

This study draws upon the concept of creata (Brinkman, 2014) to think about the production of research materials. As St. Pierre (2021) pointed out, the traditional notion of data collection is an issue with post-qualitative inquiry as the former assumes a clear division between data and human beings. Data do not exist 'out there' to be collected (Brinkman, 2014) but rather are materials generated through research practice. I will describe how creata were produced in the three parts of the study.

5.4.1. Part 1: Ethnography

This part of the study involved me conducting participant observation in a GAU, which included only staff (no service users) over a period of five working days (equivalent to 37.5 hours). The reasons for this timeframe were to minimise disruption to the team and that it would give me a good enough sense of the daily ward processes. I decided to exclude observing spaces with service users because the ethics approval procedure could possibly take up to approximately a year. More importantly, I felt that the potential information generated from observing the spaces with service users would not make a significant difference to my hope of understanding the daily ward processes. Hence, I felt unable to justify the need to approach these young people,

who were already highly distressed in a Tier 4 service, for the purpose of my study. The participant observation took place in spaces such as the waiting room, reception office, nursing office, psychology office, staff room, pre and post therapeutic group discussion, handover and MDT meetings. See Appendix C for a breakdown of the participant observation schedule. During the participant observation, I had a small notebook with me, which I would make some short fieldnotes when necessary. I refrained from writing extensive fieldnotes to avoid staff potentially feeling evaluated and judged. Detailed fieldnotes were written in a Word document at the end of each visit to the GAU.

5.4.2. Part 2: Microanalysis of Systemic Psychotherapy Sessions

This part of the study involved microanalysis of the process of the systemic psychotherapy sessions which took place on a GAU. After I had taken written consent from three families, the systemic psychotherapist recorded a session that he facilitated for each family using the recording facility in the systemic psychotherapy rooms or Teams. The recordings could be any session facilitated by the systemic psychotherapist. The rationale for not recording a specific session or session number is because this study holds the view that emotions are performed in all sessions at all times. The session with family 1 was recorded using the recording facility in the systemic psychotherapy room, which I discovered had a poor sound quality. As a result, the sessions with family 2 and 3 were recorded using Teams. During the analysis phase, it was unfortunate that the recording of family 3's session became corrupted when I had just started on the analysis. The recording was irretrievable

despite the help from the Information Technology (IT) team. This was a frustrating experience, as noted in my autoethnographic notes:

> *'I feel incredibly frustrated that the challenges with the study continue to come after I have jumped over the hoops of looking for a research site, taking consent from staff, and recruiting families. I found out today that it is impossible to retrieve the recording of family 3. I could feel the weight on my body – rather exhausted, discouraged and anxious. After discussing with my research supervisors, I feel reassured that it is okay not to recruit a third family as I have more than enough materials to work with. I feel really grateful that [the psychotherapist] tried his best to contact IT for help in this matter. I also feel guilty that my study has probably added more to his already very busy workload.' – 21st January 2025 (Autoethnography)*

At that point, the detailed analysis of family 1's and 2's sessions generated a significant amount of materials, which I considered to be sufficient for the study. Furthermore, recruiting families for Part 2 of the study was extremely challenging due to the nature of the work in a Tier 4 inpatient unit. I also felt that it was unethical to recruit a third family if I deemed that the current materials from the first two families were sufficient. Therefore, I made the decision, as discussed with my research supervisors, to focus on the two families.

5.4.3. Part 3: Autoethnography

This part of the study involved a piece of autoethnography alongside the ethnography (Part 1) and microanalysis of systemic psychotherapy sessions (Part 2). Over the course of the study, I created the autoethnographic notes by documenting my feelings, thoughts and embodied experiences in a reflexive diary in the form of a Word document. The purpose was to trace and examine how I performed emotions in relation to the research work. I also documented things in my social and personal life that inspired me to expand my thinking about my study. Moore (2009) argued that it is not worth writing about reflexivity which entails preoccupation with oneself. She espoused the use of self-awareness and curiosity in fieldwork. I was mindful of the risk of autoethnography becoming solipsistic. Therefore, I ensured that I always reflected on my experience in relation to others and the research topic. I also take the view that it is implausible to do autoethnography without ethnography.

5.5. Relational-Ethical Considerations

The study was approved by the Health Research Authority (HRA) and (Health and Care Research Wales) HCRW on 27th September 2023 and subsequently by the RDD in a UK NHS Trust on 5th January 2024. Guillemin and Gillam (2004) stated that whilst 'procedural ethics' served to guide researchers to consider basic principles of research integrity, researchers also need to attend to the 'microethics' which are unexpected ethical encounters that might emerge during research practice. There were several ethical considerations from the planning to data collection phase, which involved procedural ethics and microethics. Some of the ethical considerations led to

substantial and non-substantial amendments whereby I had to submit a formal application to HRA, HCRW and RDD for approval. I will discuss the key ethical considerations and dilemmas as well as those that required formal approval from the local and national ethics committees.

Undue Stress on Participants: I was mindful that the participant observation on the ward could create undue stress on staff who might worry that their work was scrutinised and evaluated. When I presented my study in the MDT meeting, I reassured the team that the purpose of the participant observation was to understand the daily ward processes and emotional climate of the work. I explained that I was interested in the movements and interactions of people as well as the physical structures of the space. During the participant observations, I reminded staff about the purpose and focus of this part of the study when necessary. I also ensured that I was not taking a copious amount of fieldnotes during this process, as staff might misconstrued that I was assessing them. No personal identifiable information was documented in the fieldnotes.

Right to Withdraw: Participants in Part 1 of the study had the option to opt out up until the time when my fieldnotes were created at the end of the day after each visit. If they decided to opt out, I would not document my observations in the fieldnotes. Participants in Part 2 of the study had the option to withdraw from the study up to the point when data analysis commenced, as all personal identifiable information was removed after the recordings were transcribed.

Data Storage: The storage of the recordings created an accessibility issue as it took me two and a half hours to travel to the GAU each way. The initial storage procedure laid out in the protocol stated that the systemic psychotherapy session would be recorded using the recording facility in the systemic psychotherapy room. The recording was stored in the device, which meant that it could only be accessed onsite. The first systemic psychotherapy session with family 1 was recorded using this device, which made it difficult for me to conduct the analysis out of regular working hours. As discussed with RDD, we agreed that I would apply for a non-substantial amendment to record the remaining two sessions with two other families using Teams and store the recordings in the co-investigator's (systemic psychotherapist) NHS One Drive (a cloud system). A non-substantial amendment of this kind did not require approval from HRA and HCRW. Following the approval from RDD, the remaining two sessions with two families were recorded on Teams. I was given access to the two recordings by the co-investigator via a secure link, which I accessed using only my NHS laptop and account. The fieldnotes, data analysis and writing were done using my password-protected NHS laptop.

Consent Taking Procedures: The initial consent taking process for Part 1 of the study involved me taking written consent from all staff who were in the space where I was observing. This proved to be very challenging due to the shift patterns of different staff and the fast-paced work. Furthermore, I realised that approaching staff individually for consent was disruptive to their work as many of them had to rush to places and sometimes attend to crises or urgent matters on the ward. It also became apparent that the team had agreed to participate in my study, but I was still seeking consent from them, which they had already given. As the consent taking procedure became

unfeasible and disruptive, I consulted RDD who advised that I amend my research protocol to obtain group rather than individual consent at the start of each observation (e.g. the start of an MDT meeting). Amendments to the consent-taking procedure were deemed to be a substantial amendment and therefore I had to submit a request to HRA and HCRW who approved the amendment on 28th May 2024, followed by another request to RDD who approved on 10th June 2024. Although the group consent was more feasible and less disruptive to the team, there were still challenges at times due to the nature of the work on the ward. For example, it was not unusual for staff to join an MDT meeting at different times, or some staff might come into the meeting for a brief query and leave. I was left with a dilemma about whether I should read the group consent script each time someone join the meeting, as this would be very disruptive. Following a discussion with my co-investigator (systemic psychotherapist) and some management team members, we agreed that it would be less disruptive to the team if I took the group consent once at the start of each observation.

5.6. Diffractive Analysis

The analysis process of the three parts of the study was iterative, recursive and 'diffractive' (Barad, 2007). I started with analysing the ethnographic fieldnotes and subsequently moved to the systemic psychotherapy sessions whilst, all the time, referring to the autoethnographic notes. The autoethnographic fieldnotes generated some questions (and curiosity) for analysing the systemic psychotherapy sessions. For example, some of the questions noted in my autoethnography were: *How do the space and structures influence the performance and performativity of emotions in the recordings? What is the socio-politico-cultural act of the bodies? How do the stories*

within events in the session shape experiences and move bodies? What is the in-between of what is presented in front of me in the session? What is the dominant ideology in the process of the session? These questions helped me to 'dig deep' into my experience rather than simply reflecting. The autoethnographic notes also served as a reference point for me to move back-and-forth between Parts 1 and 2 of the study. I will describe the analysis procedures in parts, but they were not conducted in a linear way.

5.6.1. Part 1: Ethnography

The fieldnotes were completed at the end of each visit to the General Adolescent Unit (GAU). After the ethnography phase of the study was completed, the fieldnotes were finalised by reading and re-reading them several times. In order to allow the ideas to settle, I left the ethnographic materials for a few days. I then returned to a 'blank canvas' (i.e. a wall in my study room) to map my learning points from the participant observation. The step-by-step process of analysis is as follows:

1. Firstly, each event identified from the fieldnotes was written on a blue post-it note. Some examples of the events include flatness in the emotionality of the MDT discussions, overhearing conversations in the reception office from the waiting area, and a black male nurse-in-charge chairing a handover meeting. The events were organised according to the potential topics (see Picture 1). For example, events such as discussion about the search procedures, cleaning up the kitchen sink and weighing young people with an eating disorder on a

Monday were grouped under the topic of policies. The purpose of using post-it notes was to make it plausible to move the post-it notes for meaning-making.

2. Then, each topic was recorded on a green post-it note. Some examples of the topics include rules, policies, surveillance and control. Topics that were closely related were grouped together alongside the relevant events (see Picture 2). For example, topics on policies and rules were grouped together alongside events such as discussion about the search procedures, cleaning up the kitchen sink and weighing young people with an eating disorder on a Monday.
3. The third step involved documenting theoretical ideas and theorists that came to mind on a yellow post-it note. The yellow post-it notes were placed on the side for reference to the events and topics (see Picture 3). For example, concepts such as subjectification, governmentality and presentation of the self, as well as theorists such as Foucault (1994) and Goffman (1961), were used as references to the topics on rules and policies.
4. Next, I referred to the fieldnotes as well as my reflexive diary (autoethnographic notes) to recount the emotions that arose during the events. I was also paying attention to my emotional responses to the analysis process. My emotions were written on a red post stick-it. The red post-it notes were placed on the side for reference to the events and topics (see Picture 3). For example, I noted that I felt constrained, suffocated, angry, frustrated and yet relieved, contained and safe in the discussion about rules and policies.
5. Then, I moved the events and topics to identify the connections between them. The connections were made through the theoretical ideas and theorists as well as my emotional responses (See Picture 4). For instance, I noted that the rules and policies were conditions that created and sustained the power relations

between staff and service users. This also created and sustained a system of surveillance and subjectification, which influenced how staff and service users behave and relate with each other. These relational processes connected with Goffman's (1961) work in asylums and Foucault's concepts of surveillance (Foucault, 1995) and subjectification (Faubion, 1994).

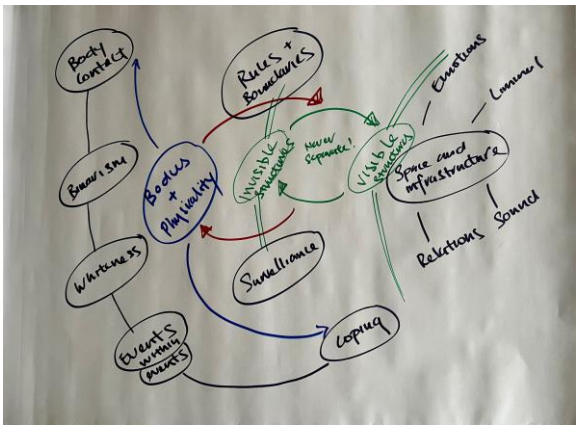
6. Subsequently, I mapped the topics onto a flipchart to create themes (see Picture 5). For instance, the topics of surveillance, rules and boundaries were grouped together to form the theme of invisible structures; the topics of space and infrastructure formed the theme of visible structures. Then, I traced the connections and movement between the topics and themes. For example, the visible and invisible structures had mutual influence, which in turn had an impact on the physicality of the bodies. I noted that the link between these structures seemed to affect the relationships and relational processes. For example, the black male nurse-in-charge chairing the handover was jarring as it seemed to disrupt the whiteness and power hierarchy within the senior team. I felt proud and inspired by the nurse-in-charge and, at the same time, slightly disheartened and exasperated towards the organisational system.
7. Lastly, details of the events, emotions, theoretical ideas and theorists were added to the themes to create coherent narratives (see Picture 6). I will illustrate these narratives further in the next section.

Picture 1

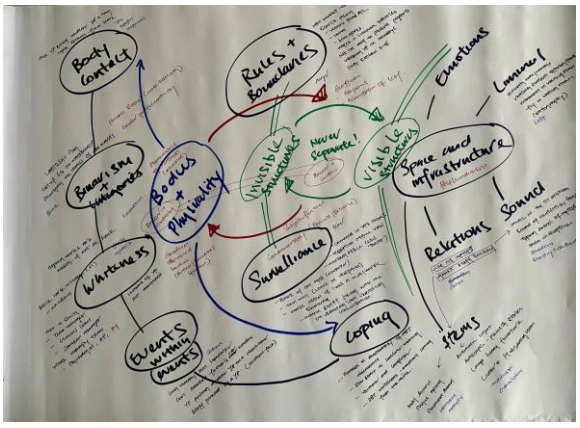
Picture 2

Picture 3

Picture 4



Picture 5



Picture 6

5.6.2. Part 2: Microanalysis of Systemic Psychotherapy Sessions

MCA and NMM were utilised in the microanalysis of the systemic psychotherapy sessions. MCA is the study of human communication beyond language that includes

the body (Mondada, 2016). In other words, communication is fundamentally multimodal because it involves language, postures, gaze, facial expressions, silences, objects and spatial arrangements. NMM draws upon a relational, post-anthropocentric and monist ontology in research inquiry (Fox & Alldred, 2022). New materialism is an umbrella term, often described as a turn to matter, for a range of relational, affective and post-anthropocentric perspectives that have emerged in the social sciences and humanities (Fullagar, 2017; Lettow, 2017). The initial plan was to use MCA and Critical Discourse Analysis (CDA) to analyse the selected events. However, I realised that MCA and CDA were not able to capture the complexity and details of the performance and performativity of emotions in systemic psychotherapy. I decided to keep MCA because it takes embodied actions into account. The process that led to the decision to replace CDA with NMM was an overwhelming and frustrating experience. This was reflected in my autoethnographic notes:

> *'Where is the place of bodies in CDA? The bodies that performed emotions seemed to be lost in discourse and language. This is frustrating as CDA makes me feel distant from the participants. I have been attempting to approach the materials with new materialism concepts. It feels like this approach has given the materials a new lease of life. I feel liberated and able to connect with the participants in the recordings. But the change in methodology, I must admit, is overwhelming at this stage of my research.' – 14th December 2024 (Autoethnography)*

I began data analysis by identifying and coding the events, followed by creating the themes in the two recordings. It is worthwhile to note here again that I decided to

discard using the third systemic psychotherapy session because the recording was damaged and there were no solid grounds to justify the need to recruit a new family to replace the lost recording. The step-by-step coding process is as follows:

1. I watched and re-watched the two recordings several times to familiarise myself with the sessions and made notes during this process. The key events that resonated with me were identified. Essentially, the resonance was what touched me personally and/or professionally about the events. Each event was recorded in the form of a brief description alongside my resonance in an Excel document. I checked that the key events best resonated with me by re-watching the recordings with the Excel document as a reference. Some events were added and removed in this process of checking. This step of the analysis ended once I was satisfied that I was indeed touched by the identified events.
2. Next, I integrated RTA by Braun and Clarke (2021) to code the events. Fox and Alldred (2022) noted that data analysis in NMM differs most significantly from a humanist and essentialist approach. They proposed approaching the data using a coding frame which includes (i) the human and non-human bodies, (ii) the affects that assemble the bodies, (iii) the capacities produced by the affects and (iv) the micropolitics of the events. I read and re-read the identified events using this coding frame and labelled each event with a code. Once all the events were given a code, I read and re-read the codes to get a sense of the potential themes.
3. Subsequently, the codes were organised into broader themes. This was an iterative and recursive process whereby I was moving between shaping the themes and checking that the codes were coherent with the themes.

4. When the themes were satisfactory, I organised the events according to the themes using the ‘sort and filter’ function in the Excel document. I went back to check that the events were coherent with the themes. When an event did not seem coherent with the theme, I reviewed and adjusted the code. Then I checked that the amended code fitted with the same or a different theme and moved it accordingly. The events were reorganised using the ‘sort and filter’ function. This process was repeated until I was satisfied that the events, codes and themes were connected in a coherent manner. See Appendix D for a sample of the events, codes and themes.
5. Once the themes were established, I mapped them on a flipchart paper and considered how they fit with the research question to create a coherent narrative.
6. In the final step of the coding phase, I returned to the list of events organised by themes (Excel document). I went through the list to select one event that best showcased the theme and most resonated with me. These selected events were taken forward to the next phase of analysis.

