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Psychotherapy in an EBD school: How is psychoanalytic psychotherapy perceived by staff to support a child's classroom and social learning? A phenomenological study

William Roberts

Abstract

This thesis explores the perceived value of long-term psychoanalytic psychotherapy in developing children's learning and their ability to enter into social relationships, with the therapy based in a specialist school for Emotional and Behavioural difficulties (EBD). The qualitative research study approaches this question by exploring the lived experience of school staff who are in contact with pupils receiving treatment, gathering their thoughts and feelings around their perception of the effectiveness of a psychotherapy service embedded in the school. Data was collected via semi-structured interviews with eight members of staff from all three school departments: early years, primary and secondary. An Interpretative Phenomenological Analysis was employed to identify themes; the findings are discussed and summarised. The study found that participants reported experiencing a positive difference in a pupil's academic and social learning, not only when in treatment but also after treatment had ended. This, however, was not without its challenges with staff having to manage fluxes in behaviour during the therapeutic process. This sometimes led to a clash in cultures between the therapeutic service and education.

 The study also highlighted how the psychotherapy service supported the school staff in understanding pupils who were challenging and difficult to understand. This provided containment, which was often found to cascade through the school staff. This was an unexpected finding of the research.

Key words: child psychotherapy, containment in schools, CAMHS in schools, secure base, specialist education, qualitative outcome measures, Interpretative Phenomenological Analysis

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Chapter 1

Introduction

The following chapter introduces the reader to the background and rationale for the study. It outlines the research question, the aims, and discusses the motives and limitations of the study. It also introduces the research setting and the role I have within this. Finally, I give a brief overview of the thesis as a whole.

1a) Background and Rationale

My involvement in the school began when I was placed there as part of my four-year clinical training as a Child and Adolescent Psychoanalytic Psychotherapist. I joined the small child psychotherapy team as a trainee and was based there two days a week. The therapeutic team had a variety of roles: we treated patients from the school population, were involved with Child Protection cases, assessed patients for further treatment, and saw parents for short-term work. The team were also involved in other areas of school life: the team provided training for staff and facilitated weekly 'work discussion' for the three departments that made up the staffing team. Latterly I was seeing individual members of staff for supervision.

In my contact with staff individually and as a whole I began to recognise the complicated relationship between education and health. Although the therapeutic service was located in the school, was it a part of the school? Did the school see the service as contributing helpfully to

fulfilling the overarching aim of providing a holistic education to the pupils? This question, to a therapeutically informed audience, may seem unremarkable. However, through working in the school I discovered that staff had varying views on whether therapy benefited pupils' learning and the way the pupils relate in social situations. There was a feeling amongst some school staff that the therapy offered could cause the pupil to feel too stirred up, leaving them unable to learn. This, at times, caused a divide between the educational and therapeutic staff, creating a tension between the two disciplines.

Towards the end of my placement in April 2018, the service was up for tender. This was several weeks before I undertook the interviews. The implications for this were twofold: firstly, it added to the aim of the study in terms of promoting the psychotherapy service in the school. Secondly, for myself this led to a feeling of uncertainty, even resentment: it was known in the therapeutic service that they were looking for something short-term, which the service could not fully deliver using the model. In the interviews, my curiosity may have been dulled, restricting my response to the participants. By the time the thesis was being written up, I knew that the tender had not been successful. On reflection, the tone of the latter part of my thesis felt depleted in energy as a result.

The school had asked for the service to submit a bid, which included changes to the way the service operated with an emphasis on more short-term work. This move seemed in line with a wider context of the NHS / educational debate about costing, at a time of funding crises and problems identified in the national provision of mental health services to both children and

adults. This study is therefore a timely one. Investigating the staff's attitude towards the service

not only has relevance to thinking through the relationship between education and therapy,

but also has transferable value in thinking about the place of long-term therapy in other

settings and contexts.

1b) Research Question

In this study, I set out to investigate the school staff's perception of psychoanalytic

psychotherapy in an Emotional and Behavioural Difficulties (EBD) school through a qualitative

analysis: the project's research questions were formulated in relation to this overarching line of

enquiry. Agee (2008, p.431) writes, 'Many qualitative researchers see a question as a beginning

point for their research. Once a satisfactory question is in place, a study can begin'.

Parahoo (2014) describes the formulation and development of research questions, which can

emerge from a practical need at work, previous experience or research, or indeed from

theoretical knowledge.

The three questions that I created to address my enquiry drew upon my theoretical knowledge

of psychoanalytic psychotherapy and my practical experience as a therapist. Further, the

ongoing development of the project was concurrent with the clinical service at the school being

put up for tender, which created an external context for the refining of the research questions.

As Maxwell (2013) suggests, creating research questions involves constant refining in stages

(see also, Hennink, Hutter, and Bailey, 2011). Flick (2006, p.105) notes that 'reflecting on and

reformulating the research questions are central points of reference for assessing the

appropriateness of the decisions you take at several points'.

Doody (2016, p.20) helpfully outlines the varying ways in which research questions can produce

data, depending on the theoretical methodology, stating that the phrasing of the question

should indicate its aim and theoretical basis; in a project using 'Grounded Theory' the question

indicates the aim to 'discover'; in an ethnographical project, the question will refer to the

project's aim to 'explain' or 'seek to understand'; finally, a phenomenological project will use

research questions which attempt to 'describe the experiences'. Regardless of the theoretical

basis for the project, questions are 'non-directional' (*ibid.*).

I followed Doody (2016) in the formulation of my research questions. The questions I developed

are intended to invite the interviewee to 'describe the experiences', in line with my

phenomenological line of enquiry and methodology. I have italicised the verbs below which

indicate my emphasis on the description of experience, the perspective of the interviewee:

1) **Did the adults, in this instance member's of staff working alongside children who are in treatment, *perceive* psychotherapy to support learning, in academic and social terms?**

2) **Had the staff *noticed* a shift in how pupils take in information and how they related to others? Had this improved or deteriorated during treatment?**

3) **Did they *feel* therapy was contributing in a positive way to the pupil's development?**

My analysis was based on the community's lived experience; I wanted to hear the views of not only classroom staff but other members of the school team who came into contact with pupils outside of the classroom. It was hoped these members of staff, such as the kitchen staff or the Education, Health and Care Plan Reviewing Officer, would have a different experience of the pupil, which in turn might contribute a richer data analysis.

A concise research question is crucial and creates the scene for development of a clear research aim and objective that are closely linked (Martindale and Taylor, 2014). I now outline my aims and objectives.

1c) Aim and Objectives

My research investigates whether the containment provided by a therapeutic space is perceived to facilitate children's classroom learning and social development; in order to pursue this enquiry, I gathered thoughts on whether the school staff noticed a difference in their

pupil's capacity to learn and relate to others. This had overarching aims as I outline here.

Newman, Ridenour, and Newman's (2003, p.185) framework presents three research aims, which are highly pertinent to my own project. They are as follows: 1) 'to add to the knowledge base' 2) 'to have a personal, social, institutional, and / or organizational impact' and 3) 'to generate new ideas'. My research was an opportunity to collect staffs' views on the therapeutic service embedded in the school and therefore contribute to the existing knowledge-base; to gather data which could support the therapeutic service continuing within the school; and to gather how the service can be improved with 'new ideas'.

Through a phenomenological approach, I specifically wanted to gain insight into the *lived experience* of members of staff working alongside pupils receiving therapy. I would do this by undertaking interviews with the staff. Johnson and Christensen (2014, p.23) offer four typical research objectives: 'exploration', 'description', 'explanation' and 'influence'. Through semi-structured interviews with teachers, teaching assistants, pastoral care staff and others, my objective was to establish whether they perceive psychoanalytic therapy as contributing to pupil's educational and social development.

The findings will also be presented to the school's governors and the senior staff who contract the service; it is hoped this could contribute to an understanding of the benefits of psychotherapy for the school population and encourage them to reconsider supporting the

service. It is also hoped that this study can bridge the seeming divide between educational and therapeutic disciplines, and demystify the therapeutic profession amongst school staff.