As the analysis was very detailed, it was beyond the scope of the thesis word limit to use more than one event for each theme. Talk and embodied actions in the selected events were transcribed using the conventions developed by Gail Jefferson (Hepburn & Bolden, 2013) and Lorenza Mondada (2018) respectively. See Appendix E for transcription notations. These forms of transcription were chosen because they enabled moment-by-moment microanalysis of the process of systemic psychotherapy. I integrated the conventions by Jefferson (Hepburn & Bolden, 2013) and Mondada (2018) because the former lacks consideration of bodies and the latter lacks details of

talk. For me, both bodies and talk are pertinent in the performance and performativity of emotions. The transcripts in bold font denote the conversations (i.e. what was said). The transcripts in regular font (non-bold) denote the embodied actions (e.g. gestures, postures and/or movements). Square brackets, [ ], indicate overlapping talk. Overlap onset is marked with a left square bracket, [, and overlap offset is marked with a right square bracket,] . An equal sign, =, represents latching which is the absence of any discernible silence between two turns or between two parts of one turn. Numbers in parentheses, for example (0.2), represent silences in tenths of a second; a dot in parentheses, for example (.), represents a micro-pause which is less than two tenths of a second. Punctuation marks intonation, not grammar; period, comma, and question mark indicate 'falling', 'slightly rising', and 'strongly rising' intonation, respectively. An underscore, for example it_, at a turn ending presents level intonation. Underlining, for example Why, indicates some form of stress or emphasis. Uppercase letters indicate especially loud talk. Single degree signs, for example °yes°, mark quiet or soft talk. Double degree signs, for example °°yes°°, mark particularly quiet voice (e.g. whispering or mouthing). An underlined element followed by a colon, for example Pa:ssing, indicates an up-down contour through the word. A colon underlined, for example Sur:prise, indicates pitch movement sliding up through the word. Up arrow, ↑ ↓, indicates sharp change upward in pitch while down arrow indicates downward shifts. Double arrows, ↑↑ ↓↓, represent particularly sharp pitch resets. The combination of greater-than and less-than symbols, for example >such a rush<, indicates that a stretch of talk is compressed or rushed. Used in reverse order, for example <this is so slow>, the signs indicate that the talk is slower. Colons indicate the stretching of the sound just preceding them. Hyphen indicates a cut-off. Double parentheses, for example ((cough)), mark the transcriptionist's description of events. Single

parentheses mark hearings of conversations and observations of movements or embodied actions that are uncertain. If there are two possible hearings, for example (can't oh/get on), they are separated with a forward slash within the parentheses. Hearable breathing is shown by the letter h. Hearable inhalation is shown with a period before the letter h. The longer the breathing/inhalation, the greater the number of h. The symbols Δ Δ indicate synchronisation of correspondent stretches of talk or time. The symbols * * indicate descriptions of embodied actions are delimited between them. The symbols *---> indicate that the action described continues across subsequent lines. The symbols ---->* indicate the action until the symbol, *, is reached. The symbols >> depicts that the action described begins before the excerpt's beginning. The term, fig, marks the exact moment at which a screen shot has been taken. Lastly, the sign, #, indicates the time within a turn or a particular a time measure.

The integration of MCA and NMM did not come without its problems. Although MCA was reductionist and ran the risk of staying at a behavioural level, it provided a methodical approach to understand the microprocesses of interactions. NMM, on the other hand, had the potential to open possibilities to understand the wider layers of context (which relates to the Deleuze-Guattarian notion of assemblage). However, there was the challenge of scoping the analysis. The two approaches to some extent contradicted each other with one closing down (MCA) and the other opening up (NMM). Whilst this contradiction was a potential constraint, it also brought forth possibilities, such as understanding the multiple layers of complexity from the micropolitical to broader contextual issues. I contend that MCA was a practical approach to understand the 'actual' whereas NMM laid the path to the 'virtual' of the performance and performativity of emotions. The actual and the virtual are key

concepts in Deleuze's philosophy. For Deleuze (1968), the actual is what is concretely manifested and the virtual is real but in a different mode of existence that can actualise in many ways. MCA enabled me to capture what was in front of me (the actual) and NMM allowed me to go behind the interactions (the virtual). I will elaborate on these in the section on 'Entangled Creata' (traditionally known as 'findings' or 'results').

5.6.3. Part 3: Autoethnography

Autoethnography was used as a means to locate myself in the research process. The autoethnographic notes in my reflexive diary were not analysed per se but rather used as reference points to connect my experiences to Parts 1 and 2 of the study. This was particularly pertinent in the ethnographic fieldwork to reflect on my embodied emotional responses to my observation. The rationale for not analysing the autoethnographic notes by systematic coding was because it would break the materials down into broad themes. Although the broad themes could be useful in understanding the key threads in Part 3 of the study, it would lose the details of my experiences and resonances, which were important to triangulate this part of the study to the overall research process. For this part of the analysis, I read the ethnographic notes several times to remind myself of the themes. I used key words and short phrases to mark the themes in the relevant parts of the reflexive diary. These key words and short phrases served as bookmarks for easy access to the reflexive diary entries when I needed to refer to them. In the writing process, I extracted the ethnographic notes and adapted them to the thesis (where appropriate) to illustrate my embodied experience of the research process.

In summary, this is a post-qualitative inquiry that draws on a new materialistic approach. The research apparatus consisted of three parts, which included (i) microanalysis of the systemic psychotherapy sessions, (ii) ethnography in a GAU and (iii) autoethnography of my experience. As can be seen above, the integration of the methods was complex and generated a copious amount of materials. These materials will be presented as entangled creata in the next section.

6. Entangled Creata

In this section, I will first discuss the themes that emerged from the ethnographic observation in the GAU, and will then present the materials generated from the microanalysis of the systemic psychotherapy sessions. I will weave in extracts from the autoethnographic work throughout the section.

6.1. Ethnographic Materials

The ethnographic observation generated three key themes and eight subthemes. The first key theme is ***invisible structures***, supported by two subthemes such as ***surveillance*** and ***rules and boundaries***. The second key theme is ***visible structures***, which consisted of three subthemes such as ***space and infrastructure***, ***physical items*** and ***sound***. The third key theme is ***physicality of the human bodies***, which comprised three subthemes such as ***whiteness***, ***binarism*** and ***embodied reactions to violence***. See Table 3 for a summary of the themes and subthemes. I will present each theme with its subthemes in detail. However, I want to note that they are not independent or static but rather closely intertwined and moving.

Key Theme	Subthemes
Invisible structures	• Surveillance • Rules and boundaries
Visible structures	• Space and infrastructure • Physical items • Sound
Physicality of the human bodies	• Whiteness • Binarism • Embodied reactions to violence

Table 3: Summary of themes and subthemes

6.1.1. Theme 1: The Invisible Structures

I found that the notion of ***surveillance*** was bidirectional between service users and staff members. The two main rooms that most resemble an observing tower, as described in Foucault's Panopticon, were the nursing office and the reception office. The nursing office had a view across the corridors of the two wards; the reception office had a view across most of the waiting room. In addition, there was a monitor screen in the nursing office that was linked to the cameras in the young people's rooms. There was a glass panel on the door of most of the rooms to allow people to look in. The more striking physical structure was the full glass wall in the therapy rooms. These features of the space gave the feeling of a lack of privacy and the actualisation of the constant surveillance of the young people and their families. An interesting discovery was that the surveillance was not unidirectional. The young people and their families were able to monitor the staff too. This bidirectional surveillance was different from the Panopticon. Not only were the young people and their families able to see the staff, but there were also spaces where they could hear them. For instance, the wall between the reception office and the waiting room was rather thin, such that it was possible to hear the conversation in the reception office

from the waiting room. The process of bidirectional surveillance was salient on my first day of visit:

> *'Although I was excited to visit the unit for the first time today, I couldn't help but notice the level of security in the place. There were doors which required an access key. It was not easy to move from one space to another. There seemed to be eyes everywhere — people, cameras, windows, glass walls and glass panels on the door. I noticed my discomfort showing; I felt conscious of what I was doing, my every move, and my interactions with people. It was easy to observe others but also easily observed by others. I guess the infrastructure and processes were meant to keep the young people safe. But do they really feel safe in the space?' – 19th February 2024 (Autoethnography)*

I was struck by an event in the psychology office in which a staff member shared that he placed a book in front of a picture of a cat on the shelf to cover the cat's eyes. He explained that he felt uncomfortable that the cat looked like it was looking at him. I wondered if the staff member felt that there were people constantly watching his movements and monitoring his work. In some respect, the monitoring of work was part of the practice when staff would have regular clinical supervision and annual performance appraisal. Another key event that occurred was when a staff member asked if I was a nurse or Health Care Assistant (HCA) shadowing and observing the work. During the field work, I also encountered staff joking with me about recording the good work and not the areas of work that would make them look bad. Perhaps, these encounters with staff reflect the hierarchy and surveillance inherent in the work

structures and processes. It seemed common for staff to have a mindset that they ought to show only the good aspects of their work. The surveillance of the staff, therefore, seemed to be from the young people and their families as well as the internal staff themselves and other external professionals. The setup of the space seemed to have the effect of surveillance on both the service users and professionals, regardless of whether this was the original intention of setting up the place or not. In line with the bidirectional surveillance in the current epoch, which is different from the Panopticon days, it seemed to me that service users do hold power to some extent. Perhaps, this can be seen in the complaints and compliments procedures, and service user involvement initiatives in present times.

Rules and boundaries were at the heart of the GAU. Upon arrival, one could find an introduction booklet that laid out the rules of the GAU in the waiting room. There was also an ongoing pressing issue of young people smuggling (sometimes with the help of their parents) contraband items such as vapes into the ward. In order to tackle this issue, there was a search policy to conduct a search on the young people when they returned to the ward. There was also a rule to conduct regular and sometimes surprise room searches to ensure that the contraband items such as vapes and lithium batteries were tracked down to keep the young people safe. Young people with an eating disorder were searched on a Monday and hence they were required to return to the ward on Sunday evening if they were allowed to go on weekend leave. These rules, albeit meant to protect the young people, felt restrictive when I heard the discussion in an MDT meeting:

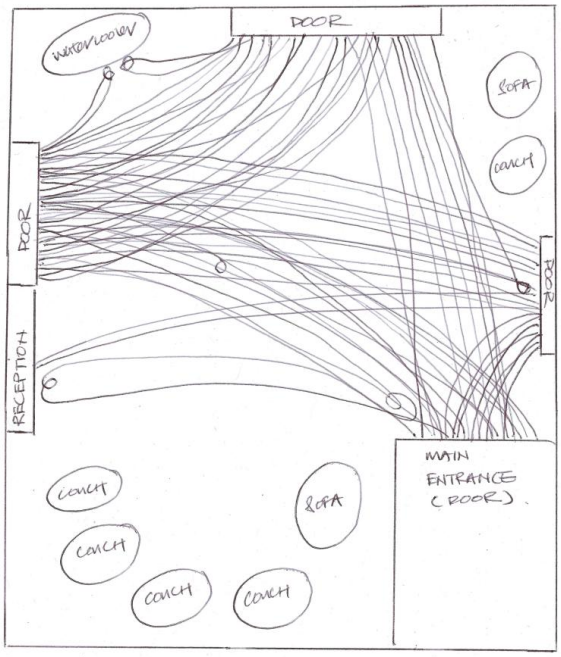
'I feel torn about the rules. I see how they can maintain order and safety for the young people but I also feel the constraints. Listening to the team discussion, I do not disagree with the staff about the rules but I noticed my stomach churning and legs shaking. I feel restless and suffocated.' – 13th May 2024 (Autoethnography)

During a search event, I noticed a staff member was wearing a pair of blue rubber gloves in the search process. The blue gloves seemed to have the meaning of a boundary between staff and young people, which reflected the power differential in the professional-service user relationship. Staff were expected to conduct a thorough search to locate the contraband items. Thus, the rules and boundaries enabled the control over the staff, the young people and their families. There was an issue with the use of the kitchen as a result of some staff and young people not cleaning up the sink after use. This made it challenging for the young people with an eating disorder to have a meal and did not reflect well on the cleanliness of the ward. Staff were reminded of the rule to clean up the mess after use. On the roof of the building, large nets were used to deter the pigeons from nesting and resting. The nets seemed to be a material form of a rule, to control the movement of the pigeons, which were seen as pests. All these rules and boundaries fed into the surveillance operation of them all (i.e. staff, service users and animals).

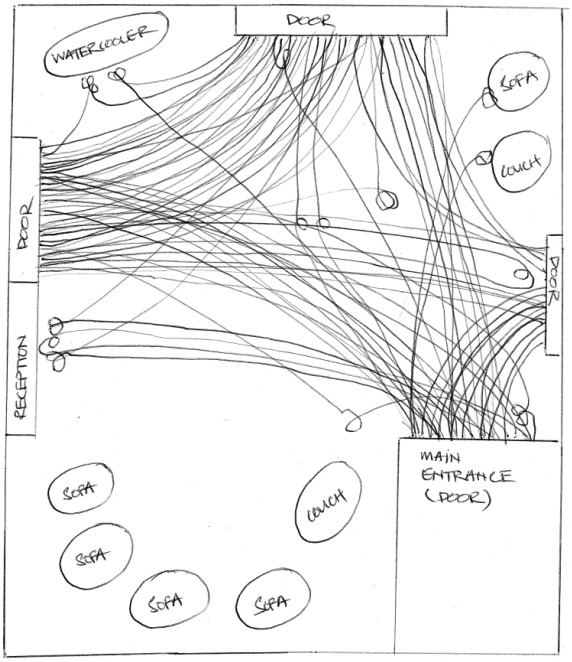
6.1.2. Theme 2: The Visible Structures

The physicality of the ***space and infrastructure*** had an impact on the relationships and relational processes in the GAU. The waiting room seemed to be a liminal space

where people did not stay long or would pass by quickly. A liminal space is a transitional or in-between space where someone is between two states of being (Turner, 1969). The movement through the waiting room seemed to be a transient experience as people switched from one state to another. For example, a staff member may be leaving the ward for a break and thus relinquishing some responsibilities they hold in the ward; a young person may be returning from home leave and thus being subjected fully to the rules and regulations of the ward; or a delivery man may be completing a job as he handed the parcels to the reception. When I first sat in the waiting room, I began to notice the transient nature of the space. I recalled the work of Fernand Deligny (2015) who used cartography to trace the movements and behaviours of non-verbal autistic children. I decided to integrate cartography in my observation of the waiting room because I wanted to capture a snapshot of the movements in the space. See cartography Diagrams B and C.



Cartography Diagram B: 10:00-12:30



Cartography Diagram C: 12:30-15:00

I created the cartography Diagram B in the morning from 10:00 to 12:30 and cartography Diagram C in the afternoon from 12:30 to 15:00. The circular lines denote that the person stayed on the spot for approximately five minutes. The two circular lines by the sofa and couch on the top right of cartography Diagram C show that the two people sat down for a longer time. It was apparent that people did not spend much time in the waiting room and there were not many visitors during these times of observation. Perhaps this was because the system was efficient or it felt (in my experience) quite frightening to be in the waiting room, or maybe a bit of both. The darker shade and denser lines in cartography Diagram C seemed to suggest that there was more movement in the afternoon than in the morning. The door on the top of the diagram led to the ward; the door on the left of the diagram led to the reception office and doctors' office; the door on the right of the diagram led to the therapy rooms and offices on the first floor. By and large, most of the people moved between the ward and the reception office/doctors' office as well as between the main entrance and the therapy rooms/offices. Most people who passed the waiting room were staff members, which included clinicians, delivery people, maintenance people, and cleaners. The cartography lines seemed to suggest limited interactions between people, which made the waiting room a space solely for people to move from one part of the building to another. There was nothing relational about the space in the sense that it did not feel welcoming to the people within it. However, from a new materialist perspective, I was in an ongoing relational process with a fly, the silence, the ventilation fan, the coffee table, the atmosphere, the mood, the air, the passers-by, etc., and all of these human and non-human bodies were intra-acting (Barad, 2007). This resonated with my experience of being in the waiting room when I noticed a fly:

'As I sat on the same couch, the silence began to fade away as the ventilation fan started to get louder. I noticed that there was a fly circling above the coffee table. It was flying in all directions and not quite in a neat circle. It looked like it was lost; it did not know where to go and perhaps where to look. Its movement began to synchronise with the sound of the ventilation fan. I could relate to the fly. Perhaps, it was how I was feeling; not knowing where to go with my observation and not knowing where to look. Being in the waiting room for hours was not an easy task. I felt like the fly – circling left and right, moving in all directions, feeling lost and perhaps even trapped in the waiting room. The movement of the fly seemed to slow down as the time passed by, which connected with my experience of being in the waiting room. I felt anxious and at times in the way of people although there were not many of them around. I wanted to make myself very small and unnoticeable. I wished I was a fly on the wall. I stared longer at the fly. It seemed to be moving in lines similar to my cartography. Is this how living things move in this space? Is there a code, a routine, a formula, a structure, or a system that guides the movement? How much are we in control when we are in this space; be it for staff, service users, visitors, flies, or things? Then, I looked up again at the fly and it was gone.' – 4th July 2024 (Autoethnography)

The **physical items** in the space appeared to be barriers for people to relate. The GAU was furnished with large furniture and metal cabinets. The systemic psychotherapy observing room, which was my base, was cluttered with boxes initially. The boxes were cleared out later, which was a relief to me:

'I can't believe the boxes have been cleared out. The room feels so much more spacious to be able to move around and more importantly to think! It has certainly put a smile on my face. I feel more relaxed and contented to be in this space today. Organising the space may seem trivial to some people, but it does make a huge difference to me. I feel I can stay in this room longer. I wonder if this is how some young people and perhaps even staff feel? I do think that to care for a place is to care for its people.' – 20th June 2024 (Autoethnography)

The furniture and clutter gave a heaviness to the space. There were bright white automatic lights in some areas of the GAU that gave a clinical feel to the space. This clinical vibe was juxtaposed by a plethora of artworks. Some of the artworks looked like they were bought to fill and add some colours to the space, whilst the artworks created by the service users told stories about their mental health journey and recovery. There was a banner in the waiting room that asked service users to nominate a nurse for the Daisy Award[7]. There was also a Best Placement Award and a unit opening plaque by the Royal Highness on display. The awards and plaque seemed to be connected to the institutional anxiety of having to show that they were doing well, which perhaps fed into the control and monitoring of both the service users and the staff members.

[7] The Daisy Award is a program to celebrate and recognise nurses. See: https://www.daisyfoundation.org/about-daisy-award

The ***sound*** produced within the GAU seemed to reflect its relational processes. In team meetings, typing sounds of laptops could be heard, which showed that people were multitasking and perhaps even not connecting with each other. The music in the art room during an OT activity group and the radio in the reception office filled the silence when people did not speak. Whilst the music might break the awkward silence and make people feel relaxed, it might also make it less likely for people to relate. On the contrary, the silence in the waiting room amplified the sound of ventilation fans, which I imagined could be a frightening experience for a young person with a mental health issue who is away from home.

6.1.3. Theme 3: Physicality of the Bodies

Whiteness dominated the spaces, roles and relationships. The GAU was a white place, which showed the power difference between the bodies. There were prominent scenes of white people (often wearing a shirt if they were men) in senior roles. Most of the time when I was at the GAU, a white nurse-in-charge was overseeing the nursing team. There was once a black man who was the nurse-in-charge on shift, which disrupted the pattern. He seemed to stick out and the difference of his skin colour was very noticeable. Most, if not all, of the agency nurses were black. The ratio of the staff's racial backgrounds fed into the surveillance process so that the white bodies were in a position of power to supervise and monitor their non-white counterparts. For instance, the white senior staff were often leading the meetings and giving instructions to the junior staff group, which consisted of more non-white staff. I presumed that the white senior staff would also have the power to appraise the work of the non-white junior staff although this process was not observed during the field work. It was also

striking that the cultural backgrounds of the young people were not mentioned during the team discussions. I was curious about the young people's background during a meeting:

> *'Who are these young people? They have a name, behaviours, family members, mental health difficulties, etc. But who really are these young people? I wonder if they are all white as the cultural background is never mentioned. I look around the room and notice the cultural diversity in the team. Do staff talk about social differences like race and culture?' – 15th July 2024 (Autoethnography)*

There seemed to be an assumption that all young people were white or, regardless of their cultural background, would fit into the 'white way of working'. Perhaps, whiteness created the divide and made it difficult for people to relate. The only event that showed connection was when a white young person gave another white young person, who just returned from home leave, a tight hug. It was the only affection expressed through body contact that I observed during the entire field work.

Binarism showed in several areas in the GAU. I was struck by the dissonance between the LGBTQIA+ flag in the main building and the gendered wards in the unit. Like the awards and plaque in the waiting room, the LGBTQIA+ flag seemed to be an antidote to the institutional anxiety of having to be seen as getting it right. Perhaps, this is connected to the bidirectional surveillance where staff were monitored by service users or the public to ensure that they were abiding by the rules. At the time of the field work, the GAU was undergoing the process of renaming the 'male' and

‘female’ wards to ‘moss’ and ‘ferns’ respectively. I was surprised that staff named the wards ‘male’ and ‘female’ rather than ‘boys’ and ‘girls’. Personally, I would refrain from the former terms due to the biological connotation. For me, gender is fluid and in constant flux rather than static. Even with the new possible names of ‘moss’ and ‘ferns’, they seemed to retain the legacy of ‘male’ and ‘female’ as they share the same first letter. I wondered what stopped the service from changing the names to something completely different, neutral and non-binary. The issue of gender does not, of course, unfold outside the socio-political milieu:

> *‘Violence towards the trans community sadly continues to fester. The Trump administration has a global impact on what it means to be a man and a woman. Can a person be in-between? The recent debate on the definition of man and woman reminded me of the LGBTQIA+ flag and the changing of ward names in the GAU. I feel the tension in my body. Perhaps I feel angry about the societal resistance to stay in the in-between, and lethargic from the bruising effects of the violence. It often makes me want to switch off the news.’ – 22nd February 2025 (Autoethnography)*

When I was at my base (the systemic psychotherapy observing room), there was a list of social graces written on the whiteboard, which I believed was used for training purposes. The list of social graces and the gendered wards highlighted the way social differences were perceived and understood as categories, which seemed superficial. Social differences are complex to work with and perhaps this list gave the feeling that the service was addressing these differences, when in fact they were not doing it adequately or even at all. It seemed that the GAU was unable to accept the social

differences and in-betweens that did not fit into neat categories. Perhaps, the need to fit into these categories perpetuated the power relations, as bodies that fit in some categories had the ability to control and monitor over those that were in the ‘other’ or ‘in-between’ categories.

Embodied reactions to violence were produced in the ward processes. For instance, there were stories reported in a long Monday morning handover. The stories included a girl smashing her father’s car window, a young person pushing another young person in a wheelchair in a playful way, and a staff member being punched in the face by a young person. These stories were about rule breaking and the pushing of boundaries, which further reinforced the need to enforce the rules and boundaries, and thereby keeping the surveillance and power relations afloat. Staff appeared to be disheartened by these stories and reacted with a need to be firmer and more boundaried with the young people. This seemed to be a form of symmetrical schismogenesis (Bateson, 1958) in which one’s behaviour invites the same behaviour of another. There was also a sense of staff wanting to better support these young people. Perhaps, staff feel conflicted between guarding their own safety and trying to understand the distress of the young people. The stories were told in a matter-of-fact and flat manner despite their emotional intensity. The emotionality of the MDT discussion seemed incongruent with the emotional intensity of the stories. Humour and laughter were part of the discussion process, which seemed to be a way of coping with the difficult emotions for staff. My response to these stories seemed different from the staff, or at least how they appeared to be in the meeting:

> ‘*My heart goes out to the staff member who was punched by a young person. I feel sorry for him and also for the young person who was highly distressed. I abhor violence. The meeting reminded me of my work in a GAU where staff shared poignantly that they did not come to work to get beaten up. I admire the nurses for being in the frontline of such risky work. I was struck by how people narrated and responded to these stories with such composure. Are they affected by these stories? Maybe it is hard to share how they really feel? A deep sense of sadness came over me. I noticed the weight of my body on the chair and a desire to want to help and support. Perhaps, I was also disheartened by the resource issues in the NHS that make mental health care provision really challenging for clinicians.’ – 13th May 2024 (Autoethnography)*

The handover meetings often started late, which seemed to be a sign of the reluctance to enter the space, which was emotionally intense. Dialectical Behaviour Therapy (DBT) was a key intervention in the service. There were DBT worksheets which talked about emotions coming from the inside and needing to be regulated. This lack of consideration of the relational aspect of emotions might have contributed to the space being not relational.

6.1.4. Summary of the Ethnographic Materials

I observed that the two themes, ***invisible*** and ***visible structures***, seemed to have mutual influence on each other. These structures were never separate or acting in isolation. The invisible structures, such as surveillance, rules and boundaries were

inherent in the processes of the GAU. The visible structures, such as the space and infrastructure of the GAU had an impact on the relational processes and relationships. The surveillance, rules and boundaries influenced the way the space and infrastructure were set up, and vice versa. There was a dependency between the two types of structures, which kept each other afloat. Neither of them was able to function independently. For instance, I noticed that the viewing point from the nursing office that overlooked the ward seemed to maintain the ward surveillance, which in turn materialised the nursing office as an 'observing tower'. They also influenced how it felt to be in the middle of these structures, which seemed to create the conditions for the intensity of emotions in the spaces. The ***physicality of the human bodies***, which is linked to the intensity of emotions within the spaces, seemed to be the effects of the visible and invisible structures that were embedded in these structures. At the same time, the physical human bodies also seemed to keep the structures in place whereby they reinforced the need for surveillance, rules, and boundaries. This seemed to create a process whereby reciprocal interactions reinforced certain social behaviours, referred to as schismogenesis by Bateson (1958). For example, feeling safe/unsafe might influence staff to reinforce rules and boundaries, and young people to abide (i.e. complementary schismogenesis) or resist (i.e. symmetrical schisomogenesis) them. The mutual influence between the visible and invisible structures also seemed to have effects on the human bodies to organise and use the non-human bodies such as furniture, technological equipment, boxes, plaques, signs, paintings, etc. These processes seemed to produce embodied reactions to violence, which was a common issue faced in a Tier 4 inpatient unit. There were issues of power: the themes on invisible and visible structures highlighted issues of ***power and control***, whereas the theme on the physicality of the human bodies highlighted issues of ***power and***

hierarchy. See Diagram D that shows the themes and the flow of their connections. The purpose of the diagram is to aid the reader to follow the themes and the flow of their connections. It is not intended to reduce the themes and flow to independent, disconnected and static forms.

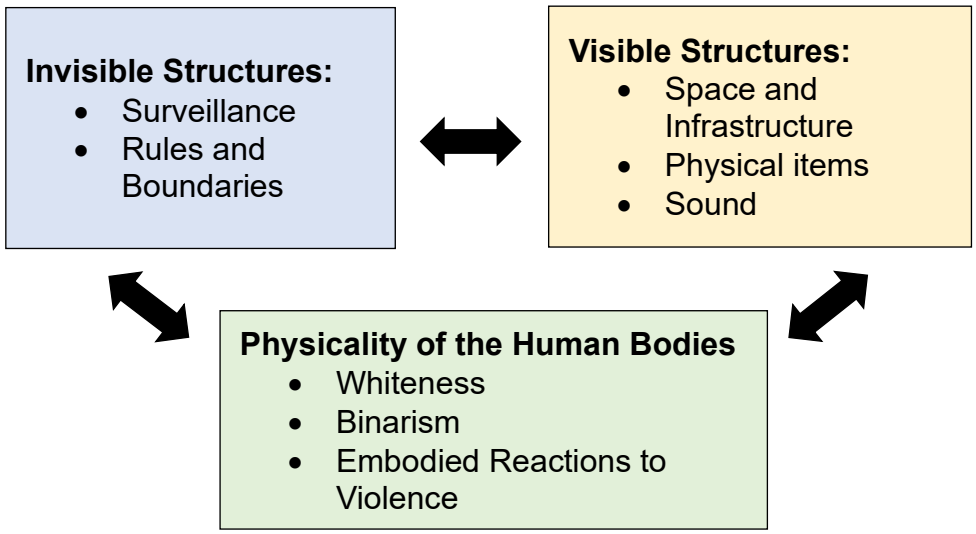


Diagram D: Flow between the themes

6.2. Themes from the Microanalysis of the Systemic Psychotherapy Sessions

In this segment, I will present the themes generated from the microanalysis of the systemic psychotherapy sessions in detail. There is a total of 116 events identified in the two recorded sessions. The events depict the performance and performativity of emotions that resonated with me. I was personally and professionally touched by the way the human and non-human bodies related emotionally with each other in the sessions through their conversation and movement. The three identified overarching themes were: (i) ***connecting through haptic touch***; (ii) ***participation of non-human bodies***; and (iii) ***affective influence on the movement of bodies***. Out of the 116

events, 25 events fall under the theme of ***'connecting through haptic touch'***, 47 under ***'participation of non-human bodies'***, and 44 under ***'affective influence on the movement of bodies'***. I have selected two events from Family 1 to illustrate the themes of 'connecting through haptic touch' and 'participation of non-human bodies', and one event from Family 2 to illustrate the theme of 'affective influence on the movement of bodies'. These events were selected because they best illustrate the themes and most resonated with me personally and professionally. See Table 4 for an overview of the number of events and families used for each theme.

Theme	No. of Events	Exemplar
1. Connecting through haptic touch	25	Family 1
2. Participation of non-human bodies	47	Family 1
3. Affective influence on the movement of bodies	44	Family 2

Table 4: Overview of events and family used for each theme

6.3. Family 1: Key People

SP: Systemic Psychotherapist, white British, man

YP1: Young person, white British, girl

FA1: Young person's father, white British, man

MO1: Young person's mother, white British, woman

6.4. Family 1: Synopsis

YP1 is a 16-year-old girl who was admitted to the GAU due to concerns regarding her low mood and eating difficulties. At the start of systemic psychotherapy, YP1 struggled to be in the same room with her parents. Over the course of therapy, YP1 managed

to engage more with the sessions. This started off with YP1 joining part of the session and taking a listening position. Soon after, she felt able to contribute to the conversation and stay throughout most of the sessions. At the point of recording, YP1 was at the end of the inpatient treatment. This was the penultimate session, which lasted approximately 50 minutes. SP invited YP1 to use the session to revisit the genogram or think about the upcoming discharge. She opted for the former because it was difficult for her to talk about leaving her friends on the ward. Throughout the session, YP1 was playing with the ball and balancing pad whilst engaging well with the conversation. She was energetic, playful and humorous in the session. There was shared energy and playfulness between YP1 and MO1. FA1 presented as a gentle, soft-spoken and caring man. MO1 noted that FA1 was good at showing care towards the children by getting them involved in activities such as helping him in the garden. Animals were a theme in this session as the family members referred to cats, a rooster, sheep and seagulls. The family members had a shared sense of humour. The genogram exercise revealed that FA1 and his family-of-origin would show care in an indirect way. There was a sense of anticipation and excitement in the room as the family were very engaged in the conversation. However, there was also sadness when some personal stories were shared. SP and the family were seated in a circle around a coffee table where the flipchart and markers were placed. There were empty chairs between them.

6.5. Family 1: Personal and Professional Resonances

I could sense the anticipation and excitement in the room, which kept me curious, energised and interested to see how the session was going to unfold. This was

contributed to by the action of the ball, balancing pad and genogram activity, and the movement of the human and non-human bodies in the room. Initially, I thought the use of the ball and the balancing pad was related merely to anxiety. However, I realised that the level of the family's, particularly YP1's, engagement seemed to show their anticipation and excitement rather than just anxiety. Watching the recording had an impact on me:

> *'I noticed myself feeling alert and able to concentrate on the session. I also noticed myself leaning forward, resting my arm on the table, and sitting in an upright posture whilst I was watching the recording.' – 20th March 2025 (Autoethnography)*

The esprit de corps between SP and the family reminded me of the sessions I did in which the service users and I felt we were in it together to think about their dilemmas. At a personal level, I felt moved by FA1's gentle, caring, nurturing demeanour. I realised that I felt aligned with him because he was different from my father, with whom I have a distant relationship. MO1 reminded me of my paternal aunt, who is like my mother. I have a very close relationship with my paternal aunt, who plays a key role in looking after me in my life. Throughout my earlier years, my peers used to comment that my paternal aunt is my second mother. I also felt protective towards YP1, like the way I feel towards my younger sister.

6.5.1. Theme 1: Connecting Through Haptic Touch (25/116 events)

There are 25 out of 116 events in the two recordings which depict this theme. The events show how human and non-human bodies connected through haptic touch. The term ***'haptic'***, developed by Deleuze and Guattari (1988), is used to describe a mode of perception that is distinct from the purely visual or optical. It is not simply about touch but rather a visual field that functions like touch. It is associated with embodied experience, where a person is immersed in sensation instead of seeing from a distance. I want to note at this point that haptic touch is an ongoing process that is always emerging through relations; I do not mean that haptic touch only occurs when there is physical contact between human and non-human bodies. I observed the emotional intensity, which seemed to resemble haptic touch, in the embodied intra-action between the human and non-human bodies. This ever-present and unfolding emotional intensity seemed to connect them and organise how they responded to each other. Some examples of the events from the two recordings which depict this theme include reluctance to talk, experience of going against the ward rules, shared humour in the room, and stories of care. I have selected an event from Family 1, whereby there was shared humour in the session, as an exemplar to illustrate this theme.

<u>Exemplar 1: Summary of the selected event</u>

Prior to the selected event, FA1 and YP1 were working on the genogram. SP discussed with them how they might like to draw the diagram. The family discussed what colours to use. SP asked YP1 about the meaning of the colour choices. YP1 explained that she chose green to represent her grandmother because her

(grandmother's) dining room is green. YP1 commented on FA1's bad handwriting in jest and SP added that people were ganging up on FA1. Humour seemed to connect the family members, and SP appeared to be joining them through humour.

This selected event for exemplar 1 occurred between 27:42 and 27:57 (15 seconds). FA1 took the role of drawing the genogram whilst getting instructions from YP1, who was standing on the balancing pad. After YP1 mentioned a few family members, FA1 reached out for an orange marker to put them on the genogram. YP1 questioned FA1's choice of the orange marker in jest and told FA1 to use a red marker instead to represent her uncle Mark. SP participated in teasing FA1, and MO1's laughter filled the room. There was a sense of cheekiness and playfulness in the humour. There was a smile on everyone's face.

After the selected event, FA1 continued to work on the genogram whilst they spoke about some of the family members. There was a moment when YP1 lost balance on the balancing pad. SP told YP1 to be careful and reminded her to help FA1 with the genogram exercise. YP1 then sang 'don't worry, be happy', and FA1 joined in briefly with the singing. MO1 was observed to lean forward to look at the genogram.