1e) Setting

The school for emotional, behavioural difficulties (EBD) where I carried out my research is based in Greater London and has charity status. The population of the school is predominantly made up of boys from low-income families who have struggled to remain in mainstream education. They have often come from families where difficulties such as mental health, domestic and substance abuse are prevalent.   It is also common that parents had been educated at the same school. A large proportion of the children are Looked After by the Local Authority. The pupils are a mix of White British or Black Afro Caribbean British.

The Local Authority refers the pupils to the school; all of the pupils have an Education, Health and Care Plan (EHCP), and some are statemented. Many are referred to the school because of their behaviour. There are a high number of pupils who present with Conduct Disorder and Attention Deficit Disorder Hyperactivity Disorder. Some of the secondary pupils are also under the supervision of the Youth Offending Service.

The pupils who attend the school often arrive without much notice and come with a suspicious and defensive view of both school and wider support services. They often communicate

through action rather than words and find making positive relationships difficult. There can be a gang mentality to the population, particularly in the secondary school; however, the school works hard to relate with the pupils and engage them, and is perceived to be a good school by the local community.

The therapeutic service is an NHS service commissioned by the school. The service and the school have been working together for twenty-five years. The service was bought in to complement the pre-existing therapeutic ethos of the school. The therapeutic team is made up of two qualified therapists and a trainee; at the time of the research, that was myself. The service historically offered long-term psychoanalytic psychotherapy with teachers making referrals. The work often lasted a minimum of a year, with some pupils being seen for over three years. Over the last year there was a feeling from the school that they wanted more short-term work in order for more pupils to be seen. This cuts in two directions; on the one hand, the school acknowledged the importance of an in-house therapeutic service by wanting more pupils to be seen; on the other, the wish to provide short-term interventions could be perceived as diluting the school's therapeutic provision.

It is also important to add that the majority of pupils seen by the therapeutic service would not have met the threshold for CAMHS intervention in the community as their presenting issues would have been perceived as behavioural. The therapeutic service therefore filled a gap left by CAMHS, raising wider questions over early intervention versus crisis management. By seeing

pupils already excluded from mainstream education, the therapeutic service could not be seen as an early intervention or preventative measure.

Thesis Overview

In the following chapter I review the literature related to the area of study. Although, as I go on to show, there is a paucity of literature that addresses the question directly, there is a substantial amount written on schools and therapeutic practice. In the literature review I look at several areas of interest. I discuss the importance of containment as a factor to learning. I then consider literature that specifically addresses special schools and the complexities around working with this particular student population; I discuss the potential divide between education and therapy. Finally, I look at Interpretative Phenomenological Analysis and how it has been used in research related to the field of interest.

Following the literature review, I introduce my methodology. I discuss issues around the planning and conducting of my research. I also illustrate the rationale for choosing Interpretative Phenomenological Analysis, discussing its advantages and disadvantages. I also examine the method I employed to collect my data and the complications this brought alongside the ethical considerations. I will then present my results and my analysis of the results followed by a discussion and summary.

Chapter 2

Literature Review

The purpose of the literature review is to establish the research study through reference to the key conceptual ideas before exploring previous studies, which intersect with my own. In identifying other's ideas and findings I hope to refine my own study. Larry (2010, p.49) reminds us, 'The innovation of any research question is determined by a thorough literature search'. Baker (2000, p.219) suggests it is the 'essential first step and foundation when undertaking a research project'. In addition to understanding the topic a literature review may serve to prevent a reinvestigation or replication of a study in the past. It is also hoped the search will highlight areas which have had little or no attention, giving the wider research community future opportunities for development of the field.

In my literature review I examine four areas pertinent to the research question. The first area looks at the history and policy of CAMHS work in schools, paying particular attention to Emotional Behavioural Difficulty educational providers. I move on to look at how school can serve as a 'secure base' where students can find containment. Following on from this I focus on individual and group psychotherapy in schools and the impact this has had on teachers and the system as a whole. The final section focuses on literature that looks at Interpretative

Phenomenological Analysis and psychotherapy, giving an overview of the methodology and its advantages and disadvantages.

I identified texts using various search engines (Google, Google Scholar), databases (PsycInfo, PepArchive and PsyArticles) and online journals (*Journal of Qualitative Studies in Education*, *Journal of Child Psychotherapy*, *Journal of Counselling and Psychotherapy* research). In addition to an online search I used texts sourced from the Tavistock and Portman NHS Trust Foundation library. I was careful to use databases that were credible, provided access to leading journals and papers that were pertinent to psychotherapy/psychology and education. Initially my use of key words 'set the parameters of the research itself' (Baker, 2000, p.222); I returned to the key terms when undertaking the literature review.

The key words I used in the database search were as follows: *'child psychotherapy and education'*, *'IPA and education'*, *'secure base and education'*, *'emotional and behavioural difficulties and research'*, *'Psychology and IPA'*. I started with these key words to gain a sense of the existing knowledge base. I wanted to source summaries and overviews of the key issues relating to my question in order to 'concept map' (Rowley and Slack, 2004, p.36) the field as a whole. This led to a mass of results that needed to be reduced. I accomplished this by using further advanced searches provided by the databases search engine, for instance I only looked at European and American articles and tried restrict the data to recent material (the last thirty

years) when possible. This was more difficult to abide by when presenting literature on 'secure base' as the original secure base theory derives from the 1960s.

I found that journals were most useful in my search. Rowley and Slack (2004, p.32) suggest it is recommended, when conducting a literature review to concentrate on literature published in 'scholarly journals'. Journal articles are peer reviewed, and are able to respond more easily to swift changes in the field (unlike monographs, which due to the writing and publication process cannot be quite so timely). I avoided using material from conferences, as – according to Levy and Ellis (2006, p.187) – the content is usually 'considered lower and less mature': it also important to note that conference papers are not subjected to the same process of peer review as academic monographs, collections, or journal articles. I also identified a number of useful monographs and collections.

Light and Pillemer (1984, p.11) write that 'disagreements among findings are valuable … [and that] conflicts can teach us a lot'. I agree with this; however, in my review of the literature I did not locate any sources which presented opposing viewpoints to my own concerning the usefulness of therapy in schools. This may have been due to the psychoanalytic approach taken by the clinicians writing about their experiences. In view of this, I widened my search to include the keyword '*psychology'* which produced a wider set of results but did not change the overall shape of my literature review.

When searching for '*IPA and psychotherapy*' I discovered that although IPA had been used in many studies, these studies focus on the adult population as opposed to children. This in many ways was satisfactory for my study as I was interviewing adult staff member looking after the child patient population in the school; however, I was surprised that there were not more studies approaching the child as patient. It may be that ethical considerations are at work here in terms of the child's capacity to consent to take part in such a study.

2a) CAMHS and its Development in Schools

East London and Glasgow pioneered the provision of child mental health services in schools in the years following the First World War. At that time these forms of service were referred to as 'child guidance clinics'; they worked closely with schools and were made up of therapists, psychiatrists and social workers. This development responded to the trauma children and their families suffered due to the conflict (McLoughlin, 2009). These outpatient services spread across the UK in the post-war years (Music and Hall, 2008). Later the name of the service changed, becoming what we now know as CAMHS (Child and Adolescent Mental Health Services).

The early 2000s witnessed a development in the early years' provision to support children's mental health, as shown in the White Paper, Schools Achieving Success (DfES 2001), and the key paper, Every Child Matters (2003). The former insists on the importance of early mental health intervention, discussing how mental health can be supported in schools (p.25). Every

Child Matters outlines the Government's commitment to investment in CAMHS (P.7), and the

development of Educational and Behavioural support through schools (2003, p.23, p.61). It was

apparent that children whose emotional and behavioral needs are being met were more able to

apply themselves to learn (Goleman, 1996). Research suggested that the school environment

could be more able maintain changes received in treatment (Kolvin *et al*, 1981, Roth and

Fonagy, 1996). This research illustrates the significance of embedding mental health services in

schools, and the benefits of working in schools with children one might not normally reach. In

the years following Every Child Matters (2003), there were a number of changes made to

CAMHS work, particularly in schools where the government acknowledged the need for

comprehensive policies for children's mental health. Research showed that mental health

issues in British Adolescents had risen significantly faster than in the rest of Europe (Collishaw

et al., 2004). This has, however, been a continuing feature, raising further questions concerning

the provision of services.

These issues should be placed in the wider political context. There was a decisive move by Tony

Blair's Labour government to readdress the legislative frameworks around work with children;

the Children Act 2004 (CA 2004) updated the Children Act 1989 (CA 1989) by bringing multi-

agency working to the fore. The National Service Framework for Children (NSFC, 2004)

incorporated input from health professionals including psychotherapists. The paper has an

emphasis on early intervention, which includes health, education and social care working

together. It also recommended this was performed at 'community level' (NSFC, 2004). The

emphasis on joined up work was also highlighted in Every Child Matters (2003). The Victoria

Climbié Serious Case Review indicated that the professionals around the family did not understand each other's roles and therefore did not work effectively as a multi-disciplinary team to safeguard the child. Salmon (2004) analyses what makes research collaborations successful, underlining the significance of strong communication across agencies, and the creation of shared understanding (see also, Akhavain *et al*., 1999; Kopser, Horn, & Carpenter, 1994).

Collaboration between agencies appears to be facilitated by having a specific task or patient focus to create a common interest (Alter & Hage 1993). Ingall and Smyth (2011) examine a collaboration between an EBD school in East London and a local Child and Adolescent Mental Health clinic. This was an example of successful joined up work which resulted in a CAMHS outreach team being based at the school working with patients, pupils and consulting, supervising teaching and supporting staff. CAMHS is arranged in a four-part tier system (Music 2008); tier one has an emphasis on preventative work, while tier four works with the most disturbed patients, often in inpatient units. The outreach work in EBD schools would generally fall under tier 3. Tier 3 works with patients with complex needs in community settings such as schools and outpatient clinics.

In the last two years the government have published a green paper called Transforming Children and Young People's Health (2017): this policy area aims to build on the NHS Transformation Program (2015) in order to focus on early help in schools and colleges (NHS

England online). It was proposed Mental Health Support Teams would develop models of early interventions and support teaching staff (*ibid.*) The Government Response to the Consultation on Transforming Children and Young People's Mental Health (2017, p.22) outlines this in more detail. What the reader will notice is that earlier policies are reinvented by a succession of different governments. It seems that CAMHS and Schools have always been closely linked; however, there is now more of an emphasis on supporting educational staff as well as direct work with the pupils.

2 b) Secure Base / Space

In this section I use Bowlby's (1988) attachment theory as a guide, extending it in order to think about how his concept of the 'secure base' may operate in a school setting. Bowlby describes a base from which a child or adolescent 'can make sorties into the outside world and to which he can return knowing for sure that he will be welcomed when he gets there…In essence, this role is one of being available, ready to respond when called upon to encourage and perhaps assist, but to intervene actively only when necessary' (p.11). Other theorists such as Byng-Hall (1995) and Papadopoulous (1998) include family and community under the category of the 'secure base'. In her chapter, 'The school as a secure base', Paiva (2011, p.21) talks about school settings as useful sites 'for working towards psychological wellbeing'. She goes on to talk about schools being able to provide 'the necessary holding environment where such children feel kept in mind. She alludes to the fact that 'schools can sometimes consider themselves as better parents to the children then the parents' (Paiva, 2011, p.29).

In my professional experience, children in EBD schools have often been starved of a mother's reciprocity and suffered ruptured attachments early on in life, where the mother has been unable to provide such containment and protection. Bion (1962) talks about a mother bearing her baby's 'nameless dread' of annihilation, holding it and then returning the intense emotions in a more manageable and less catastrophic form. Bion (1962) suggested that over time the baby internalizes a good, caring object and begins to rely on this. Children in EBD schools often use defenses such as projection or 'adhesive identification' (Meltzer, 1975); the child employs such defenses when faced with new challenges or when they experience uncertainty and not knowing.

In her paper, 'Concentric Circles of Containment: a psychodynamic contribution to working in pupil referral units', McCloughlin (2010) explores how school staff receive powerful and often disturbing projections which at times leave the 'secure base' of the school feeling fragile. The maternal function of the school can strain, and at times the patient group's disturbance – in this case the pupils – can be reflected in the staff. Emmauel (2002) describes this phenomenon as 'Triple deprivation'. Philips (1988, p.18) considers Winnicott's perspective of the analytic space, 'the transitional space for collaborative exchange'. Modelled symbolically, practically and externally on the transitional experiences of infancy, this space has both paternal and maternal dimensions. However, in an environment such as an EBD school this can be difficult to achieve. As a result of this, McCloughlin (2010, p.234) argues that the classic psychotherapeutic

approach to treating children is 'impossible in a PRU setting'. The same argument could be applied to impossibility of the traditional approach to learning, working within the PRU setting.

Music and Hall's (2008) thinking around a containing framework in schools places an emphasis on the positive working relationship between therapist and teaching / support staff. Music and Hall (2008) suggest that pupils are more likely to remain engaged if they see their teachers and therapists thinking and working together. This could be seen as representing a working parental couple. Music and Hall's argument can be given further theoretical support through reference to Winnicott's idea of a 'nursing triangle' (Winnicott, 1960). A nursing triangle is made up of a mother, baby, father relationship which can be replicated in the school environment through the teacher, pupil, therapist relationship. This triangular containment possibly provides a less persecuting environment then a dyadic relationship, something children with emotional difficulties can find intolerable.

Through analysis of the literature, I have established the importance of providing a secure base and an environment to hold and bear the child in mind; however, there is another secure base that needs to be established, one for the teaching and support staff. Bowlby (1988, p.11) reflects on the role of the mother in providing a secure base, writing 'In essence, this role is one of being available, ready to respond when called upon to encourage and perhaps assist, but to intervene actively only when necessary': this statement can be helpfully applied to the therapist/teacher relationship.

Part of a therapeutic team's input in a school environment is to gather up the individually

projections and understanding the impact of working with highly disturbed children on the

dynamic of the institution. Salzberger- Wittenberg, Williams and Osborne (Salzberger-

Wittenberg, Osborne, and Williams, 1993) make helpful contributions to understanding

educational dynamics. In her paper 'Understanding behavior: insight in the classroom and the

value of observation', Youell (2006, p.84) describes her work with teachers and the importance

of providing a space for staff to get a better 'understanding of their pupil or pupils but also to

support them in thinking about aspects of their own emotional experience as well as their

professional practice within their particular role'. Jackson (2005, p.15) writes about his

experience of facilitating work discussion groups in school as follows: 'it is through the

experience of being helped and listen more carefully to what is going on inside themselves that

teachers, in turn, develop the capacity to listen to their pupils with greater confidence, care and

insight'. Jackson considers how the work discussion group offered the teachers a space for the

teachers to connect with the feelings raised by their pupils and how their communication

relates to what they receive from the pupils. Music and Hall (2008, p.47) argue that

psychoanalytic ideas which the therapist may take for granted can often seem 'revelatory' and

'provide valued emotional respite for the beleaguered teacher struggling with huge pressures

and uncomfortable affects'.

The relationships progress between teacher/therapist to teacher/child and even to

child/parent: in the optimum setting this cascading of containment can work to provide a

strong triangular structure. Lanyado and Horne (2009) highlight the child psychotherapist's

specialist skills that are helpful in an environment such as an EBD school. She talks about how the therapists can provide containment not only to children, but also to the children's families and to staff. Lanyado and Horne (2009) go on to talk about the dynamics that 'inevitably arise amongst and between pupils, parents and staff due to the severity and often distressing nature of a children's needs' (p.259).

2c) *Education* versus *Psychotherapy* versus *Families*

Music (2008) talks about the similarities and differences between the role of the child psychotherapist in schools and the roles played in a therapeutic community. Shuttleworth (1999) pinpointed a particular dilemma which one might face within a school/therapeutic community: the dilemma of 'dual citizenship': the dividing loyalty belonging both to the psychoanalytic discipline and also to the institute one is placed within, in this instance an educational one. A therapist, for instance will have to adhere to a set of ethics and practices as well as meeting the school's expectations around areas such as confidentiality and safeguarding. This dilemma of a 'dual citizenship' is one that is highlighted in literature focusing on therapeutic/educational dynamics. Other more practical issues that arise have been highlighted by Keen, Olurin-Lynch, and Venables (1997) who describe in detail the organisational and professional barriers to multi-agency work between health and education. Salmon and Kirby (2008, p.111) talk about a comparable set of barriers that found voice within my own study:

'The differing roles and relationships that health and education have in relation to

children and young people and their differing statutory processes; professionals fearing

that they will lose their identity if they share skills; a general lack of understanding that

professionals from different backgrounds and agencies have about other professionals

ways of working; concerns about information sharing and medical confidentiality; lack of

agreement about the implications of a diagnosis; differing views about labelling, and the

tendency for individual agencies to become inward looking'.