<u>Exemplar 1 Segment 1 (E1S1):</u>

YP1:	**△#°granny, granddad, dad and daniel.° (0.2)**	
YP1:		△points at genogram
FA1		**#°okay.°**
FA1:	△*reaches out for the orange marker*	△reaches out to draw
SP:	>>looks at genogram*--->	
MO1:	>>sits back (unable to see MO1 on screen)	
Fig:	#fig 27:42	#fig 27:45

Fig 27:42

Fig 27:45

Exemplar 1 Segment 2 (E1S2):

YP1: △IN ORANGE? (0.3) [you di:dn't do_ you mix ↑up] (0.3)
YP1: △raises both hands
SP: #have [you cho:sen the wrong co:lour?]
SP: △*looks at FA1 and smiles* △raises both hands with a smile
FA1: △looks at genogram*--->
MO1: sits back (unable to see MO1 on screen)
Fig: #fig 27:49

Fig 27:49

Exemplar 1 Segment 3 (E1S3):

FA1: △°what co:lour should I use? °
FA1: △turns to look at YP1*--->
YP1: >>looks at FA1*--->
SP: △#*coughs and covers his mouth with his right fist*
MO1: >>sits back (unable to see MO1 on screen)
Fig: #fig 27:53

Fig 27:53

Exemplar 1 Segment 4 (E1S4):

YP1: could you do_ uncle mark in red? (cause he will suit that.)
YP1: >>balancing on the balancing pad and smiles*--->
FA1: #△*gets red marker*
SP: >>sits back and looks at the genogram with a smile*--->
MO1: △HAHAHA
MO1: >>sits back (unable to see MO1 on screen)
Fig: #fig 27:57

Fig 27:57

Exemplar 1: Analysis

In this exemplar, the performance and performativity of emotions can be observed in the haptic touch in the intra-action between the human and non-human bodies. In describing the appreciation of nomad art, Deleuze and Guattari (1988, p. 574) wrote:

> *'Where there is close vision, space is not visual, or rather the eye itself has a haptic, non-optical function: no line separates earth from sky, which are of the same substance; there is neither horizon nor background nor prospection nor limit no outline nor form nor center; there is no intermediary distance, or all distance is intermediary.'*

Here, the concept of haptic blurs the line between seeing and touching, which is illustrated in this exemplar. In E1S2, YP1 articulated 'in orange' loudly in jest. The humour was accentuated by the embodied action of raising both her hands (see Fig 27:49). The point of orientation of humour was the genogram activity which includes

the non-human objects such as the flipchart paper and coloured markers. On the surface, the genogram appeared to be a means for narrative and representation of the family's stories. What I observed was how sensation (with humour as one of the possible emotions) passed through the genogram and people, whereby the objects (e.g. flipchart, markers and diagram) emotionally touched the people in the room and seemed to be means for them to emotionally touch each other. This can be seen in SP smiling and—mirroring of YP1—raising both his hands (see Fig 27:49). SP responded jokingly to FA1 by asking if he (FA1) had chosen the wrong colour. The humour was observed in the up-down contour of the words 'chosen' and 'colour'. FA1 replied playfully to YP1 with eye contact by asking what colour he should use. His emphasis on the word 'what' and the up-down contour of the word 'colour' in E1S3 seemed to be a performance of playfulness, which showed he was touched by the humour. YP1 appeared to be enjoying the conversation, as she was playfully balancing on the balancing pad with a smile on her face (see Fig 27:57). When YP1 told FA1 to use red to represent her uncle Mark, MO1 burst out in laughter, as shown in E1S4. This also moved FA1 to pick up the red marker. Massumi (2002) stated that perception always contains an excess of potential and intensity within a field of emergent possibilities. For him, touch is not just contact but the modulation of intensities within chaos, which is an abundance of sensation in experience (Massumi, 2002). The performance of humour, playfulness, excitement, joy and perhaps even worry and anxiety of talking about extended relatives seemed to touch the people in the room. Whilst humour can be interpreted as a distraction from difficult conversation and/or a form of connection or engagement, its performativity in this exemplar seemed to encompass other plausible emotions such as playfulness, excitement, joy, worry

and anxiety, whereby the human and non-human bodies in the room were touched by each other. In the analysis of Francis Bacon's artwork, Deleuze (1981, p. 87) wrote,

> *'For while it [the optical space] breaks with "haptic" vision and close viewing, it is not merely visual but refers to tactile values, even though it still subordinates them to vision. In fact, what replaces haptic space is a tactile-optical space, in which what is expressed is no longer essence but connection; that is, the organic activity of man.'*

Touch, thus, is no longer simply a verbal bidirectional exchange between bodies but rather a multisensory embodied intra-action and 'correspondence' (Ingold, 2021) that moves the bodies to go forward alongside each other. For Ingold (2021), to correspond is to walk alongside the other rather than bridging a gap between two people. In systemic psychotherapy, there is a focus on conversation, symbolic interpretation, narrative and verbal expression. The haptic touch shifts emphasis towards a non-verbal, affective and sensory experience. In other words, touch is not about what the family members say and the meaning given to their stories, but how intensities move through the bodies, how space and proximity are felt, and how affects are modulated.

The therapeutic space has the possibility of being a haptic field where there are no clear distinctions between a subject and an object. In this exemplar, the therapeutic encounter occurs in a space that is smooth (i.e. ontologically non-hierarchical) rather than a setting that is physically and visually organised by the chairs, coffee table, ball, balancing pad, people, flipchart papers, and coloured markers. As described above, the human bodies connected and touched each other through the performativity of

humour (amongst other emotions) alongside their non-human counterparts. Touch is not a mere act or action and instead is a process which we are constantly immersed in (Manning 2007). SP, YP1, FA1, MO1, the ball, the balancing pad, the flipchart papers, the coloured markers, the chairs and the coffee table are immersed in a field of intensity rather than occupying static roles in a hierarchical relationship. The move away from traditional hierarchical relationships can also be seen in YP1 taking the lead in the genogram activity and FA1 following YP1's instructions in constructing the genogram, which disrupts the father-daughter power relation. She was also standing on the balancing pad which made her taller than the adults in the room. SP can be seen sitting back with one leg crossed over the other as shown in Fig 27:42, Fig 27:45, Fig 27:49, Fig 27:53 and Fig 27:57. He appeared to be relaxed, which might have helped YP1 to take the lead, and vice versa. This seemed to blur the therapist-client power relation. In the same Figures, I observed that the ball was placed on the chair behind YP1. This is a salient difference from other parts of the session when YP1 was seated on the chair with the ball on her lap. Movement is the condition for touch and bodies are never still but always becoming (Manning, 2007). With YP1 leaving the ball on the chair and balancing herself on the balancing pad, it seemed to create a closer proximity to FA1 as well as removing a barrier (i.e. the ball) between her and others. Her movement, posture and gesture seemed to show a performance of safety, closeness, interest and excitement to be part of the conversation. Thus, both human and non-human bodies seemed to co-create a field of intensity—a shared surface of sensation—rather than occupy fixed roles in a hierarchical relationship. The non-human bodies are no less important than the human bodies. In this respect, haptic touch creates a sense of intensity on the plane (i.e. the therapy session as an event)

which is embodied, tactile and surface oriented rather than merely a three-dimensional space that is distant, hierarchical and representational.

6.5.2. Theme 2: Participation of Non-Human Bodies (47/116 events)

There are 47 out of 116 events from the two recordings which depict this theme. The events portray the importance of non-human bodies, such as the ball, balancing pad, flipchart papers, markers, teacups, chairs and coffee table, in organising how the human bodies relate in the room. Some events in this theme also include conversations about the non-human, such as cats, roosters and seagulls. Although these animals were not physically present, they seemed to connect the human bodies. I observed that the non-human bodies were in dialogue with the human bodies as well as facilitated the dialogue between the human bodies. They were not mere passive objects but rather active actants with agency in the sessions. Some examples of the events from the two recordings which depict this theme include the use of the ball, balancing pad and iPad, drinking tea from a mug, genogram activity, and conversation about cats, roosters and seagulls. I have selected an event from Family 1 in which there was the use of a ball and balancing pad and conversation about pets, as an exemplar to illustrate this theme.

<u>Exemplar 2: Summary of the selected event</u>

Prior to the selected event, SP was talking to the family about YP1 going home. FA1 mentioned that he has a greenhouse at home, which YP1 has been involved in looking after. He shared his interest in gardening and that he would often spend time in the

garden and greenhouse. SP asked what YP1 got out of looking after the greenhouse and she said it was calming for her. YP1 then shared that they have two cats. She said that she missed the cats, but she was not sure if they missed her. This seemed similar to the conversation at the beginning of the session, when SP asked if the family would like to use the session to talk about the upcoming discharge or the genogram. YP1 chose the latter because she found talking about ending (i.e. discharge) difficult, as she had built good relationships with her peers and some staff on the ward. She commented that she cried when one of her peers was discharged, as she missed her peer. When SP asked YP1 if she thought her peers and the staff would miss her when she was going to be discharged, she responded with 'not sure' and 'maybe not'. There seemed to be a pattern in how YP1 built a strong connection with others (e.g. peers, staff, and cats) but felt unsure if they felt the same way towards her.

The selected event for exemplar 2 occurred between 19:14 and 19:31 (17 seconds). YP1 had a gym ball on her lap with her legs resting on a balancing pad whilst she was sitting on the chair and looking for a photo of her cat (Mandy) on her phone. YP1 found Mandy's photo and showed it to SP, who questioned how she would know that the cats did not miss her. She handed her phone to SP, who looked at the photo for a while. There were two cats in the photo. SP asked which one was Mandy, and both YP1 and MO1 replied at the same time that Mandy was the black cat. MO1 alluded that Mandy is a mature and independent cat by saying that Mandy is 9 years old. YP1 added that Mandy is good with people. SP then disclosed that Mandy looked exactly like his black cat named Clifford. Both YP1 and MO1 responded with excitement. In this selected event, FA1 remained silent.

Following the selected event, SP said that he would have shown a photo of Clifford to the family. However, he did not have his phone with him. YP1 then revealed that the family used to have a pet rooster called Clifford. She shared a story about the close relationship she had with Clifford. SP then redirected YP1 back to a previous moment in the session when YP1 said she did not think her peers and the staff on the ward would miss her when she was going to be discharged from the ward. It seemed that SP was trying to explore YP1's relationship with her peers and the staff on the ward when he noticed a strong bond between her and her pets.

Exemplar 2 Segment 1 (E2S1):

YP1: △**°tha:t's a pho:to of_° mandy.**
YP1: △passes phone to SP
SP: △**>well °hang° on,< you said no, ho:w do yo:u know?**
SP: △#gesture with left hand
FA1: >>sits back (unable to see FA1 on screen)*--->
MO1: >>sits back (unable to see MO1 on screen)*--->
Fig: #fig 19:14

Fig 19:14

Exemplar 2 Segment 2 (E2S2):

SP: △**#how can [you be so.]**
SP: △#takes phone from YP1
YP1: △**# [be:cause_] >maybe< (0.1) she keeps forge:tting a:bout me.**
YP1: △#hands phone to SP
FA1: >>sits back (unable to see FA1 on screen)*--->
MO1: >>sits back (unable to see MO1 on screen)*--->
Fig: #fig 19:16

Fig 19:16

Exemplar 2 Segment 3 (E2S3):

SP: △#**oh** ↑ **wow**
SP: △looks at phone*--->
MO1: **but ma:ndy is:n't there, as a. [as a_]**
MO1: >>sits back (unable to see MO1 on screen)*--->
YP1: **[mandy just_ loves_ e:veryone.]**
YP1: >>smiles
FA1: >>sits back (unable to see FA1 on screen)*--->
Fig: #fig 19:19

Fig 19:19

Exemplar 2 Segment 4 (E2S4):

MO1: △**she (lives there) as a_ nine year old.**
MO1: △#*crosses her leg*
SP: △**>which one< is mandy?**
SP: >>sits forward and looks at phone--->* △*looks at MO1*
MO1: **[the black one.]**
FA1: >>sits back (unable to see MO1 on screen)*--->
YP1: **[the black one.]**
YP1: >>looks at SP*--->
FA1: >>sits back (unable to see FA1 on screen)*--->
Fig: #fig 19:26

Fig 19:26

Exemplar 2 Segment 5 (E2S5):

SP: △**so that one looks exact:ly like my cat.**
SP: △points at the phone
YP1: **#[rea:lly?]**
YP2: >>looks at SP*--->
MO1: **#[AWWW]**
MO1: >>sits back with legs crossed*--->
FA1: >>sits back (unable to see FA1 on screen)*--->
Fig: #fig 19:31

Fig 19:31

The agency of things can be seen in this exemplar in the dialogue between the non-human (e.g. the ball, balancing pad and phone) and the human. This is depicted by two instances in this exemplar: (i) YP1 using the ball and balancing pad and (ii) YP1 handing her phone to SP to show him a picture of her cats. The first instance that depicts the agency of things can be seen when YP1 was seated in the chair holding the ball on her lap and resting her feet on the balancing pad. She might be feeling anxious about the session, as she knew that the conversation could at times be difficult or uncomfortable. It is worthwhile to note that YP1 was seen by SP individually at the beginning phase of the work because she found it difficult to be in the session with her parents. Over the course of systemic psychotherapy, YP1 managed to gradually progress from the individual sessions to taking more of a listening position in the conjoint sessions and eventually participating fully in the conjoint sessions. At the start of the session, YP1 and MO1 were bouncing the ball on the coffee table to each other. They were laughing and seemed to be relaxed and excited. On the surface, YP1 might seem to be showing anxiety, but perhaps there was also a sense of anticipation, as

she appeared very involved in the session. The ball and balancing pad were not passive objects but rather had agency to tell YP1 to use them in the performance of anxiety and anticipation. Perhaps, these objects provided a sense of safety, calmness, humour, playfulness and relaxation through a multisensory experience, which involved senses such as touch, sound and sight. The sensation of the ball on her hands and lap, and the balancing pad on the feet, might produce feelings of calmness and relaxation. The sight of the ball in a position between YP1 and others in the room seemed to create a safe barrier. The sound of the ball, especially when bouncing off the table at the start of the session, seemed to have the effect of distraction. This sound seemed to tune down the volume of conversation, which might make the session feel more tolerable to YP1. The ball and balancing pad were not brought into the room by SP or YP1 but were already present. Their presence implicitly ventriloquised that they were means for YP1 to engage with them in the performance of anxiety, anticipation, safety, calmness, humour, playfulness and relaxation. Hence, YP1 did not simply use the ball and balancing pad, but the objects themselves made YP1 use them. Perhaps, this reflexive and recursive process was driven by the circulation of emotions such as anxiety, anticipation, humour and playfulness of the people, and the calmness, relaxation and safety evoked by the ball and the balancing pad. By YP1 engaging with the ball and balancing pad, the inanimate objects seemed to convey the message to others in the room about her emotions. This was noted at the start of the session when SP asked YP1 how the ball helped her, and YP1 said that she was not good at sitting still. The ball, perhaps in this sense, was saying to the people in the room that YP1 might be feeling anxious and anticipatory; it was perhaps also saying to YP1 to relax and calm down. This possible message from the ball might

have influenced the way SP paced the work, and the way FA1 and MO1 related with YP1 in the session.

The second instance that depicts the agency of things in this exemplar can be seen in the moment when YP1 handed her phone to SP to show him a photo of her cats (see Fig 19:14 and Fig 19:16). YP1 appeared to be excited to share the photo with SP, as shown in the up-down contour in the articulation of the words ‘that’s’ and ‘photo’ in E2S1. Fig 19:14 and Fig 19:16 show YP1 handing the phone to SP whilst holding on to the ball and resting her feet on the balancing pad. As described above, the ball and balancing pad seemed to provide comfort and safety for YP1 through a multisensorial experience. When YP1 handed her phone to SP, one’s eyes had to follow the phone as it moved across the space between YP1 and SP, thus giving a visual stimulation. Similarly, the photo also provided a visual stimulation to SP, as can be seen in him sitting forward in his chair and looking at the phone (see Fig 19:19, Fig 19:26 and Fig 19:31). Here, YP1 appeared to be interested, as shown in her leaning forward and resting on the ball with her arms around it. The phone, therefore, was not merely a referent object. It produced a visible and tactile effect when it became part of the intra-action between YP1 and SP. In this sense, the use of the phone is a multisensory and relational object. The shared interest in cats and the physical handing of the phone seemed to connect YP1 and SP. SP appeared to be excited and impressed, as depicted in his emphasis of ‘oh wow’ in E2S3. He also appeared to be curious when he asked ‘Which one is Mandy?’ in E2S4, whereby ‘which one’ was spoken quickly and the articulation of ‘Mandy’ ended with a sharp rise intonation. Another sign that possibly shows SP’s connection with YP1 can be noted in the emphasis of the word ‘that’ and the up-down contour of the word ‘exactly’ in E2S5 when he said Mandy

looked exactly like his cat. When SP shared that he has a cat that looked like Mandy, YP1 responded with ‘really’ with an up-down contour of the word ending with a strongly rising intonation, and MO1 responded with a loud and stretched sound ‘aww’. Both YP1’s and MO1’s responses occurred in harmony. The cat seemed to have the effect of connecting the people in the room. This moment of connection using the phone and sharing about the cats reflected the hapticity of touch between the people in the room. YP1 could have just spoken about her cats, but she chose to show SP a photo of the cats on her phone. If YP1 had done the former (i.e. just spoke about her cats), I hypothesise that there would be less intensity in touch and hence less connection between YP1 and SP. Perhaps the conversation about the cats would be shorter which might not help YP1 ease into the session. Thus, the phone was not passive but ventriloquised YP1 to use it to describe the cats through a photo to SP. Although FA1 was silent in this exemplar and it was impossible to see him on screen due to the position of the camera, I hypothesise that he had embodied reactions to the discussion about cats because he was very participative throughout the entire session.

6.6. Family 2: Key People

SP: Systemic Psychotherapist, white British, man

CT: Co-therapist, Trainee Clinical Psychologist, white British, woman

YP2: Young person, white British, girl

FA2: Young person’s father, white British, man

OB: Observer, overseas medical student visiting the ward, Turkish, woman

6.7. Family 2: Synopsis

YP2 is a 15-year-old girl who was admitted to the GAU due to her low mood. This was the penultimate session, which was about 45 minutes long, before YP2 was discharged from the GAU. The session was focused on preparing YP2 and FA2 for the transition home. SP invited the family to revisit the genogram to explore the strengths and resources in the family's network to support YP2 to stay well. The genogram was placed on the coffee table in the room. YP2 appeared bored, tired and reluctant to be in the session. She spoke in a very soft voice that was quite hard to hear throughout the session. SP drew on a drawing exercise—whereby he drew the portrait of YP2 and FA2 on a flipchart paper using coloured markers—and the genogram to keep YP2 engaged. He seemed to be working quite hard. Although CT was the co-therapist, she did not join the session until approximately 18 minutes after it had started. The benefit of OB being in the room was more than an educational experience for her as a medical student. Her embodied actions captured the mood in the session. On several occasions, OB was seen yawning and looking down, sitting back (at times slouching) on the chair, and being distracted by her iPad. I noticed that the mood was heavy in the room, as I struggled to focus and follow the conversation. There seemed to be a sense of boredom, as the pace of the session was slow and people spoke in a monotonous, soft voice. In the room, SP was seated opposite YP2, FA2, CT and OB with a birch wood coffee table between them in the middle of the room. There were two empty purple chairs between SP and OB. When CT entered the room about 18 minutes into the session, she sat on the empty chair beside FA2. The sitting arrangement shows a divide between SP and the rest of the people in the room, who were seated opposite SP in almost a straight line.