Another issue that often arises is that educational and health professionals do not share the

same language (Costello-Wells *et al*., 2003).

French (1996, p.56) discusses conscious and unconscious messages conveyed in a school

therapeutic service. She points out that 'staff, parents, children and adolescents will have

differing conscious and unconscious reactions to a therapy service'. Varying reactions will also

impact on the varying expectations held for the therapy service. Halton (1994, p.11) suggests

'the psychoanalytical approach to consultation is not easy to describe. It involves understanding

ideas developed in the context of individual therapy, as well as looking at institutions in terms

of unconscious emotional processes…The psychoanalytically orientated consultant takes up a

listening position on the boundary between conscious and unconscious meanings, and works

simultaneously with problems at both levels'. Shuttleworth (1999, p.44) considers what a child

psychotherapist can offer in the 'context that feels genuinely useful and explore how our views

of what is useful might differ both from tasks we usually expect of ourselves in traditional clinical setting and also from what other people such as teachers might want and demand from us'. Moylan (1994) explores the projection from the general population for the NHS to 'keep death at bay' (p.55) and compare this to a community's expectation of an educational institute that children will be 'equipped and skilled to live in the society of the future'.

This overview of the literature suggests that a therapeutic team in an educational setting is very different to a more traditional setting. The majority of time is spent consulting with teachers, creating a supportive 'back up' role when life in school becomes particularly strenuous. This often happens around moments of transitions and endings, inevitable in school life. Splits might occur between the school, parents and therapist something not unusual when working in a triadic relationship. The literature therefore supports my own experiences of working within an educational setting, suggesting that these are shared experiences relating to the specificities of the environment.

My exploration into the dynamics between teaching staff and therapist found that educational staff possess varying views on psychotherapists being placed within the school. Some school staff appear to have an idealised perception of the therapeutic team within the school. This phenomenon is also identified within the relevant literature. French (1996, p.57) talks about how the therapeutic team can 'symbolize that of an idealised, resilient and dependable mother to whom one can turn, even in the most extreme moments'. Lanyado and Horne (2009) discuss

the idealised power of the therapist and the teachers wish for a 'quick fix' when sending their pupils to therapy. This can be related to Bion's (1961) concept of groups and his theory around 'basic assumptions' . When a group is 'off task' a 'basic assumption' occurs, which Bion suggests has its roots in uncontainable anxiety: a dependence takes over the group and relies on a 'leader' in this case the 'expert' therapist. Staff project all hope into the therapist, sometimes rendering them dependant.

Maltby (2008, p.98) helpfully contributes to this perspective, speaking of the difficulty therapists have in school in taking time to process: 'in a situation where there is much distress or pressure, in an environment where results are quantified in a very concrete manner and in which the expert is viewed as omnipotent, or enviable or suspect or just plain rubbish'. Being the 'expert' in this sense becomes contentious and a split inevitably arises between the two professions.

Through reference to the relevant literature, I have considered the tensions and differences between education and health and how a dichotomy between the two appears to be almost inevitable; however, it is also important to reinforce some of the similarities the two professions share. Referencing Schon (1979), French (1997, p.487) suggests 'teaching and learning are underpinned by the root or 'generative' metaphor of space. He states that 'all learning is determined by the physical, relational, emotional, intellectual, political and spiritual space in which it occurs'. French (1997, p.484) discusses how the 'relationship between learning

and the space in which it occurs is fundamental to psychoanalysis. It is here that a central family

resemblance is to be found between the figures of teachers and analyst'. Meltzer (1967)

Richardson (1967b), Salzberger-Wittenberg, Williams and Osbourne (1993) argue that the

setting depends on the aspect of the task; however, what the teacher and the analyst have in

common is the need to create a space to contain anxiety.

Waxman, Weist and Benson (1999) consider collaborations between mental health and

professionals from education, discussing how planning meetings and ongoing communication

contributes to the ultimate success of the collaboration: the authors also note that

professionals from different agencies should acknowledge that while they may share goals,

they may have differing approaches in achieving these goals.

2d) IPA and Psychotherapy

Before I focus on the literature concerning IPA and psychotherapy I want to give a broader

outline of IPA and present some general statements about its method.

Larkin and Thompson (2012) when describing IPA and its suitability in their chapter,

'Interpretative Phenomenological Analysis in Mental Health and Psychotherapy Research' state

that the subject matter should be of importance to the participant. They go on to write, 'This

means that samples in IPA are usually reasonably homogeneous; participants tend to have understanding of the topic at hand. Typically, this understanding is experiential – IPA is not usually used to study people's attitudes to issues that are of no direct relevance to their lives.' (p.103). They suggest,' An IPA interview is not about collecting facts, it is about exploring meanings' (p.104). These statements resemble aspects of psychotherapy; in fact one of IPA's cornerstones is the reliance of themes that emerge through exploration. It could be said the same applies to psychotherapy and the themes that arise out of time in the consulting room.

In his book *Qualitative Research in Counselling and Psychotherapy*, McLeod (2011) makes the point that there have been relatively few qualitative studies that have been published in the psychotherapy field recently compared to the large amount of quantitative studies. However, McLeod makes reference to two qualitative studies that have made an impact on the psychotherapy profession and goes on to talk about the 'appreciation of the value' (p.16) qualitative studies bring to the profession.

Historically, psychoanalysis has relied on qualitative research methods. Although he wrote many purely theoretical papers, Freud relied on the *case study* in order to formulate his theories. It was the abundance of material produced within the therapeutic exchange between therapist and patient which led to Freud's most powerful theoretical developments; for instance, in a 'Fragment of an analysis of a case of hysteria' ('Dora's Case'), Freud's (2001c, p.118) acknowledged *failure* to address the complexity of Dora's response to him led to his

development of the concept of transference, a concept remaining at the heart of psychoanalytic practice. Psychoanalysis as a discipline relies on the uniqueness of the encounter taking place in the room, and does not lend itself to statistical quantitative assessment. It is undoubtedly this aspect that has led to its dismissal by some mental health professionals, particularly in the field of clinical psychology. Dominant clinical models focus upon solutions: Cognitive Behavioural Therapy sets particular goals and outcomes to be achieved within a specific timeframe. This mode of therapeutic thinking and intervention appears to be mode geared around the needs of a Capitalist society, in which our ability to work and function is prioritised. Psychoanalysis places the emphasis in a slightly different way, thinking about the patient reaching a state of 'ordinary unhappiness' (Freud, 2001a, p.305) or a 'good enough' place (Winnicott, 1953). The material is complicated by dealing with both conscious and unconscious realms of experience, along with the possibility that the idea of the 'cure' is an illusion.

In reviewing the literature associated with my own subject area, I found a paucity of qualitative material, particularly in regard to IPA being used directly with patients undertaking psychotherapy. According to Larkin and Thompson (2012, p.17) 'Only one IPA mental health study to date has been commissioned and conducted by service users'. IPA, however, has been used in other ways connected to the discipline: for instance a study conducted by Fragkiadakll *et al*., (2013), 'The path towards a professional identity: An IPA study of Greek family therapy trainees', was used to gather the experience of psychotherapy trainees on the island of Crete. There are few qualitative studies produced after 2012 relating to child and adolescent

psychotherapy. A qualitative study pertinent to Child and Adolescent Psychotherapy that has

been well documented is the IMPACT study (Goodyer, *et al*., 2017); however, the method was

Framework Analysis as opposed to IPA. One of the IMPACT studies aim was to evidence the

effectiveness of psychotherapy treating young people with depression. It was in response to

other evidence based therapies such as CBT.