6.8. Family 2: Personal and Professional Resonances

I could relate to the difficulty with engaging a young person in a GAU and in other settings as well. I recalled the times when I had to work very hard by asking more questions, sounding upbeat, and using activities to engage the young people when they appeared bored to me. I also recalled the times when the boredom in the young people would get to me, whereby I would feel the weight of my body and that time was passing so slowly. I could not wait for the session to end:

> *'As I watched this recording, I noticed myself feeling bored and distracted. I caught myself looking at my phone and out of the window. I felt sleepy and struggled to focus. The weight of my body on the chair was noticeable. I had to stop my leg from shaking as the restlessness caught up with me.' – 12th April 2025 (Autoethnography)*

The session also reminded me of myself as an adolescent when I did not enjoy talking to adults and wanted to spend all my time with friends.

6.8.1. Theme 3: Affective Influence on the Movement of Bodies (44/116 events)

There are 44 out of 116 events from the two recordings which depict the influence of emotions on the movement of bodies. The movement includes gestures, body postures, and intra-actions with the non-human bodies. Some other examples of the events from the two recordings which reflect this theme include playing with one's hair, giving a fist pump between two people, fiddling with a ball, laughing with one's head

thrown backward and yawning. I have selected an event from Family 2 in which the young person appeared to be bored and reluctant to engage as an exemplar to illustrate this theme.

Exemplar 3: Summary of Selected Event

Before the selected event, SP asked YP2 to choose the colour of a marker and started to draw YP2's and FA2's portraits. Everyone in the room had a smile on their face and appeared intrigued by SP's drawing. There was silence in the room, which made the screeching sound of the marker very audible. The curiosity of YP2, FA2 and OB in SP's drawing, which involved SP's movement and the sound made by the marker and paper, seemed to have set the tone for the activity. Although YP2 was reluctant to engage in the activity, she reached out for the marker eventually upon SP's invitation to add the significant people in her life on the genogram.

The selected event for exemplar 3 occurred at the beginning of the session between 05:34 and 05:51 (17 seconds). SP attempted to invite YP2 to talk about teamwork, which was a topic of discussion in the previous session. SP's intention was to explore the resources and strengths in YP2's network as part of relapse prevention to prepare YP2 and FA2 for the upcoming discharge. YP2 appeared reluctant to be in the session and her body language seemed to show that she was bored. She was seated back with her legs tucked in on her chair with downcast eyes, and covering or rubbing her face with her hand, seemingly struggling to keep herself awake.

After the selected event, SP lifted the flipchart paper to refer to it. He mentioned the names of two friends and asked YP2 to write their names near hers on the genogram. In a joking manner, SP explained that he cannot draw and appeared to be pleading for YP2's help with this activity. YP2 then moved forward to pick up a marker to write the names, and FA2 leaned forward to look at the genogram. OB was observing quietly in a corner with her gaze moving between SP and YP2. SP and YP2 continued to have a conversation about the two family members whom YP2 identified as part of her team.

Exemplar 3: Extract

Exemplar 3 Segment 1 (E3S1):

SP: △te:amwor:k. (0.3) #
SP: △sits up, glances at YP2 and caps his marker --->>
OB: △looks at SP --->>
YP2: △stares at the genogram --->>
FA2: △arms folded and moves his gaze from the genogram to SP --->>
Fig: #fig 05:34


Fig 05:34

Exemplar 3 Segment 2 (E3S2):

SP: △who else↑ is part of your team # at home? △= >is it the two # of you?< or
SP: △put the marker down ---> △sat back in the chair --->
OB: △turns her gaze from YP2 to SP and back to YP2 --->>
FA2: >>arms folded *---> △turns his gaze to YP2 --->
YP2: >>looks at the genogram --->
Fig: #fig 05:37 #fig 05:38


Fig 05:37


Fig 05:38

Exemplar 3 Segment 3 (E3S3):

SP: you think °other people are going_° to=be_ part of your. team, (0.1)
SP: >>sitting back in his chair and looking at YP2 --->
YP2: >>looks at the genogram
FA2: >>looks at FA2 --->
OB: >>looks at YP2 --->

Exemplar 3 Segment 4 (E3S4):

SP: # to △make this work (0.1) wh:en you
SP: >>sitting back in his chair and looking at YP2--->
YP2: △looks up at SP --->
FA2: >>looks at FA2 --->
OB: >>looks at YP2 --->
Fig: #fig 05:40


Fig 05:40

Exemplar 3 Segment 5 (E3S5):

SP: go ho:me (0.3) △to tr:y and make su:re yo:u >stay home< # (.) >stay well<
YP2: △looks down and covers her face with her left hand
FA2: △looks intensely at YP2
OB: >>continues to look at YP2
Fig: #fig 05:46


Fig 05:46

Exemplar 3 Segment 6 (E3S6):

SP: (0.2) △you # know I was going to ask you questions △# >com[e on<△]
SP: △lift his palms briefly
YP2: △rubs her face with her hand and giggles ---> △covers her face --->
FA2: △ [°°hmm°°]
△taps YP2's left arm
OB: △gaze moves from YP2 to SP and back to YP2 with a smile --->
Fig: #fig 05:48 #fig 05:51

Fig 05:48

Fig 5:51

The emotions circulating in the room were shaping what the bodies could do. This can be seen in the interaction between YP2 and SP, during which the former appeared bored, and the latter presented with enthusiasm, whilst FA2 and OB sat back to observe. Emotions shape the surfaces and boundaries of bodies, which move them towards and away from others (Ahmed, 2014). Indeed, YP2's embodied action of boredom and reluctance to engage—seemingly performed through slouching with her legs tucked in on the chair and her downcast eyes—created the effect of the surfaces and boundaries of the bodies potentially pushing SP away and pulling FA2 towards her. SP seemed to be working very hard to engage YP2. I noticed that the more YP2 was reluctant to engage, the more SP tried to get her to participate. For instance, SP's stretching the sound when he said 'teamwork', and sitting up and capping the marker (Fig 05:34) in E3S1 seemed to be a performance of resistance triggered by the circulation of emotions (possibly boredom, fear, anxiety, reluctance, pain and vulnerability) with a desire to move YP2 to engage in the conversation. In E3S2, there was latching between the two questions asked by SP; the second question followed on quickly after the first question was asked. The second question 'Is it the two of you?' was articulated in a fast pace. The speed of talk seemed to be a counteraction to the slow pace of the session. When SP asked the two questions, he put the marker down (Fig 05:37) and sat back (Fig 05:38). Boredom, exasperation, tiredness and desperation might have influenced him to talk fast and sit back in his chair. E3S3 seemed to depict the weight of the emotions on SP, as shown in his soft articulation

of ‘people are going’ as well as the two (0.1) pauses. There was an emphasis on the importance of talking about teamwork, as depicted by SP stressing the word ‘part’ which seemed to suggest that people were part of YP2’s team. In E3S5, SP emphasised the importance of talking about teamwork as part of relapse prevention through the up down contour of the words ‘home’, ‘try’, ‘sure’ and ‘you’ as well as the stressing of the word ‘make’. The two (0.3) and (0.2) pauses, and (.) micropause seemed to show the weight of emotions in slowing down the talk, but this was counteracted by SP speaking quickly when he mentioned ‘stay home’ and ‘stay well’. In E3S6, SP reminded YP2 that he was going to ask her questions. He emphasised this reminder through the embodied action of lifting his palms. His attempt to encourage YP2 to participate can be seen in his fast-spoken phrase ‘come on’. Essentially, SP was doing more of the same. The invitation to participate in the genogram activity deterritorialised YP2 from keeping her struggles to herself. Perhaps, YP2 felt unsafe with the genogram activity and hence felt reluctant to engage. In the fullest sense, deterritorialisation means freefalling into chaos or a black hole without a safety net, which is why whenever one deterritorialises, one immediately seeks opportunities to reterritorialise (Buchanan, 2021). SP’s invitation to talk and participate in the genogram deterritorialised (non)engagement, and YP’s performance of boredom and reluctance reterritorialised (non)engagement.

The effect of boredom also seemed to impact on FA2, who was sat back with his arms folded and his gaze moving from the genogram to SP. Ahmed (2014) suggested that emotions are also about attachments that take place through movement, which in turn connects bodies. FA2’s embodied action seemed to suggest that he was uncertain about how to move on. Perhaps, he was aware of the importance and benefit of

exploring teamwork and the genogram as means to relapse prevention. However, he was also aware that the conversation was not easy for YP2. He might have picked up the feelings behind YP2's boredom, such as anxiety, fear, and sadness. This might reflect the father-daughter attachment that took place through their embodied actions. In E3S6, FA2 responded through making a soft sound 'hmm'. He then tapped YP2's arm as a way to encourage her to speak. SP's counteracting boredom seemed to influence YP2 and FA2 to move, which allowed FT to remain seated back in his chair.

In the corner of the room, OB remained resting with her left arm on the arm of her chair. She seemed to be paralysed by the weight of emotions, albeit being an observer. The embodied actions of the people in the room (e.g. SP lifting his palms, YP2 covering her face and giggling, and FA2 tapping YP2 on her arm) seemed to be influenced by boredom. This in turn might feed back into the boredom in their relationships and intra-actions. SP's embodied actions had little influence on the other bodies in the room, as shown in their minimal movement such as moving their gaze and head, and FA2 sitting back with his arms folded. I observed that the performativity of boredom seemed to conceal the vulnerability of YP2 and render the input from SP and FA2 ineffective. In the session, feelings of reluctance to confront one's struggles, vulnerability in revealing one's personal issues, anxiety about facing life challenges, fear of surveillance and control, hope and hopelessness about recovery and the future might be at play in this encounter between SP, YP2, FA2 and OB.

The relational and micropolitical economy of affects surrounding engagement and non-engagement shed light on the performance and performativity of emotions in the session. I noticed that boredom, which seemed to present at face value as the

predominant emotion in the session, was observed in the slow conversational pace, YP2 slouching with her legs tucked in on the chair and her downcast eyes, FA2 sitting back with his arms folded, OB sitting with her left arm resting on the arm of the chair, and SP's avid attempt to engage YP2. When SP invited YP2 to participate in the conversation, YP2 appeared to perform boredom and reluctance to engage through her embodied actions of covering her face in E3S5, and rubbing her face and giggling in E3S6 whilst sitting back with her legs tucked in on the chair. Although YP2 appeared to be performing boredom, she also seemed to be feeling reluctant, vulnerable, anxious and fearful of talking about her difficulties. For example, the genogram activity might reveal her disconnection from her family, sadness about the limited resources in her network, the daunting prospect of her recovery (given this was her second admission following a recent one), and her anxiety about returning to life, such as school and home. YP2's performance of boredom and reluctance to engage by keeping to herself seemed to be a reaction to move forward rather than what might appear to systemic psychotherapists as closing down. This reaction to move forward may be related to feelings of pain, fear, vulnerability and anxiety about the upcoming discharge and prospect of recovery. Perhaps, YP2 was tussling in the territory of (non)engagement due to feeling contained and trapped on the ward, and feeling hopeful and hopeless about her recovery. Lines of flight facilitate deterritorialisation or a break away from prescribed, molar (that is, rigid) lines/structures/assemblages (Bax, 2023; Tan & Tan, 2024). I contend that multiple lines of flight—such as lines of (non)engagement, lines of freedom and lines of recovery—co-exist alongside each other. Lines of (non)engagement from YP's position seek to protect herself, whereas from SP's position they seek to support or heal the other; lines of freedom are actualisations of an escape from the territorial structures of an inpatient unit and, more

broadly, mental health services; lines of recovery gesture at an escape to the realm of hope and wellness.

Deleuze-Guattarian conceptions of assemblage, becoming and lines of flight can provide a point of orientation for a new materialist and relational perspective to the performance and performativity of emotions. First, they frames performance and performativity of emotions as an affective flow which assembles a multiplicity of human and non-human materialities such as professionals (SP, CT, OB and other clinicians), service users (YP2, FA2, other young people and their families), the mental health hospital, team meetings, therapeutic groups/activities, and ward rules. Second, performance and performativity of emotions always take place within a broader affect economy; for example, expectations of systemic psychotherapy, mental health services, schools or the family home. The themes of ‘surveillance’ and ‘rules and boundaries’ from the ethnographic materials suggest that the GAU, where the systemic psychotherapy session took place, is a highly territorialised (i.e. controlled) environment. This is the affective economy. Therefore, the systemic psychotherapy session, albeit intended to be therapeutic, is a territorial assemblage of freedom/trapped, safe/danger, private/exposing, change/stuck, well/unwell, recovery/relapse, healthy/unhealthy and connection/disconnection—to name a few strata, which Deleuze and Guattari (1988) refer to as the processes of form and organisation that give structure and meaning to matter. Buchanan (2021) warned not to see ‘strata’ as a thing but rather a concept that enables us to see and think about a certain type of process. I observed that the (non)engagement seemed to be an affective flow within a wider affective economy (in this case, for example, a ward with high surveillance, rigid rules and strict boundaries; a systemic psychotherapy space

which could expose private issues; societal stigma, expectation and meaning of wellness/unwellness). I contend that this was an affective process fuelled by emotions that moved the bodies.

6.9. Summary of the Microanalysis of the Systemic Psychotherapy Sessions

I will now pause to summarise the themes and then move on to the discussion. The three themes that emerged from the analysis are not independent and static but rather closely intertwined and moving. For instance, the human (such as clinicians and service users) and non-human (such as flipchart papers, markers, chairs, coffee table, ball and teacup) bodies connected with and touched each other haptically. This haptic touch had an affective influence on the movement of their bodies. Concomitantly, the movement created the conditions to sustain the haptic touch between the bodies, which kept them connected. I observed that these relational processes between the human and non-human bodies seemed to become an operation that keeps itself afloat. Affective economy refers to the ways in which affects circulate, accumulate and are exchanged within a socio-politico-cultural context (Clough, 2004; Ahmed, 2014). This operation of the systemic psychotherapy session seemed to be part of an affective economy or wider affect assemblages (for example, the inpatient unit, hospital, Trust, National Health Service, and the socio-politico-cultural climate of mental health and mental healthcare). Some examples of the plausible emotions kept afloat in this operation as part of an affective economy may include anxiety about talking in the session, sadness about poor health, hope/hopelessness of recovery, boredom with talking, worry about discharge, and so on and so forth. See Diagram E for an overview of the themes generated from the microanalysis of the two systemic psychotherapy

sessions. As mentioned above, the purpose of the diagram is to aid the reader to follow the themes and the flow of their connections. It is not intended to reduce the themes and flow to independent, disconnected and static forms. In the next section, I will discuss the materials generated from this study.

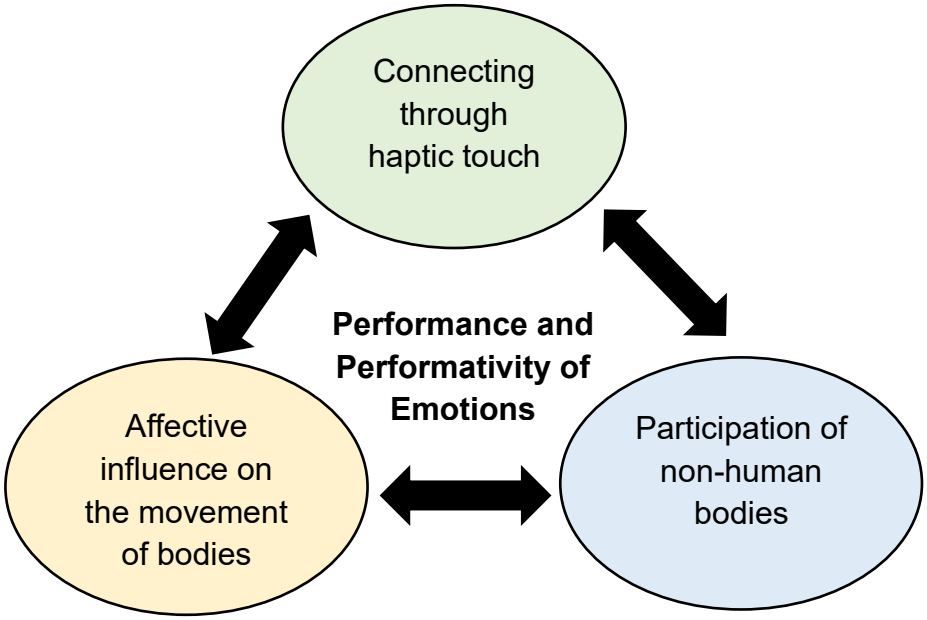


Diagram E: Themes from Microanalysis of Systemic Psychotherapy Sessions

7. Re-Turning

This discussion section approaches the materials as creata (Brinkman, 2014); that is, as materials produced rather than as materials 'found' by the study. The materials are not fixed representations of the reality 'out there' but rather phenomena that have emerged from the entangled relations between me, the people, the things, the place and space that were involved in one way or another as active participants. This is why this thesis is a story of mine, the people, the things, the place and space as well as yours (the reader) because of the potential resonances. I want to re-turn (Barad, 2014) to the materials as in turning them over repeatedly through an iterative, diffractive and intra-active process; I do not mean simply to return to, go back, or reflect on what had happened in the past. By engaging in a diffractive and intra-active process, I refer to the work of Barad (2014) in 'cutting the materials together-apart' to generate situated knowledge. In re-turning to the materials, I will discuss three points. My ***first point*** refers to the performance and performativity of emotions through movement, bodies and relational processes within the haptic field of systemic psychotherapy sessions. Haptic touch is a mode of perception that goes beyond the visual or optical to include embodied sensation (Deleuze and Guattari, 1988). I argue that the therapeutic space is a haptic field where systemic psychotherapists and families are constantly immersed in an unfolding process of touching each other. This challenges the view that emotions are intrasubjective or coming from within individuals. My ***second point*** concerns the non-human and inanimate subjects that play a crucial role in the emotional processes of systemic psychotherapy, which have been largely overlooked due to the anthropocentric tradition in the clinical and research practices within the discipline. I am not suggesting that the non-human and inanimate subjects inherently have

emotions. Rather, I want to show that they have affective capacity that emerges in the relational process because they are entangled in social networks where they cannot necessarily be distinguished as separate. My ***third point*** introduces the notion of reflexive becoming and questions what can autoethnography do. My intention is to invite systemic psychotherapists to draw on these ideas to get closer to the world of the families with whom they work as well as to engage in a transformative process ***with*** the families in both clinical and research practices. Lastly, I will discuss some limitations of this research study.