In researching more widely and including adult psychotherapy in my search I located a recent

study using IPA that has clear similarities to my own research: Bertrand-Godfrey and

Loewenthal's (2011) paper, 'Delivering therapy in prison: An IPA study researching the lived

experience of psychotherapists and counsellors'. The study sets out to capture the lived

experience of therapists working with prisoners. The sample size was eight participants, chosen

purposefully according to their varying clinical and personal backgrounds; all interviewed using

semi-structured interviews and idiographic methods, allowing in-depth analysis of the

transcripts. The researchers state clearly that IPA represents a 'perspective' as opposed to a

population (p.342).

However, the authors' narrow choice of participants may well have contributed to the

production of the themes located within the data; it is notable that four out of the eight

interviewees work in London, one in the South-East, while only three are based in the North of

England. There were no participants from the South-West of England, Wales, or Scotland

(bearing in mind the study's title does not delimit the research to England). This London-centric

approach is problematic, creating a slanted view of therapy within the *London* prison system, as opposed to therapy located in prisons more generally. Further analysis of the systemic conditions of prison life across the country (clearly beyond the scope of this literature review), would be required to determine what kind of differential in the result would have been produced with a more representative sample. It is also noted that the authors do not reflect on this limitation.

Further, Bertrand-Godfrey and Loewenthal do not give a detailed account of the IPA method through which they identified the themes. The study does not reflect openly on what they, as researchers, may bring to this process of analysis through the hermeneutic process. This undermines the rigour of their research findings. However, the authors' in-text quotations and the material found in the appendix successfully give a sense of the original material, and allow the reader to assess the validity of the super-ordinate themes which they identify. It is a strength that all five themes relate to the original material presented, and helpfully illuminate the complexity of therapy being located in a prison environment.

Bertrand-Godfrey and Loewenthal (2011) identify similar limitations and obstacles to the location of therapy in a prison setting as those I previously discussed in relation to schools, such as the therapist having 'dual citizenship'. The authors observe that 'The lack of allocated rooms, blurred time boundaries, the predominance of security matters and their impact on

confidentiality and the transfers of prisoners at short notice are just a few of the issues that the psychotherapist who comes to work in a prison will have to face' (p.340).

Additionally, prisoners' complex needs, as well as the impact of imprisonment on their ability to engage in a reflective process, may require an aptitude to resilience as well as to some flexibility on the part of the professional (Huffman, 2006). I do not wish to imply that the school in which my study was carried out was akin to a prison environment; however, some of the working conditions and the professional dilemma's faced in the prison also occur in work in schools, particularly EBD schools where the population can be transient.

Due to the small amount of research directly related to my research question, I widened my search from psychotherapy to include other therapeutic disciplines using IPA as research method. The brief search suggested a large amount of psychology studies using IPA. My findings were supported by Smith and Osbourne (2015) who state, 'There is now a very large corpus of research studies applying IPA in psychology and also in cognate disciplines.' (p.42). This includes studies exploring the lived experience of teachers and pupils in educational settings, particularly doctoral studies such as Goodall (2014) and O'Shea (2018). However, no IPA studies were found which examine the lived experience of teachers working in tandem with a therapeutic service.

In conclusion, the Literature Review has shown there are relevant studies intersecting with my area of study. The research on the school as a secure base/space was vital to the development

of my thinking, creating a touchstone for my thematic analysis. The theory of dual citizenship

(Shuttleworth 1999) was an important one in framing how the study was negotiated. However,

there is a lack of previous research in my precise area: namely, the provision of therapeutic

services in EBD schools, and the lived experience of teachers and pupils in relation to such

embedded therapeutic services: this study is therefore an original one. The prevalence of

doctoral studies using IPA speaks to the strength of the method for individual researchers with

limited resources.

Chapter 3

Methodology

3a) Method design

My research is concerned with gaining an insight into the lived experience of the school

community surrounding the pupil population in therapy, which in this case is 25% of children

educated at the school. For this reason, I chose to use Interpretative Phenomenological Analysis

(IPA). IPA is a qualitative analysis with an emphasis on psychological interest (Smith, Flowers

and Larkin, 2009). The vast majority of published IPA work is in the field of health psychology

(Smith, Jarman and Osborn, 1999). Tuffour (2017, p.1) suggests that 'its emphasis on

convergence and divergence of experiences, as well as its mission in examining detailed and

nuanced analysis of the lived experienced of small number participants, is particularly appealing

to many researchers'.

It is through IPA 'the researcher is trying to make sense of the participant trying to make sense

of what has happened to them' (Smith, Flowers, and Larkin, 2009: 3). Smith, Flowers and Larkin

discuss how this is combined with the researcher's subjective process of reflective

interpretation. As Larkin and Thompson (2011) point out in their paper, 'IPA in Mental Health

and Psychotherapy Research', 'the outcome of a successful IPA study is likely to include an

element of giving voice' (p.101). Giving voice to the staff's experience is at the crux of this

study. The method also lends itself to opening other avenues of exploration which link to the

overall aims. It allows the researcher, in this case myself, a central role in the process, and the

chance to engage with the process. Willig (2008) talks about how observations made during

analysis of the participants' accounts 'are necessarily the product of interpretation'. Taking this

into consideration it was important to keep the boundaries of the task in place, as there was a

risk of interviews veering toward therapeutic sessions.

3b) Interpretative Phenomenological Analysis

I have used IPA in a slightly different way to how it is traditionally used. In this case one might

think the method should be focused on the patient: the pupil. However, the aim is to get a

better understanding of how others, in this case the staff around the pupil, feel they are

developing.

IPA draws on three strands of philosophical thought: the study of experience, named

Phenomenology; Hermeneutics, the theory of interpretation; and finally, Idiography, explained

by Smith *et al* as the emphasis on the particular rather than the general (Smith, Flowers and

Larkin, 2009, p.11-39). It is obviously beyond the scope of this thesis to explore these

philosophical strands in depth; however, what I want to emphasize is that the subject's point of

view, his personal vision and experience of the world, is prioritised.

I used an IPA method to identify ideas, themes, and perspectives across the transcribed

material. Using this method allowed close attention to the data, aspects of which are eventually

identified as themes followed by higher-level patterns in the material. IPA is widely adopted in

child psychotherapy research and educational research and it therefore made sense to use it

for this research. Through this method, I gained an understanding of the varying perspectives of

the school community. However, it is important to add that the IPA method is subjective and no

two analysts will analyse the data in the same way. This for some critics will raise questions

around reliability (Golsworthy and Coyle, 2001). This could be perceived as a limitation to the

analyses. Moreover, there are longitudinal questions concerning the efficacy of psychoanalytic

psychotherapy in schools, which this approach cannot address.

3b Samples

IPA sampling criteria focuses on small and purposive samples (Reid, Flowers, and Larkin, 2005;

Hefferon and Gill-Rodriguez, 2011). This small study consisted of 8 participants (3 males and 5

females), which included members of staff from the school's three departments (Early years,

Primary, and Secondary), a kitchen staff member, and the EHCP Reviewing Officer. Participants

were chosen due to their contact with pupils in therapy. In IPA 'participants are purposefully

sought out and selected because they have something to say about the phenomenon under

study' (Smith, Flowers, and Larkin, 2009, p.49). This selection process might be at risk of being

biased; however, I required a sample that had understanding of the therapeutic service and

pupils in therapy, past and present. This, in the research field is seen as a 'convenience sample'

(Ritchie, Lewis and Elam, 2003; Fick, 2009; Bryman, 2012) as I had an established relationship with the participants. Due to the size of the study and the importance on selection the participants 'represent a perspective, rather than a population' (Smith, Flowers and Larkin, 2009, p.49).

I was also aware some of the patients I had treated were in contact with the participants selected. This was thought about during the setting up process. The concern here was participants' responses may have been censored as a result of my involvement as therapist. This was taken into consideration during the interviews and openly acknowledged by the participants and myself.

Although questions of bias are raised in the sample selection the central theme of IPA is to receive a lived experience, therefore the sample selection reflected participants who are informed. Morse (1998) points out that the interviewee should possess specific attributes, summarised by Flick as follow (2009, p.123): 'They should have the necessary knowledge and experience of the issue or object at their disposal for answering the questions in the interview…They should also have the capability to reflect and articulate, should have time to be asked…and should be ready to participate in the study'.

3c Interviews / Recruitment

To gather my data, I used individual semi-structured interviews consisting of nine questions.

Smith and Osborn (2003) suggest semi-structured interviews are an exemplary method for IPA.

This interview method differs from structured and unstructured interviews. Unlike structured

interviews the approach allows the interviewer to probe, expand and ask further questions

relevant to the primary question (Arthur and Nazroo, 2003): 'The researcher will ask an initial

question in such a way as to encourage the interviewee to talk freely when answering the

question' (Legard, Keegan and Ward, 2003, p. 141). My choice of interview structure and

method was led by the freedom to explore, enquire and expand the thinking. It gave the

participants a focal point but also a license to go with their thoughts.

As mentioned earlier in the thesis, I wanted to think about the pupil's social and educational

development, so the interviewees comprised of staff from the entire school community: this

selection choice was intended to give a holistic understanding of pupils in therapy. Alexander

and Clare (2004, p.82) suggest this way of interviewing as, 'collaborative, emphasising that the

participants were the primary experts' (p.82).

The setting up of the interviews spanned two academic terms. During my preparation I was

informed the therapeutic service would be ending at the end of the academic year. With this in

mind I had to expedite the study. This put pressure on the process, which is taken into

consideration in my discussion and findings, particularly as the staff were aware of the closure.

After consulting with senior school management I contacted the eight participants I identified with an email outlining my study. I attached a poster and an information sheet setting out the study in detail (see Appendices A and D). All eight participants responded within a week and agreed to be interviewed. The relative ease of recruitment was, I believe, partly down to my established relationship with the school staff. I also felt there was something about giving back to the service, particularly with the news it was ending. My initial email was followed up with another explaining the interview process, confidentiality, and a proposed time and date for their individual interview. I attached a consent form and interview schedule. I received all eight signed consent forms before the interview days. I invited the participant to contact me with queries; however, this was not taken up by any of the interviewees. Due to the service being up for tender this added to the pressure; there was no leeway for rescheduling or interviewees dropping out from the research. If the service had been recommisioned, this also would have placed a differing context around the interviews.

The interviews took place one-to-one over two days, the average interview lasted 30 minutes. The participants were given the interview schedule (see Appendix B) a week before their interview date. My rationale behind this decision was to allow the participant time to reflect on their experiences. I asked them to focus on a limited number of pupils in order to help them formulate their thoughts. All interviews were recorded by Dictaphone after receiving consent from the participant (Gray, 2014). As stated in my information sheet all recordings were secure and kept in a locked cupboard.

Due to the varying roles of the participants, I adapted the questions slightly for the interviewees who did not work academically with the pupils. I was aware that as a colleague in the school the freedom of the interviews to share experiences fully and transparently would be shaped by the fact I already had a relationship with the participant. I reflect on this in the discussion and remain sensitive and alert to it when thinking about bias.

My interview schedule was designed to allow the participant to respond with a certain amount of freedom. It allowed for follow up questions, which could orbit the original question. These follow up questions were not structured and asked from an inquisitive place. Arthur and Nazroo (2003, p.124) suggest these questions cannot be set prior to interview: 'Since their wording and use depend on what the participant has just said' An interview is also alive – a dialogue, not a monologue.

3d) Data Analysis

Here I describe how I analysed the data using IPA techniques. I will outline the practicalities of the analysis and the advantages and disadvantages of deciphering the data. I highlight the importance of themes and the complexities of identifying them.

To create my analysis, I first made a table and placed the transcript on one side, and the exploratory notes on the other. Using the examples in Smith, Flowers and Larkin (2009) as a guide, I focused on three levels of interpretation: 1. Descriptive (plain text in the table): I clarified exactly what was going on at key points in the transcript. 2. Linguistic (italicized in the table): I began to think about the dialogue between the two of us, and how the nature of the participant's speech – and lack of speech – exemplified an understanding and interpretation of their experience. 3. Conceptual (underlined in the table): I began to think about the way in which the participants made sense of the experiences. In this latter phase, the themes were beginning to emerge. I then created a new column, and identified these themes as 'subordinate themes', noting how they shifted and morphed through the session. I then created a table and clustered the subordinate themes, placing them under 'superordinate theme' headings (see table 1:1). The 'superordinate themes' form the basis of the findings and subsequently the discussion that follows. This process allowed me to create connections and links across the material and I began to get a better understanding of the data. Smith, Jarman and Osborn (1999) talk about how the creation of themes should not only be based on prevalence, but also take in factors including the eloquence and immediacy with which passages exemplify themes. The researcher should also consider how individual themes assist in the explanation of other aspects of the account. As Smith, Jarman and Osborn (1999) point out, the selection of themes can be biased in order to suit the researcher's aim: Smith and Osborn's (2003) guidelines suggest that the researcher should be mindful of this and able to distinguish between the researcher's account and the participant's.

This research also raises a wider question as to how we should measure pupils' progress in educational settings, to what extent should specific outcomes be measured and how possible is it to do so?

3e) Ethics and Confidentiality

Ethical considerations are a priority in all research and needed to be considered through every step of this study's progression. Flick (2009, pp.36-7) states that ethical practice 'regulates the relations of researcher to the people and fields they intend to study'. She goes on to say, 'the research should avoid harming the participants, including not invading their privacy and not deceiving them about the research aims' (*ibid*.)

Prior to starting the interview process it was an ethical requirement to seek permission from the school management. I met with senior members of staff outlining the study. On their satisfaction I received a letter of permission from the head of school (see Appendix C). Following permission from the school I contacted the NHS Research and Development department (NOCLOR) who reviewed my proposal and advised I did not need to seek approval from NREC. The reason provided being that I was not interviewing patients, in this case, the pupils. I was directed to seek final permission from my NHS Research and Ethics Committee who deemed the study ethical.

My research had to consider the ethical codes of the school and the NHS. This took some

negotiation as the codes differed. It was made slightly easier by the fact I was not interviewing

pupils or focusing my interview questions on any particular patient in the school.

Chapter 4

Results and Analysis of Results

In this chapter I present the interview structure, listing the research questions I asked and then moving on to give a brief description of my overarching thoughts and observations of the analysis and how I as the researcher participated and felt during the process. The setting out of the superordinate and subordinate themes, which are presented in a table, follows this. Further to this, I present an additional table linking the themes to the individual participants. I discuss how I captured the superordinate theme using clusters of subordinate themes as scaffolding. It is important to note here that I did not determine the importance of a superordinate theme simply through its frequency, but rather through reference to its relevance to my overall enquiry: I discuss this more fully in the following section. It should also be noted that in creating my analysis I weave my own psychoanalytic understanding into the participants' own understanding of their experiences and, by extension, the experience of the pupils undergoing therapy. In the final part of this chapter, I present each superordinate theme and give the findings of my analysis. For the first three superordinate themes, I analyse each subordinate theme separately; for the final two, I evaluate the subordinate themes together, as I decided that these themes would benefit from a less anatomized approach. I attempt to present a full narrative account, which is, 'comprehensive, systematic and persuasive' (Smith, Flowers and Larkin, 2009, p.109). I attempt to use all participants' voices when doing so and will be guided by the IPA methodology. All names used are pseudonyms.

4a) Research Questions

The nine questions asked in interview were as follows:

- **Have you seen a difference in the children's behaviour in class since they began therapy?**

- **In your opinion can the children in therapy manage frustration better now than they did before treatment?**

- **Has the quality of their attention in a group or one to one got better or worse?**

- **Are they able to use words to communicate how they are feelings, as opposed to acting out?**

- **Can they share their thoughts in a less impulsive way but also take thoughts in from others?**

- **Have the children become more likeable in your mind or have there been other feelings stirred up in you / peers?**

- **Have you seen a difference in how they relate to others, adults and peers?**

- **In general do you think psychotherapy is supporting your outcomes for the children?**

- **What do you know that I have forgotten to ask?**

4b) Overview of superordinate themes

My findings from the IPA analysis of eight school staff's lived experience of a psychotherapy service identified five superordinate themes (see table 1.1) which were borne out of a number of sub –ordinate themes (see table 1.1) gathered over the course of the analysis. An overarching observation that is striking without being surprising is the similarities in answers and themes arising from each interview. There were of course variations, which I will unpack later; however, it appeared that there were particular points of view which could be deemed

institutional. Smith, Flowers and Larkin (2009) consider the likelihood of recurrent themes with a large participant population. However, my sample size was not out of the ordinary and remained in the guidelines of an IPA methodology. This made me question my interviewing technique and wondered whether I could have been more rigorous in my follow-up questions. I also queried whether I was searching for continuity, through possible over-interpretations. This is something I return to in my Discussion, but felt it important to raise this issue before the analysis is presented.