7.1. Emotions in Movement, Bodies and Relational Processes within a Haptic Field

In this segment, I will discuss how emotions 'circulate' (Ahmed, 2014) in the social process of systemic psychotherapy to illustrate the performance and performativity of emotions. For many years, emotions have been conceptualised as intrasubjective in systemic psychotherapy, which is problematic for a discipline that focuses on relationships and context. As shown in the rhizomatic review, existing qualitative and quantitative studies on emotions in systemic psychotherapy view emotions as an entity rather than a process. There is a dearth of literature in the field that conceptualises emotions as relational and contextual, as can be seen in the idea of 'emotional posture' (Fredman, 2004), emotions as part of a family system (Bertrando, 2018; Bertrando & Arcelloni, 2014; Bertrando & Gilli, 2008; Pocock, 2005; 2009; 2010), emotions as culturally constructed (Krause, 1993; 2010) and emotional resonances in the systemic psychotherapists that can affect the therapeutic relationship (Kavner & McNab, 2005; Sanders, 1996). These articles are pertinent in understanding emotions as a process,

which fit better with the relational and contextual tenets of systemic psychotherapy. However, these works (Fredman, 2004; Bertrando, 2018; Bertrando & Arcelloni, 2014; Bertrando & Gilli, 2008; Pocock, 2005; 2009; 2010; Krause, 1993; 2010; Kavner & McNab, 2005; Sanders, 1996) have not been further developed to keep up with the burgeoning field of research on emotions in other disciplines following the perturbations of the therapeutic relationship and EFCT, which sparked a relatively short-lived interest in the topic of emotions.

The analysis of the systemic psychotherapy sessions revealed that emotions are an 'intensive force' (Deleuze, 1981; Massumi, 2002), and the humans and non-humans have 'affective capacities' (Deleuze, 1981; Deleuze & Guattari, 1988) to affect and be affected. As can be seen in the sessions, feelings of playfulness, excitement, joy, worry, anxiety, pain, fear, vulnerability, boredom, exasperation, tiredness, desperation, fear, and sadness appeared to be the driving forces that moved the systemic psychotherapist and families in the therapy room. This connects with the 'sticky effects' (Ahmed, 2014) of emotions that shape and move bodies and objects, contributing to their relational process. Affect, defined by Deleuze (1981) as the capacity of a body to affect and be affected, is pre-individual (Massumi, 2002) and independent of cognition and conscious perception (Massumi, 1995). The pre-individuality of affect means that the affective capacity exists prior to a person's experience (Massumi, 2002). In this sense, the systemic psychotherapist and families were not aware of the affective capacities of their bodies, but their interaction brought forth their embodied emotional experience, which moved them physically and in the way they spoke. In the analysis of the systemic psychotherapy sessions, the systemic psychotherapist and families were performing—not by acting, pretending or faking, but

showing and expressing—feelings that were observable in a relational and contextual way. The performance of emotions is relational and contextual because the act itself invites responses due to the 'sticky effects' (Ahmed, 2014) of emotions that shape and move them. In addition, there was a situatedness of the performance that took place specifically in the milieu of the GAU, that is embedded within the hospital, mental health Trust and wider socio-politico-cultural context. I am not suggesting changing the verb 'to feel' (what we use in our daily social language) to 'to perform' to describe feelings and emotions, but I suggest that the concepts of performance by Goffman (1959; 1961) and performative acts by Butler (1997) offer a useful relational and contextual frame to understand the micropractice of emotions and the micropolitics of interaction in systemic psychotherapy. The performativity of emotions relates to the label given to the systemic psychotherapist and families. Butler (1990) noted that labels organise the way people behave. Thus, the labels of a systemic psychotherapist, patient and parent/carer organise their behaviours, which intersect with the affective capacity of their bodies, contributing to the performativity of emotions. Although the idea of performance and performativity of emotions in this study is framed using the works of Goffman (1959; 1961), Butler (1990) and Deleuze (1968; 1981; 1988), I want to note that there are some differences between them. Goffman's (1959; 1961) work was based in asylums and focused on performance as an act within one's role. Butler (1990) drew largely from Foucault's work and emphasised the reiteration of norms and discourses through acts (or performances). Although Deleuze (1968; 1981; 1988) did not use the term 'performance' per se, I infer that the idea of performance is close (not the same) to his concept of becoming, which relates to affective capacities and intensities. More importantly, a key difference between Butler (1990) and Deleuze (1968) is that the former emphasises identity

development through repetition and the latter posits that the process of becoming and differentiation exceeds identity. Despite these differences, I want to suggest that 'plugging' (Jackson & Mazzei, 2023) these texts into each other can provide a useful frame to approach emotions from a relational and contextual perspective. It is well documented that adolescents are admitted to a GAU because they are struggling with complex emotions (Kwok et al., 2016; Hayes et al., 2018) especially those who receive treatment on an involuntary basis (Rice et al., 2021; Nyttingnes et al., 2018). Likewise, the admission also has an emotional impact on their parents/carers (D'Angelo et al., 2023). The interventions designed to support these adolescents are often aimed at helping them regulate or cope with their emotions (Chen et al., 2020; Spencer et al., 2019; Reavey et al., 2017). Whilst I do not disagree that coping skills can be useful, I contend that such a therapeutic approach lacks consideration of the complexity of emotions as a relational and contextual process. This is a Western or Eurocentric way of conceptualising emotions in which emotions are perceived as private and individual. I have learnt through this research project that this way of conceptualising emotions does not fit with how emotions work in my culture:

> *'Engaging in this research project has been a transformative experience. As I delve further into the work, I found myself pondering more about how emotions work in my family. I realised that I tend not to share how I feel with my family not because my family struggles to talk about feelings openly. Perhaps, it is because sharing how I feel would have relational implications and not sharing is a way of protecting family harmony. Maybe not sharing is not simply because emotions are a private affair. Afterall, family comes first*

like how my surname comes before my forename in Chinese.' – 5th July 2025 (Autoethnography)

When affect is conceptualised as the body's capacity to affect and be affected, and emotions as intensive forces as in the works of Deleuze (1981) and Deleuze and Guattari (1988), it allows systemic psychotherapists to connect with families through 'haptic touch' (Deleuze, 1981; Deleuze and Guattari, 1988). This debunks the assumptions that emotions reside and move within a family system (Pocock, 2010; Bertrando, 2018) and emotions can be 'storied' (Fredman, 2004). The problem with framing emotions within a family system (Pocock, 2010; Bertrando, 2018) and simply as a 'posture' or can be 'storied' (Fredman, 2004) is that it reduces emotions to linguistic binary terms, that is, either good or/and bad, pleasant and/or unpleasant, or useful or/and not useful. In addition, it does not account for the capacity of gendered, racialised and sexualised bodies that are situated within a socio-politico-cultural milieu. In this sense, the cultural context of emotions highlighted by Krause (2010) is bracketed out and there is an assumption of sameness or universality of emotions in bodies and families. The therapy room is a haptic field where systemic psychotherapists and families touch each other beyond language. Like the appreciation of nomad art (Deleuze & Guattari, 1988) and Francis Bacon's work (Deleuze, 1981), the mere sight or vision in the therapy room (a haptic space) is beyond the optical and encompasses a tactile-optical experience that drives connection and disconnection. In this way, systemic psychotherapists can consider what the emotions are doing in the room and how they are touching and touched by the families. Rather than focusing on what to do to or with the emotions, this study suggests that it is more useful to consider what emotions are doing to the bodies such

as the way they move, gesture, gaze, speak, and place themselves in the room, which in turn shape the emotions in the relational process. Thus, the attention to emotions is on the unfolding moments in systemic psychotherapy through affect, sensation, movement and embodiment—as suggested by Thrift (2008)—to get close to, rather than represent, the world of the families. This, for me, is a way to correspond (Ingold, 2021) with the families by walking alongside them rather than bridging the gap with them.

The systemic psychotherapy sessions did not occur in a vacuum; they took place in the GAU that is situated in a specific place and embedded within the broader context of the NHS and socio-politico-cultural situation, coming and intra-acting together to form complex wholes, which Deleuze and Guattari (1988) referred to as an assemblage. Staying with the idea that emotions are intensive forces and affect is the capacity of the body to affect and be affected (Deleuze, 1981; Deleuze and Guattari, 1988), I want to expand on the bodies which are part of the assemblage to illustrate the performance and performativity of emotions. The ethnographic work revealed that the inpatient unit is a highly territorialised (i.e. controlled) environment as reflected in the theme of surveillance, rules, boundaries and whiteness. The type of surveillance seemed to have evolved from Foucault's analysis of the panopticon, in which surveillance is unidirectional from staff to patients. The surveillance in our epoch seemed to be bidirectional as observed in the GAU, where staff were being watched by both colleagues and service users. This, in my view, means that the power relations are more distributed albeit not equal. The GAU as an institution creates categories that define and classify the bodies of the systemic psychotherapist, young person and family member, which according to Foucault (1994), subjectifies them under control

and dependence. This has an impact on the affective capacity of the bodies and how emotions are performed through the power relations. For example, the body of the psychotherapist might be driven by the intensive force of worry, which made him act in a way to engage with the young person; the young person might be driven by the intensive forces of fear, anxiety and sadness, which made her act in a way to withdraw or show boredom. The circulation and 'sticky effect' (Ahmed, 2014) of these emotions move the systemic psychotherapist and young person to respond and act in relation to each other. Webb (2009) drew on Deleuze's lines of flight to trace the often-invisible practices of power to show teachers' resistance towards policy constraints in education. Likewise, the young person's withdrawal, non-engagement, breaking rules, or pushing boundaries—all these responses driven by possible feelings of frustration, isolation, being trapped, sadness, anxiety, boredom, etc.—may be resistance towards the micro-operations of power in a GAU. Whilst Foucault's work offers a useful frame to understand the power dynamics within the broader social structures of a GAU, Deleuze's work provides the tools to trace the micro-practices of power in the highly territorialised environment. As noted in the ethnographic observations, the LGBTQIA+ flag in the main hospital building seemed to contradict the binary of the gendered 'male' and 'female' wards. The implication is that bodies that fit or not fit may feel placed or displaced depending on where they are within the hospital. I would argue that the context of this GAU might create a subject (e.g. systemic psychotherapist, young person, or family member) that needs to fit in normative dualistic categories such as man/woman, patient/clinician, white/colour, well/unwell, etc. It is crucial to be mindful of the subject created in this setting because clinicians might unintentionally perceive a body as 'grievable' (Butler, 2021) or not – that is, how much and what kind of help they need. This type of subjectification (Foucault, 1994) in our times, in my

view, shapes the performance and performativity of emotions in the room. For example, a systemic psychotherapist, young person or family member whose body does not fit within the categories is displaced and under surveillance. Hacking (1999, p. 103) refers to this as the 'interactive kinds' which has 'looping effects' in which people may change their behaviours or others may treat them in a certain way based on how they are classified or categorised, which in turn can change the classification or category. When it comes to considering the bodies of the systemic psychotherapists and service users, Social GRRRAAACCEEESSS (Burnham, 2012) is a key concept used within the discipline, at least in the UK, to foreground the thinking of social differences in practice. To me, this is a list of categories and does not account for the complexity of the 'type' of body situated within a particular socio-politico-cultural milieu. As Krause (2021) pointed out, social differences intersect and are rooted in each other with localised meanings in time, person and location. The list of Social GRRRAAACCEEESSS, thus, is a barrier to understand the capacity of the body and what emotions can do. I would argue that the two useful concepts that can bridge this gap are (i) 'mestiza consciousness' (Anzaldúa, 2007) to understand and tolerate the contradictions and ambiguity of being in the conflicting territory of a GAU and (ii) 'disidentification' (Muñoz, 1999) to work on and against dominant ideologies in a GAU.

7.2. The Emotionality of the Non-Human and Inanimate Subjects

In this segment, I will elaborate on the role of non-human and inanimate subjects (including space and place) in the performance and performativity of emotions in systemic psychotherapy. As mentioned above, the therapy room is a haptic space where systemic psychotherapists and families are in a constant unfolding process of

touching each other. Further, haptic touch went beyond the humans and included the non-human and inanimate subjects such as the flipchart, markers, cup of tea, table, chairs, ball and balancing pad. Likewise, from the ethnographic work, the non-human and inanimate bodies such as the laptops used in meetings, ventilation fans in the waiting room, gender labels of the wards, artwork displays, plaques/awards, and other physical items contributed to the emotional climate and relational space in the GAU. For example, the laptops seemed to distract and impede people from connecting with each other, which seemed to contribute to the emotionality of the work; the gendered labels of the wards might displace bodies that did not fit in normative categories. The circulation and 'sticky effects' of emotions (Ahmed, 2014), therefore, involved the non-human and inanimate bodies. The non-human and inanimate subjects are active participants in social networks (Latour, 2005) and have a vital material agency (Bennett, 2010). They seemed to be 'in dialogue' (Caronia & Cooren, 2014) with their human counterparts in the therapy room as well as with the wider GAU. I would go beyond Latour's (2005), Caronia and Cooren's (2014)'s, and Bennett's (2010) point on the agency of things to suggest that non-human bodies have the emotional capacity to affect and be affected. However, it is important for me to clarify that I am not suggesting that non-human bodies inherently have emotions. Rather, they have affective capacity that emerges through relational processes. This is because they are part of the social networks and never separated. Therefore, the non-human subjects are part of the process of the performance and performativity of emotions. This, perhaps, was what Caron and Caronia (2007) referred to as the 'performative force of things' but, to me, this performative force has an emotionality in the relational process. In other words, the emotional capacity of things comes from relations and differences rather than from the things themselves. To date, there is a dearth of literature in the

systemic psychotherapy field on the non-human subjects as active participants in the therapeutic milieu. However, there are some recent developments that have returned to Bateson's ecological framework that came about from the climate crisis. These works urge systemic psychotherapists to respond to the 'ecosystem and climate emergency' (Moore & Cove, 2024) by reducing carbon footprints (for example, tapping on online work to reduce the need for travel) (Palmer, 2021). Simon and Salter (2019), for instance, proposed shifting the focus from human systems and communication to 'transmaterial' systems as communicating systems. Casey (2002) noted that therapeutic inquiry which holds ecology in mind can contribute to attending to the voices of ecology and environmental concern. Whereas these works attend to the wider ecological and environment issues using a systemic framework, they do not attend to the non-human and inanimate subjects, and their relations. I find this missing piece of the puzzle intriguing because the non-human and inanimate subjects play a large part in the therapeutic work such as the use of writing/drawing materials to construct a genogram (McGoldrick et al., 1999)[8], objects to conduct a sculpting exercise (Papp, et al., 2013), and puppets to facilitate a reflecting team conversation (Brown, 2013).

The materials produced from the ethnographic participant observations revealed that the human and non-human bodies as well as the day-to-day processes seemed to shape and were shaped by the emotional climate of the space and work. This is consistent with the materials generated from existing hospital ethnographic studies (Street, 2012; 2014; Wool, 2015; Varma, 2020; Mol, 2002). In the GAU, emotions are

[8] I am aware that there is a new (4th) edition of this book. I have only the 2nd edition of this book, and am unable to access the e-copy of the new edition via the libraries at the Tavistock Centre and King's College London.

embedded in the practices as can be seen in how the invisible and visible structures might make staff and service users feel constrained, restricted, scared, safe, hopeful/hopeless, anxious, bored, etc. These emotions, in turn, fed back into the invisible and visible structures. Other examples that show that emotions were part of the daily GAU practices were a young person feeling frustrated with the room search, staff feeling compassionate towards the young people, and parents feeling worried about discharge. Despite the challenges and demands of working in a GAU, the MDT meetings and office spaces were at times filled with laughter and humour as noted in the ethnographic notes. Initially, I wondered if this was the staff's way of coping with difficult emotions. I came to realise that this might be their way of creating a space for relief and human connections in an environment where self-harm and suicide were prominent, like what Livingston (2012) observed in the oncology ward in Botswana. Wool (2015) noted that emotions flow through the corridors and rooms of the rehabilitation place, which shaped and was shaped by how injured soldiers felt. Similarly, the sounds of the ventilation fan, vague noises coming from staff's conversation in the next-door reception office, lighting of the ward, and liminality of the space (as shown in the cartography) in the waiting room of the GAU, for instance, might elicit feelings of anxiety, fear, sadness and hope/hopelessness in young people, their families and staff as they moved through the space. The daily life on a GAU is structured by emotions rather than merely meaning, ideology, policy and protocol. These emotional connections within the ward constitute the 'affective investment' (Grossberg, 1992) and 'affective economy' (Clough, 2004) of the place. Thus, emotions reside in the ward, and they shape and are shaped by the people and things in the space. It was not always possible to articulate the emotions in the ward, which is a phenomenon that Böhme (2013; 2014) described as 'affective atmospheres'

because, as Anderson (2009) noted, they emerge from in-between people, objects, spaces and histories. The idea of how emotions shape and are shaped by spaces chimed with my experience at work:

> *'Since embarking on this research journey, I can't seem to stop observing. When I was walking into the office [Eating Disorder Service], I noticed the sad, dull coloured wall of the corridor. The off-white strip lights seemed to cast a gloomy atmosphere in the space. I noticed that the staff photo board in the waiting area has not been updated; it has photos of staff who have left two years ago. In the office, there are things piled up everywhere and I saw some patients' documents that dated back to 2014. I can't help but recall how some colleagues have said that the management doesn't seem to care about them and how some young people find it scary to come in. How do we provide good care to the service users and staff if the space is so uncared for?' – 24th June 2025 (Autoethnography)*

Moreover, indigenous studies have consistently documented the emotional connection between people and land as well as the emotionality of place (Deloria, 1999; Walker, 2016; Wilson & Wilson, 2016; Smith, 2021; Wilson, 2008). These studies can be inspiration to GAUs to consider staff's and service users' relationship to the GAU's space and place, and the emotions that might emerge from these relations. For me, in order to provide good care to service users, the staff and space of the GAU will also need to be well cared for.