I present a brief synopsis of each superordinate theme to support the reader in understanding how they were chosen and therefore granted a higher level of meaning from the clusters of subordinate themes below. Following this is table 1.1 which supports my decision and lists the subordinate themes. In this Chapter, I have ordered the superordinate themes by considering their importance to the overall enquiry. I have not worked on the premise that the theme's prevalence is a simple reflection of significance. I decided to order the themes in terms of how relevant they were to my research question – how effectively did they address the key issues. By doing so, it could be suggested that I prioritise my own hermeneutic lens over and above the lived experience of the staff members; however, this dualism between the lived experience and the hermeneutic process is embedded within the very structure of IPA since the interviewee does not interpret their own transcript. To reflect on this further, I identify the themes of 'Seeing the difference' and 'Clearing up the mess' as powerfully demonstrating the complexity of placing therapy within an EBD school; the four other superordinate themes helpfully amplify these key threads of thinking.

'Seeing the difference' captures the participants' experience of noticing, often very small shifts in a pupils' behaviour and learning when in therapy. Staff made reference to that fact that pupils may use words instead of actions, pupils may share more with others, and improvement in listening or simply sitting still could be observed.

'Clearing up the mess' captures the participants' experience of staff managing pupils stirred up feelings before, during and after a therapy session. Staff felt like they were being left with a therapy issue, often disrupting classes and other pupils. Resentment to the therapeutic service grew during these periods.

'Wider School Ethos / Alliance' Captures the experience and view of the participant's experience of the therapy service as part of a larger therapeutic approach the school promotes. The substantial experience is that the service is just a 'cog in a bigger wheel'. The other part to this is how the school experiences the parents as part of the wider ethos, often being seen as damaging as opposed to supportive.

'Understanding the therapeutic journey' captures the understanding, experience and observations of pupil's individual journeys through treatment. Staff reflected on how pupils 'fluctuate' or regress before developing.

'Staff containment' captures the experience of the participants' feelings of containment provided by a therapeutic thinking space offered by the therapeutic service. Some of the participants felt they were able to understand the pupils better with therapeutic input, making them 'more likeable'.

Superordinate & *Subordinate Themes* **(***Table 1.1)*

Seeing the difference	Clearing up the mess	Understanding the Therapeutic Journey	Wider Ethos/Alliance	Staff Containment
Behaviour in and around school	*Staff left with 'fall out'*	*Fluctuation in mood*	*Combination of things – 'part of the package'*	*Understanding pupils in a Different way*
Words, not actions	*Concentration dropped*	*Noticeable difference after break*	*Team around the child*	*Offloading*
Positive Relationships	*Clash of Cultures*	*From uncontained to contained*	*Consistency across the school*	*Difficult feelings towards pupils*
	Stirred up and Angry	*Sleeper effect*	*Parents are the missing link*	*Relieve when pupil is in therapy*
			Without parents support the input is void	
			Parents suspicious of school / therapy	

Superordinate Themes Linked to Participants (*Table 1.2)*

	Seeing the difference	Clearing up the mess	Understanding the therapeutic journey	Wider ethos / Alliance	Staff Containment
Emma Primary	x5	x1	X5	X1	x1

years teacher					
Jen Head of early years and primary	x10	x5	X6	X10	X5
Larry Newly qualified primary teacher	x10	x3	X6	X8	0
Edward Head of secondary school	x5	x6	X5	X8	X3
Eileen Safeguarding lead	0	x4	X7	X8	X3
Oliver School cook	x6	x3	X10	X4	0
Naomi Reviewing officer	0	x3	X1	X6	0
Yemi Primary years teaching assistant	x4	x5	X9	X7	0

* The figures represent the frequency of each superordinate theme in the analysis of each interview.

4c) Analysis of Superordinate and Subordinate Themes

Superordinate theme 1 – *'Seeing the difference'*

This superordinate theme relates to the participants' experiences of pupils in treatment,

focusing on the differences staff were able to perceive in educational and social terms. As Table

1.1 indicates, the first subordinate theme that scaffolds the superordinate theme of 'Seeing a

difference' concerns the improvement perceived in pupils' behaviour in and around the school. The second subordinate theme explores how the pupils can start to use words instead of actions; the teachers' experience that therapy helps pupils express themselves rather than acting out. The final subordinate theme is the pupils' growing capacity to have positive relationships, specifically in terms of the improved social relationships the pupils start to forge since entering therapy, both with their teachers and peers. (It is noted that positive relationships with parents are not identified as a theme – I shall return to this point in my Discussion.)

As Table 2.2 shows, there were clear divergences in thematic emphasis dependent on the roles staff held within the school. It was notable that two of the interviewees did not make reference to any of the subordinate themes which scaffold the superordinate theme of 'Seeing the difference'. It is likely that this is a result of their respective roles within the school, one being the Safeguarding Lead, and the other an Education, Health and Care Plan Reviewing Officer: neither of whom would see the impact of therapy upon pupils within the classroom.

It was noticeable that the leadership staff referred more frequently to the '*behaviour in and around the school'* subordinate theme, their particular area of concern. Staff in the Early Years and Primary School shared their experience of how pupils in therapy could come to use their words rather than (often violent) actions to express themselves. The Early Years and Primary Staff appeared to have a shared experience of psychotherapy making a difference, socially and

educationally. Interestingly the majority of participants made reference to the psychotherapeutic 'sleeper effect', sharing their experience of pupils continuing to develop long after their treatment had ended.

Subordinate Theme - *'Behaviour in and around the school'*

Jen, the Head of Primary and Early Years describes her experience of a particular child she taught whilst substituting for an absent teacher. Jen's experience below was not uncommon in the majority of the interviews:

I remember being his class teacher for a while, he was just so unsettled, so self-conscious, so he would've chosen to hide under a table if he could have done all day, every day, come out for a quick run round then get back under whenever he was asked to do something, and now this boy, I know he's not in therapy now, but he's functioning like a typical Year 6 child in his class: he's engaged, he's writing, he's talking, he's not under tables –yeah, he's a real success story. (Interview 6- P.10 – Q3)

This is a concrete example of a 'difference' between the start and the end of treatment. Jen's language and descriptions of behaviour are vivid, from hiding under tables to being able to

'function' in school. It also gives a sense of the chaotic behaviour teachers are exposed to, something Jen, as a leader might not be exposed to so directly due to her position.

The language seems to be appreciative of the therapeutic intervention – the therapy appears to stand on its own rather than being added to the overall ethos of the school. There is also reference to the psychotherapeutic 'sleeper effect', acknowledging this particular pupil is no longer in therapy but continuing to develop, suggesting an understanding of the therapeutic process and approach.

Something both Heads of School considered was how therapy helped pupils leave some of their projections in the therapeutic room, allowing them to return to class and learn. Edward, who is head of Secondary School, describes the following:

There are times when it's been noticeable that students are able to, as I would describe it, leave something in the therapy room, and then focus a bit more successfully, or get into lessons more. (Interview 7 – P.3 – Q1)

Edward's discourse here creates the feeling that for Secondary pupils the Head's concern is ensuring they are in school to learn, giving a sense that education supersedes therapy. However, in the description above there is an acknowledgement that therapy can contain and allow something to be 'left' with the therapist but this seems to be only on occasion. The

difference between the language used by the staff involved with Secondary as opposed to Early Years and Primary becomes stark. Secondary language leans towards behaviour management whilst the language used by the Early Years and Primary School staff appears more therapeutic.