7.3. Reflexive Becoming and What Can Autoethnography Do

In this segment, I will discuss the notion of reflexive becoming to enhance clinical and research practices in systemic psychotherapy. I will further elaborate on what autoethnography can do to aid this process.

Reflexivity is a core tenet of systemic psychotherapy. Sara Ahmed's 'reflexive double turn', cited by Krause (2025) and D'Arcangelis (2018), entails the turn to the other and away from oneself. I suggest that self-reflexivity in systemic psychotherapy and the concept of 'reflexive double turn' (albeit useful and crucial in both clinical and research practices) still place the practitioner-researcher as separate and outside of the client's/participant's world. On reflexive becoming, I draw on Deleuze and Guattari's (1988) work on becoming to mean the ongoing process of transformation. In other words, there is no turning back for the practitioner-researcher to return to where he was. What I have learnt from this study is that the research inquiry and process are neither about the other nor me as a practitioner-researcher but rather us in a process. Unlike self-reflexivity or reflexive double turn, reflexive becoming places the practitioner-researcher close to, instead of outside of, the other's world. From a clinical perspective, I urge systemic psychotherapists to think about how they can ***change or transform with*** families rather than ***helping them*** (families) to create changes. I noted this in a recent encounter with a family with whom I was working:

> *'I saw [a young person with anorexia] and [her mother] who immigrated from China today. [Her mother] told me that it is important to her that [the young person] does well in school because she wants her daughter to be able to*

contribute to the society and serve its people. It made me realise that educational achievement for this family is about fulfilling social responsibility and enhancing moral development. This is a completely different understanding to the team who perceives the mother's focus on education as a problem. This has changed what I think about the meaning of education for me and my family. It felt like I connected with this family at a different level today' – 16th September 2025

In recent years, there is a rise in the use of autoethnography as a qualitative research methodology across a range of disciplines. Autoethnography is a controversial topic and there are different ways of doing it. Grant et al. (2013) described autoethnography as a way to generate evocative personal accounts that relate to culture. Some researchers have used autoethnography as a way to document their thoughts and feelings about a topic (Ellis, 2007; Grant, 2013) whilst others (Stevenson, 2009; Moore, 2009) take the view that it does not exist, often referring to it being a reflexive diary of some sort. For example, Ellis (2007) documented her experience of abortion and being a carer for her mother and Grant (2013) reflected on his experience of teaching a group of mental health nursing students using a political satire. This strand of autoethnography poses several issues to me: firstly, the researcher overshadows the study subjects which are the people and/or phenomenon; secondly, it seems to have a solipsistic flavour which is the very issue that the authors want to avoid; thirdly, the ethnography, which is the studying of the other, seems to be missing. Another strand of autoethnography is located within anthropology that tends to have more focus on the studying of the other whilst holding the researcher's self centre stage during the research process. However, it is worthwhile to note that some

anthropologists may not consider this as a form of autoethnography. For instance, Stevenson (2009) conducted an ethnographic fieldwork in a Canadian Inuit community to understand suicide and reflected on how her view about life and death has shifted as a result of her work. Similarly, Moore (2009) wrote about how the disturbing things that she witnessed and experienced during her fieldwork in Tanzania has changed her life as a researcher and person. In these anthropological studies, autoethnography or what the researcher referred to as a reflexive diary was used alongside ethnography, which kept the researched (people and phenomenon) central in the work. For me, autoethnography cannot be done without ethnography which is about the understanding or studying of the other. It needs to be incorporated as part of the ethnographic fieldwork. Otherwise, a standalone autoethnography runs the risk of being similar to an autobiography or solipsistic. In this study, autoethnography serves as a means to 'dig deep' into my personal and professional experiences in relation to the participants and phenomena that I was studying. This involves analysing and processing my experiences rather than simply reflecting on them. There are two things that autoethnography can do. Firstly, I learned that the 'digging deep' allowed me to get closer to the worlds of the participants, which is also a process of delving into the details of the work. This, to me, is also a way to 'correspond' (Ingold, 2021) with them. Secondly, the autoethnographic work facilitated a process of transformation whereby, not only did I gained new insights about my 'self' and work (in both clinical and research practices), but it has also shaped my values, beliefs and outlook as a person, researcher and practitioner. The engagement with this study has been a transformative experience. I have learnt many things about myself and my work. Due to the scope of the thesis, I would like to highlight three key learning points. The ***first learning point*** is that I had to return and re-turn to look at my relationship with

emotions within the cultural context of my family-of-origin. I realised that it is not because my family is not good at expressing our emotions but rather that emotions are a relational process with relational implications. My ***second learning point*** is that the research materials and process seemed to have a healing effect from the trauma or harm that was inflicted upon me from the work in a GAU. Perhaps, the trauma or harm was much greater than I initially thought. It is pertinent for me to clarify that this trauma or harm (and I would go to the extent of naming this as violence) was not caused by the service users but rather the relational processes between the people and things in the GAU. My ***third learning point*** is that the study has made me go back to my roots in Daoism. I realised that maybe I feel drawn to and excited about new materialism because it seems to echo the core principles of Daoism. For example, Lao Tzu (1990, p. 72-77) noted that Dao or essence is unfolding and takes a dualistic position in the phenomenal world. It emphasises the flow of things, which is in line with new materialism. To summarise, autoethnography facilitates and is facilitated by reflexive becoming. I contend that we cannot have or do one without another.

7.4. Limitations of Research Study

There are several limitations of this study. ***Firstly***, I did not ask the participants in the recordings about their emotional experiences of the sessions. Although the affordance was that I had to pay more attention to how emotions showed up through the participants' embodied actions and movements, I was unable to check with them on how they actually felt in the room. This might lead to discrepancies between the emotions that I observed and how the participants felt. However, emotions are multilayered and never show up as a single entity. Furthermore, they are always in

constant flux. Barad (2007) states that ontology, epistemology and ethics cannot be separated and are closely intertwined, which she coins the term 'onto-ethico-epistemological'. From an onto-ethico-epistemological (Barad, 2007) perspective, I take the view that we can never know the full range of emotions that we experience at a single time. Therefore, this study does not claim to be able to understand all the emotions at a given time or event, but rather it is an attempt to get close to the phenomenon. ***Secondly***, I have used one event from a session to illustrate a theme. Although it allowed me to conduct a more detailed analysis as compared to taking a broad-brush analytical approach to include more events, it did not provide an opportunity for me to identify patterns in the research materials in a methodical way. ***Thirdly***, the ethnographic field work included only the clinicians or spaces with clinicians for practical reasons such as the difficulty of getting ethical approval to observe service users. This meant that the voices of the young people and their parents, which could enrich the ethnographic materials, were left out. ***Last but not least***, which is more of a relational ethical dilemma, I have agreed with the service that I will share the research materials with them, which I strongly believe is an ethical responsibility given their generosity in being part of my study. I feel grateful for this and am mindful that it organised the way I observed during the ethnographic field work as well as how I might present the materials to them. I want to share the research materials with the team, which hopefully will be useful for them, in the most open, honest and constructive way possible. However, I worry that some materials might cause them to feel judged or criticised. Going forward, perhaps future studies could look into getting feedback or reflection on the research materials generated from the microanalysis of the sessions. Future ward ethnography in a GAU could involve the service users.

8. Afterword and Openings

So, how are emotions performed by systemic psychotherapists and families in the process of systemic psychotherapy in a GAU? I think emotions are a complex phenomenon and they do not simply reside or come from within individuals. The notions of performance and performativity have a lot to offer to systemic psychotherapy to understand emotions from a relational and contextual perspective. Materials generated from the microanalysis of the systemic psychotherapy sessions suggest that emotions move bodies, whereby the embodied actions and movements shape the emotions in the relational processes of therapy. More importantly, the research materials highlighted the importance of moving away from taking an anthropocentric or human-centred approach in the research and clinical practices of systemic psychotherapy. The bodies that were part of the emotionality of the work included both the humans and non-humans. Thus, it is crucial that we consider the non-human and inanimate subjects as part of the therapeutic system. This is further supported by the ethnographic materials, which suggest that emotions flow through and circulate in the ward spaces, which shape and are shaped by the bodies. This means that emotions contribute to the subjectification of bodies and what kind of bodies are created within these spaces. The performance and performativity of emotions, therefore, depend on the type of bodies that are created. Lastly, this study has perturbed my thinking about reflexivity, which is a core principle of systemic psychotherapy. The research materials from the autoethnographic analysis revealed that (self-)reflexivity in the research and clinical practices of systemic psychotherapy does not bridge the gap between the researcher/clinician and client/participant. The notion of reflexive becoming has the potential to account for how the

researcher/clinician can correspond with the client/participant in a transformative process using autoethnography. The completion of this study is not a conclusion of the work. It has certainly created more questions, possibilities, curiosities and openings for me; this is just the beginning. As Lao Tzu wrote, ‘the beginning of heaven and earth has no name’. Perhaps it also has no end…

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Appendix A: Acronyms

ABFT – Attachment Based Family Therapy

AMHS – Adult Mental Health Service

CAMHS – Child and Adolescent Mental Health Service

CDA – Critical Discourse Analysis

DBT – Dialectical Behaviour Therapy

EFCT – Emotionally Focused Couple Therapy

EFC/FT – Emotionally Focused Couple/Family Therapy

GAU – General Adolescent Unit

HCA – Health Care Assistant

HDU – High Dependence Unit

HRA – Health Research Authority

HCRW – Health and Care Research Wales

MCA – Multimodal Conversational Analysis

MDT – Multi Disciplinary Team

NHS – National Healthcare Service

NVR – Non-Violent Resistance

IT – Information Technology

IPA – Interpretative Phenomenological Analysis

RDD – Research and Development Department

RFA - Recursive Frame Analysis

RTA – Reflexive Thematic Analysis

Appendix B: Summary of Quantitative Studies on Emotions in Systemic Psychotherapy

For the ease of the reader, I have organised the articles according to themes, and coded them in colour alternating between green and white.

No.	Articles	Population	Methods	Results	Paper's Key Theme	Geography
1	Bounoua et al., 2018	129 depressed and suicidal adolescents.	Adolescents were randomly assigned for Attachment-Based Family Therapy (ABFT) and Family Enhanced Nondirective Supportive Therapy (FENST). Measures such as Difficulties in Emotion Regulation Scale (DERS), Suicide Ideation Question-Junior (SIQ-JR), Beck Depression Inventory-II (BDI-II), Positive and Negative Affect Schedule (PANAS), Weekly Interpersonal Events, Youth Counselling Impact Scale-Insight Subscale (YCIS-v.2) were used. Multilevel mediation analysis was conducted.	Negative events that happened to the adolescents in the previous week can still affect their current week's sessions. Adolescents are more likely to be affected by these events if they have emotion regulation difficulties.	ABFT	USA-Israel

2	Herres et al., 2021	129 depressed and suicidal adolescents between 12 and 18 years old.	Adolescents were randomly assigned for Attachment-Based Family Therapy (ABFT) or Family-Enhanced Nondirective Supportive Therapy (FENST). Measures such as Suicidal Ideation Questionnaire-Junior (SIQ-J) and Beck Depression Inventory (BDI-II), Difficulties in Emotional Regulation Scale, and Experiences in Close Relationships-Relationship Structures Questionnaire were used. Descriptive statistics and bivariate correlations were used for data analysis.	ABFT was better as compared to FENST in improving emotional regulation in adolescents with no anxiety.	ABFT	USA
3	Lifshitz et al., 2021	39 suicidal adolescents who had undergone Attachment-Based Family Therapy (ABFT).	RCT. An observer coded adolescents' emotions during sessions using the Classification of Affective-Meaning States. Measures such as Beck Depression Inventory-II (BDI-II) and Suicidal Ideation Questionnaire-JR (SIQ-JR) were used.	Adolescents' distress shifted to adaptive anger and grief/hurt.	ABFT	USA-Israel
4	Tsvieli & Diamond, 2018	15 adults receiving Attachment-Based Family Therapy (ABFT) for unresolved anger.	Client Emotional Productivity Scale-Revised (CEPS-R) (to measure emotional processing), and the Therapeutic Behaviour Rating Scale-Third Version (TBRS-3) (to identify and categorise therapist's interventions) were used. Data was analysed using a statistical test.	Improved emotional process was realted to interventions on vulnerable emotions, attachment needs and use of empty chair.	ABFT	Israel

5	Tsvieli et al., 2020	30 depressed and suicidal adolescents undergoing Attachment-Based Family Therapy (ABFT).	Client Emotional Productivity Scale-Revised (CEPS-R) (to measure emotional processing), and the Therapeutic Behaviour Rating Scale-Third Version (TBRS-3) (to identify and categorise therapist's interventions) were used. Data was analysed using statistical test.	Interventions such as relational reframes, focus on adaptive emotions, interpretations, reassurances, focus on adolescent's anger towards their parents, encouragement of affect, and focus on unmet attachment needs supported adolescents with emotional processing.	ABFT	USA-Israel
6	Diamond et al., 2016	32 adults with unresolved anger towards a parent.	Comparison between Attachment-Based Family Therapy (ABFT) and individual Emotionally Focussed Therapy (EFT). Measures such as the Unfinished Business Resolution Scale (UFB-RS), State-Trait Anger Expression Inventory (STAXI), Brief Symptom Inventory (BSI), Relationship Structures Questionnaire (ECR-RS), Client Emotional Productivity Scale-Revised (CEPS-R) were used. Data analysis was conducted using bivariate correlations, MANOVA and ANOVA.	ABFT and EFT decreases unresolved anger, state anger, attachment anxiety, and psychological symptoms but only ABFT decreased attachment avoidance.	ABFT-EFT	Israel
7	Lisica et al., 2024	81 participants with high anxiety who were referred for family therapy.	State-trait anxiety inventory (STAI) and memory tasks were used. ANOVAs was used for statistical analysis.	Family therapy was beneficial in reducing anxiety symptoms and improving cognitive performance.	Anxiety	Bosnia
8	Mehta et al., 2009	88 couples with a first child entering elementary school.	Longitudinal study. Participants completed the Adult Attachment Interview or Couple Attachment Interview. Couples were given a 10-min conflict resolution task. Measures such as Centre for Epidemiological Studies-Depression Scale and the Short Marital Adjustment Test were	One's attachment security predicted a partner's positive emotion, whereas one's couple attachment predicted a partner's negative emotion. Depression symptoms affected couple attachment.	Attachment	USA

			used. Data was analysed using hierarchical linear models.			
9	Hoover & Jackson, 2021	124 couples referred for couple therapy.	Insecure attachment, emotion dysregulation and psychological aggression were measured using self-reported questionnaires. Path analysis was conducted.	Anxious attachment was correlated with psychological aggression, and anxious attachment with emotional dysregulation.	Attachment and emotion regulation	USA
10	Pezard et al., 2017	13 families faced with anorexia.	Sessions were analysed for verbal and nonverbal emotional expression. A range of statistical tests were conducted.	The variability of the dynamics increased, and the reciprocal influences between family and therapist decreased at the end of therapy. Results suggested the need to develop new interpersonal strategies of emotion regulation during family therapy.	Brief strategic family therapy for eating disorder	France
11	Mahvelati et al., 2021	323 couples referred for couple therapy.	Quasi-experimental research to compare the effectiveness of Gottman and Dattilio couple therapies. Difficulties in Emotion Regulation Scale (DERS) and Positive and Negative Affect Schedule (PANAS) were used. Multivariate Analysis of Covariance (MANCOVA) was conducted.	Emotion regulation was effectively addressed by both couple therapies.	Couple Therapy	Iran

12	Cuevas-Escorza & Garrido-Fernandez, 2015	28 clients undergoing family therapy.	Crying episodes during sessions were identified, transcribed and coded.	Crying was more likely to occur in the first session and in the presence of another family member. Treatment success was higher when clients cried.	Crying	Spain
13	Benson et al., 2013	134 couples undergoing Integrative Behavioural Couple Therapy (IBCT) or Traditional Behavioural Couple Therapy (TBCT).	RCT. Measures such as Dyadic Adjustment Scale (DAS) and Adult Attachment Scale (AAS) were used. Data analysis was done using 4 multilevel models.	Change in marital satisfaction at the early phase of therapy predicted change in attachment related to anxiety in IBCT and TBCT.	EFCT	USA
14	Furrow et al., 2012	9 taped examples of blamer softening events in Emotionally Focussed Couple Therapy (EFCT).	The level of emotional involvement was coded using Client Experiencing Scale (C-ES) and Therapist Experiencing Scale (T-ES). Vocal patterns were coded using Client Vocal Quality (CVQ) and Therapist Vocal Quality (TVQ).	Therapist's emotional presence and vocal quality were linked to the success of softening attempts.	EFCT	USA
15	Greenberg et al., 2010	20 couples undergoing Emotionally Focussed Couple Therapy (EFCT).	Enright Forgiveness Inventory (EFI), Forgiveness measure, Trust Scale, Unfinished Business Empathy and Acceptance Scale (UFB EA), Unfinished Business Feelings and Needs Scale (UFB FN), Dyadic Adjustment Scale, Target Complaints Discomfort and Change Scale, Global Symptom Index (GSI), The Couples Therapy Alliance Scale (CTAS), and Structured Clinical Interview for DSM-III Axis II (SCID-II) Personality Questionnaire were given at pre- and post-session. ANOVA and Post hoc analyses were conducted.	Postive changes in relationship, trust, forgiveness, individual symptoms, and satisfaction were noted at the end of therapy.	EFCT	Canada

16	Kailanko et al., 2021	13 Emotionally Focussed Couple Therapy (EFCT) therapists and 13 couples.	Key moments in sessions were identified and rated using the Experiencing Scale.	Somatically focussed interventions were associated with more depth of experiencing for withdrawing partners.	EFCT	Finland
17	Kula et al., 2021	22 couples referred for EFCT.	Partners completed the Unfinished Business Resolution Scale, and therapists completed a self-reported questionnaire assessing their use of EFCT interventions at the end of each session. Multilevel models analysis was conducted.	It is important in EFCT to support responsiveness between partners.	EFCT	Israel
18	Lee et al., 2017	12 couples referred for Emotionally Focussed Couple Therapy (EFCT).	7 video recordings of successful withdrawer re-engagement (an EFCT intervention) coded using the EFCT Coding Scheme and the Experiencing Scale. Analysis was done using Task analytic methods.	Withdrawer re-engagement was useful to facilitate emotional processing to change.	EFCT	USA
19	McKinnon & Greenberg, 2013	25 heterosexual couples who received Emotionally Focussed Couple Therapy (EFCT), and 14 therapists.	Dyadic Adjustment Scale (DAS), Trust Scale (TS), Unfinished Business Scale for Couples (UFB-C), Couple Session Evaluation Measure were used. A researcher rated the videotaped sessions using Couple Vulnerability Scale.	Partners had more positive experience of sessions when vulnerable emotion was shared. Expressing vulnerable emotions is a key therapeutic process.	EFCT	Canada
20	McKinnon & Greenberg, 2017	32 couples with unresolved emotional injuries who received Emotionally Focussed Couple Therapy (EFCT).	Enright Forgiveness Inventory (EFI), single-item measure of Forgiveness, single-item "Feel forgiven" measure, Unfinished Business Scale-Couples (UFB-C), Trust Scale, and Dyadic Adjustment Scale, Couple Vulnerability Scale-Revised, Structural Analysis of Social Behaviour (SASB) and Supportiveness Scale were used. Data analysis was done using two hierarchical regression models.	There were positive changes in injured partner vulnerability and offending partner supportiveness as well as offending partner vulnerability and injured partner supportiveness.	EFCT	Canada

21	McRae et al., 2014	32 couples undergoing Emotionally Focussed Couple Therapy (EFCT).	Self-reported questionnaires which measure relationship adjustment, problem resolution, current romantic relationship and emotional intelligence were used. The sessions were rated using process measures such as the Experiencing Scale (ES) and Structural Analysis of Social Behaviour (SASB). Hierarchical linear modelling and two-level Bernoulli model were conducted.	Emotional regulation at the start of therapy is not correlated with emotional experiencing or the completion of a blamer-softening event.	EFCT	Canada
22	Meneses & Greenberg, 2011	8 couples who received Emotionally Focussed Couple Therapy (EFCT), and 6 therapists.	Enright Forgiveness Inventory (EFI), Forgiveness measure, and Unfinished Business Resolution Scale (UFB-RS) were used. Moments of forgiveness process were identified using the Degree of Forgiveness in Couples (DFC).	The process of forgiveness in EFCT outlined.	EFCT	Canada
23	Meneses & Greenberg, 2014	33 couples who completed Emotionally Focussed Couple Therapy (EFCT), and 16 EFCT therapists.	205 videotaped clips from the were analysed using Enright Forgiveness Inventory, Dyadic Adjustment Scale and The Interpersonal Scale.	Shame and acceptance of shame in injured partners were linked to change forgiveness. The level of marital distress could be reduced by supporting the injured partner to accept the injuring partner's shame.	EFCT	Canada
24	Talmor et al., 2025	44 couples who received EFCT.	The emotion-focused therapy couples process measure (ECPM), couple therapy alliance scale revised-short form (CTASr-SF), session evaluation measure (SEM) and Couple Satisfaction Index (CSI-4) were used. A multi-level exploratory factor analysis was conducted.	ECPM is a valid measure for session evaluation and tracking change processes in EFCT.	EFCT	Israel

25	White VanBoxel et al., 2024	28 couples (with one partner suffering from depression) referred for couple therapy.	Participants were randomised into two groups. One group saw a EFCT trained therapist and the other group saw a non-EFCT trained therapist. Dyadic satisfaction subscale of the dyadic adjustment scale (DAS) was administered weekly from intake, and Difficulties in emotion regulation scale (DERS) were administered at intake only. Dyadic multilevel modeling was used for analysis.	Couple therapy may be beneficial for couples with a range of of emotion regulation presentations.	EFCT	USA
26	Wiesel et al., 2020	36 couples undergoing Emotionally Focussed Couple Therapy (EFCT).	Self-reported questionnaires on vulnerability experience and perception and injury resolution were used. Multilevel Response Surface Analysis was conduced.	Partners' vulnerability was predicted higher levels of resolution.	EFCT	USA-Israel
27	Zuccarini et al., 2013	18 audiotapes of Emotionally Focussed Couple Therapy (EFCT) sessions were used.	Experiencing Scale (ES), Structural Analysis of Social Behaviour (SASB), Levels of Clients Perceptual Processing Classification System (LCPP) and Emotionally Focussed Couple Therapy Coding Scale (EFT-CS) were used to rate the audiotapes. Inter-rater reliability and correlation tests were conducted.	Couples who were able to engage with their internal experience were more able to respond constructively to their partner. EFCT interventions can be used to address attachment injury.	EFCT	USA
28	Sabey et al., 2021	16 parent clients who received parent focused EFFT intervention.	Scales such as HAT form (to identify helpful aspects of the therapeutic process), SEQ (to assess parent's experience) and EXP (to assess parent's emotional experiencing) were adminsterted over the course of therapy. Task analysis was conducted.	Use of the two-chair intevention in EFFT was effective to help parents repond to their child's mental health difficulties.	EFFT	USA-Canada

29	Vostanis et al., 1992	12 families presented with high expressed emotion.	First, second and final sessions for each family were video recorded and rated using an Expressed Emotion Scale.	Over-involvement and criticism decreased in the early phase of therapy, and warmth increased in the later phase.	Expressed Emotions	UK
30	Aarnio-Peterson et al., 2024	41 adolescents with anorexia/atypical anorexia and their parents who are receiving Family Based Treatment (FBT)	Parent participants were randomised into Emotion Coaching (EC) skills or regular support group. Measures such as Feasibility and Acceptability Questionnaire (to access usefulness of EC intervention), Eating Disorder Examination (EDE), and Five Minutes Speech Sample (to access parents' attitudes towards their child) were used. Statistical analysis was conducted using SPSS Version 27.	Delivering EC to parents alongside FBT is beneficial to address high express emotions.	FBT	USA
31	Pudelko et al., 2025	178 couples who were experiencing Intimate Partner Violence (IPV).	Experiences in Close Relationships (ECR) scale (to assess attachment dimensions), Positive and Negative Affective Scales (PANAS) (to assess negative emotions), Conflict Tactics Scales-2 (CTS-2) (to assess violence), and a checklist to identify topics of disagreement were used. Statistical analysis was done using SPSS v.27.	One's avoidant attachment and anxiety were associated with IPV.	IPV	Canada

32	Lu et al., 2023	84 adolescents with major depressive disorder who received Satir family therapy (online or in person)	Adolescent Non-suicidal Self-injury Assessment Questionnaire (ANSSIAQ), Self-rating Questionnaire for Adolescent Problematic Mobile Phone Use (SQAPMPU), Screen for Child Anxiety Related Emotional Disorders (SCARED) and Depression Self-Rating Scale for Childhood (DSRS) were used over the 12-week intervention. SPSS 23.0 was used for statistical analysis.	Both in person and online Satir family therapy reduced anxiety, depression, non-suicidal self-harm and mobile phone use behaviour.	Satir family therapy	China
33	Harris & Harriger, 2009	138 family therapy trainees from 27 training programmes.	Participants completed a self-reported questionnaire on therapist's sexual attraction towards clients.	Majority of participants were also uncertain how to best to respond to the clients. Participants were better at making decisions on explicit unethical behaviour.	Therapist factors	USA
34	Kessler et al., 2000	92 family therapists.	Participants completed self-reported questionnaires on relationship satisfaction, job satisfaction, emotion work in relationships, and emotional labour at work. It is unclear what statistical analysis was used.	There were differences in emotion management, relationship satisfaction and job satisfaction between male and female therapists.	Therapist factors	USA
35	Nikell et al., 1995	189 family therapists.	Participants completed self-reported questionnaire on therapist's sexual behaviour and feelings towards clients; how they handled sexual attraction; how their training addressed this issue; and therapist's decision making about sexual attraction.	Most participants felt that they handled sexual feelings effectively. Trainings on this issue were limited. Perspectives on ethical position were varied. Training on this subject is crucial.	Therapist factors	USA

Appendix C: Participant Observation Schedule

Date	Time	Hours	Observation Space
19/02/2024	10:00 - 15:30	5.5	First day of visit (office, ward, reception, waiting room, nursing office)
27/03/2024	13:00 - 15:00	2	Reception office
08/05/2024	10:30 - 12:30	2	Ward round
13/05/2024	09:00 - 10:00	1	Handover meeting
13/05/2024	11:00 - 11:30	0.5	HDU review
13/05/2024	13:00 - 14:00	1	Nursing office
13/05/2024	14:00 - 15:00	1	MDT meeting
20/06/2024	11:00 - 14:00	3	Waiting Room
04/07/2024	10:00 - 15:00	5	Waiting Room
15/07/2024	09:00 - 10:00	1	Handover meeting
15/07/2024	10:00 - 12:30	2.5	Nursing office
15/07/2024	13:00 - 14:00	1	Handover meeting
15/07/2024	14:00 - 15:00	1	MDT meeting
15/07/2024	15:00 - 16:30	1.5	Nursing office
15/07/2024	16:30 - 17:00	0.5	Post psychotherapy group discussion
25/07/2024	09:00 - 10:00	1	Handover meeting
25/07/2024	10:30 - 11:00	0.5	OT group prepartion
25/07/2024	12:00 - 12:30	0.5	OT post group debrief
25/07/2024	13:00 - 14:00	1	Handover meeting
29/07/2024	09:00 - 10:00	1	Handover meeting
29/07/2024	10:00 - 11:00	1	Psychology office
29/07/2024	11:00 - 13:00	2	Staff room
29/07/2024	13:00 - 14:00	1	Handover meeting
29/07/2024	14:00 - 15:30	1	MDT meeting
	TOTAL	**37.5**	

Appendix D: Sample of Events, Codes and Themes from the Microanalysis of Systemic Psychotherapy Sessions

Family	Time	Event	Resonance: What touched me?	Code	Category
F1	35:29	YP1 started to play with her hair whilst FA1 was telling his story and FT asked if she was listening. She acknowledged that she was listening to her father.	I was surprised that YP1 was listening as she appeared distracted. It made me realise how present she still was in the room. I was touched by this moment because we do not often talk openly and directly with each other in my family	Staying attuned and engaged through a seemingly distracted behaviour.	Affective influence on the movement of bodies
F2	01:02	FT proposed to discuss teamwork as a way to prepare her for discharge. Both YP2 and FA2 gave each other a fist pump.	I was moved by the smile on their face and the warmth between them. It brought memories of the bond between my sister and father.	aligning with each other through physical touch	Affective influence on the movement of bodies
F2	17:25	FA2 nudged YP2 to answer FT's question.	The boredom was intense. I found it hard to continue watching the session. I felt like turning off the recording.	physical touch as a way to move the body	Affective influence on the movement of bodies
F1	25:00	YP1 said what FA1 drew on the flipchart was annoying her. This was said in a cheeky way.	I connected with YP1's humour. This reminded me of the cheeky kind of humour that I have with my family and friends, whereby we would say something that sounded like a criticism or sarcasm but would mean it in jest. It reminded me of home. I felt nostalgic.	Humour as a way to connect.	Connecting through haptic touch

F1	29:48	YP1 moved forward to help FA1 choose the next colour to use. FA1 followed YP1's lead and FT commented on this.	I was drawn to YP1 guiding FA1 in the task but there seems to be a parallel process occurring where FA1 is guiding YP1 to be close to him. I found the way YP1 and FA1 connect very moving as there seemed to be an unspoken care between them. I wondered if this might be my experience of my relationship with my father. I always find that doing things with my father is much easier than talking with him.	Shared activity provided the opportunity to show care through role reversal in leading (YP1) and guiding (FA1).	Connecting through haptic touch
F1	30:13	FT asked if YP1 is strong willed but she said she is stubborn. YP1 then asked if MO1 is stubborn. FT followed up with YP1's choice of the word stubborn over strong will.	I realised that I felt similar to YP1 when I was a teenager whereby I would often describe myself using words with a negative connotation. As a teenager, it was hard to see myself from a positive light as many things I did seem to be wrong. I believe this naturally made me see myself or my potential qualities in a negative light.	Resisting the reframing of personal characteristics.	Connecting through haptic touch
F2	25:33	FT continued to encourage YP2 to respond and she laughed with her head thrown backwards. FT then asked if he was asking too many questions.	I connected with how hard FT was working to keep YP2 engaged in the conversation.	humour as a distraction from talking	Connecting through haptic touch

F1	10:29	FT asked YP1 about the helpfulness of having the ball in the room. YP1 said that she is not good at sitting still.	I found myself distracted by the ball and feel comforted by it. I was drawn to the playfulness of YP1 with the ball. There was a sense of anticipation and liveliness in the session.	Ball as social actor.	Participation of non-human bodies
F2	03:27	FT started to draw YP2 and FA2. Everyone had a smile on their face and appeared focused on the drawing. There was silence in the room and the marker made a screeching sound as the FT was drawing.	The screeching sound of the marker made me feel uncomfortable. I noticed that it kept me alert for a session that has generally a flat mood.	Sound of the marker drew attention	Participation of non-human bodies
F2	06:16	YP2 reached out to get a marker when FT invited her to add the significant people to her genogram. YP2 then had a sip of her tea followed by FA2 in tandem. After YP2 put down her cup of tea, she stretched out towards the table and use the blue marker to add the people in her life who she considered as a team member on the flipchart. Whilst she was doing this, FA2 was still having his tea.	I felt relieved again that the young person appeared to be engaging better in the session. This moment lightened up my mood. The sipping of tea felt soothing. I felt comforted. I felt a sense of relief as the young person was engaging through her body, movement, and conversation.	instruction to move	Participation of non-human bodies

Appendix E: Transcription Notations

This is a condensed version of the notation described by Gail Jefferson (Hepburn & Bolden, 2013) and Lorenza Mondada (2018).

Bold font	The transcripts in bold font denote the conversations (i.e. what was said).
Regular font	The transcripts in regular font (non-bold) denote the embodied actions (e.g. gestures, postures and/or movements).
[ ]	Square brackets indicate overlapping talk. Overlap onset is marked with a left square bracket ([) and overlap offset is marked with a right square bracket (]). Eg.: I almost fell off [my bike] [That sounds] terrible
=	An equal sign represents latching which is the absence of any discernible silence between two turns or between two parts of one turn.
(0.2) (.)	Numbers in parentheses represent silences in tenths of a second; a dot in parentheses represents a micro-pause which is less than two tenths of a second.
. , ?	Punctuation marks intonation, not grammar; period, comma, question mark indicate 'falling', 'slightly rising', and 'strongly rising' intonation, respectively.
it_	An underscore at a turn ending presents level intonation.
Why	Underlining indicates some form of stress or emphasis.
a MOMENT	Uppercase letters indicate especially loud talk.
°yes° °°yes°°	Single degree signs mark quiet or soft talk. Double degree signs mark particularly quiet voice (e.g. whispering or mouthing).
Pa:ssing Sur:prise	An underlined element followed by a colon indicates an up-down contour through the word. A colon underlined indicates pitch movement sliding up through the word.
↑ ↓ ↑↑ ↓↓	Up arrow indicates sharp change upward in pitch while down arrow indicates downward shifts. Double arrows represent particularly sharp pitch resets.
>such a rush< <this is so slow>	The combination of greater-than and less-than symbols indicates that a stretch of talk is compressed or rushed. Used in reverse order, the signs indicate that the talk is slower.
: -	Colons indicate the stretching of the sound just preceding them. Hyphen indicates a cut-off.
((cough))	Double parentheses mark the transcriptionist's description of events.
( ) (can't oh/get on)	Single parentheses mark hearings of conversations and observations of movements or embodied actions that are uncertain. If there are two possible hearings, they are separated with a forward slash within the parentheses.
h hhhhh .hhh	Hearable breathing is shown by the letter h. Hearable inhalation is shown with a period before the letter h. The longer the breathing/inhalation, the greater the number of h.

∆ ∆	that are synchronized with correspondent stretches of talk or time indications.
* *	Descriptions of embodied actions are delimited between
*--->	The action described continues across subsequent lines
---->*	until the same symbol is reached
>>	The action described begins before the excerpt's beginning
fig	The exact moment at which a screen shot has been taken
#	is indicated with a sign (#) showing its position within the turn/a time measure