An observation that linked Secondary and Early Years together was the staffs' experience of observing the pupil's newfound ability to reflect on past behaviours. Edward and Emma, who is an Early Years teacher described the following:

Sometimes they can be more struck by if something happens to someone else or somebody's done something that they used to do – it's almost as if they look on and think, "Oh, I used to do. (Interview 8 – P.13 – Q5)

Edward's described his experience in the following terms:

I'm sure this is connected to the work that's gone on in therapy – their ability to understand and empathise and even advise at times other students who are struggling is noticeable. (Interview 7 – P.14 – Q5)

There seems to be a shared experience here, which was not always so obvious in other areas of the interview where Early Years/Primary and Secondary are both expressing a particular

element of behaviour change that has been directly linked to the pupils' time in therapy. The language used differs: Emma's description originates from the pupil, while Edward gives his experience from an adult's perspective; however, the message is the same.

Subordinate Theme – '*Words not Action*'

All staff working with Early Years and Primary made reference to pupils' improved ability to verbalise thoughts and feelings. Oliver, who worked in the kitchen, also made reference to this in his experience of working with the younger age ranges. The impact of this difference was seen through the pupil's ability to communicate in the classroom and socially with their peers. It also lowered exclusion rates in some of the staff's experience and allowed clearer communication between parent and child.

Yemi, a teaching assistant with many years experience at the school shared her experience:

You can often see them being more willing to use words, as opposed to showing you something, they'll tell you something, and I think sometimes it's that getting use to talking about a thing, as opposed to letting it swim round in your head, and distracting. (Interview 4 – P.3 – Q1)

Yemi's description is reflective of her experience of working directly with the children as opposed to offering-up a more generic description. Her use of language sets the scene, particularly her vivid description of thoughts 'swimming round in your head'. In Yemi's extensive experience she has noticed a shift, maybe only someone in close contact with pupils might notice. She is in favor of the psychotherapy team's approach, understands it takes time and values the process.

Emma, an Early Year's teacher has had similar experiences to Yemi; however, her use of language is quite different:

There's definitely a value around words and I think that sometimes the strategies that they've used for a long time, and not even, you know, been unconscious – there's more of a conscious thought, like, a change. (Interview 8 – P.11 – Q4)

Emma talks about 'value around words', which is something not only the psychotherapy service value but Early Year's staff often refer to in their lessons. Emma also talks about strategies; perhaps she is referring to defenses and goes on to mention 'unconscious and conscious thought'. This language is psychoanalytic in its nature suggesting that there has been an internalisation of therapeutic theory. Perhaps for Emma, therapeutic thought and language is as important to her as it is to the pupils.

Larry, a newly qualified primary teacher, describes his understanding of using words to work through some of the trauma pupils carry around with them internally:

I can definitely see the link between psychotherapy and finding the words, especially when you think about the young people that you know they struggle to verbalise and express a lot of the trauma that they've been through, on a daily basis. (Interview 3 - P.20 – Q8)

Larry's experience is that psychotherapy does support the child's learning outcomes in promoting the use of words not action. He presents a teleological sequence of growth: trauma, using words, and a decrease in violent behaviours.

Subordinate Theme – *'Positive Relationships'*

Improved relationships was experienced by the Early Years and Primary Staff, more so then the secondary school, who as mentioned earlier tended to focus their experience on behavioural management. It was evident from all staff in contact with the younger age ranges that shifts in relationships was something important in their experience of working with the pupil and was part of the wider departments ethos.

Larry, a newly qualified primary teacher describes the following experience:

They're confident in themselves to do things like speak or express themselves or to listen to follow instructions, it's kind of only really helped us adults kind of help them even more, so there's been a difference in the relationship between the students and the adults in the classroom. (Interview 3 – P.18 – Q6)

Larry was able to say he felt the pupils had become more likeable. This affirmation is made through Larry identifying the improvement of the relationship between students and adults – the pupils have accepted help, and this makes them more likable. Larry is suggesting the psychotherapy service has not only helped the pupils but also inadvertently helped the staff strengthen relationships. His language suggests permanency, a shift in how pupil and staff relate to one another.

Emma experiences the benefits of the relationship between therapist and pupil in her description; later on in the interview she suggests the relationship formed in the therapy room 'helps the relationship between herself and the pupil':

I think the fact that when they have something that is the same, and it's there, an hour that it's valued, they can consider that they're a valuable part of it, can't happen without them.

Because he was meeting you as another person that valued him, that, you know, he'd have to

talk about not seeing you. (Interview 8 – P.19 – 7)

Emma acknowledges the therapeutic framework here, something that has not been

commented on before. In her description it paints a picture of a containing environment for the

pupil, Emma might also be suggesting this is a containing presence for her too.

Emma uses modulations of the term 'value' through the account of her experience. The therapy

is granting the children value, and therefore by implication is of value. Emma has used the

word 'value' in previous responses which suggests she values the work of the psychotherapy

team and the difference it can make to relationships.

Working in the kitchen, Oliver, who is in contact with all age ranges in the school, takes up a

different position to teaching staff when sharing his experience:

I think the type of children we work with, they don't get that, that one on one, and that just

have to talk, a lot of them come from environments where it's just are they being ignored, or

just being completely shouted at, there's nothing in-between, so I think certain amount of, 1-

2-1, a little bit of love can be a big benefit to children, and to anyone really. (Interview 5 –

P.13 – Q5)

Oliver shares his experience in generic terms; he has little knowledge of who is being seen by the psychotherapy team but shares a similar ethos with the service and the school. He was unable to give specific examples but through his own description shows he understands the importance of relationships and the value of one-to-one time in helping to contain the pupils, and in his words 'benefit the children'.

Superordinate theme 2 – *'Clearing up the mess'*

'Clearing up the mess' is reference to one participants experience of preparing or receiving pupils returning from a therapy session. The overall experience is that staff sometimes felt 'left with the issue'. Descriptions of pupils returning stirred up and unable to learn was prevalent in the staff's experience. They were often left to calm the pupil down or felt obliged to entice a reluctant patient to the therapy room, causing disruption to the classroom and the wider school community.

The superordinate theme was formed through three subordinate themes. The first subordinate is 'Disrupting the class'. This was a common theme for all teaching and leadership staff. Their experience suggested a strain on resources, relationships and threatened the equilibrium of the classroom. The second subordinate theme focused on a 'clash of cultures'. This was

experienced by all but one member of staff (Oliver) and related to a tension between how educational staff balance the therapeutic approach, supporting the psychotherapy team, while maintaining a level of behaviour management in line with the school's expectations. Staff often felt compromised and unable to focus on their central task of teaching. The final subordinate theme is 'Aggression'. The experience of facing aggression as a result of a pupil being stirred up in therapy was not widely represented in the staffs discourse directly; however, I think it is an important area that should not be overlooked. As a member of the psychotherapy service I was aware of a high level of aggression in the school. Perhaps aggression was something to disturbing to think about in the interviews and was avoided by the majority of the staff.

**Subordinate Theme – '*Disrupting the class'*

Yemi, who is a teaching assistant, shares her experience of therapy 'causing problems':

Thinking back, because I've been here, this is my 15th year and sometimes particularly early on in the process it can actually cause problems, particularly on the day of their session, and afterwards, or even sometimes the day before, because they know it's coming. You'll get the reluctance to go, and then you'll often get the fallout when they come back. (Interview 4 – P.3 – Q1)

Yemi was keen to let me know about her experience, telling me she has been at the school, managing issues like this for the past 15 years. She has an authority on the matter. She also has experience and an understanding of the therapeutic process and the patient's mental state fluctuating during treatment.

Yemi states treatment can cause 'problems': there is a 'fallout' on their return, suggesting the pupil is unable to think, take in and learn. However, she talks without an accusatory tone, she understands this is part of the 'wider ethos' and there is a recognition of an 'alliance' between education and therapy. It is a struggle during these transitional periods, however she experiences it as part of her role as a teaching assistant.

Yemi's experience was shared by all Primary and Early Years' staff, the transitional period between class and therapy was something the majority of participants made reference to and found difficult to manage. Jen, the head of the Early Years and Primary department describes her experience at a more managerial level and talks about pupils 'disrupting the department' in between class and therapy:

Some children really struggle to engage with the therapy and it's quite disrupting in the department in terms of them being out in the corridor as we have a rule where if they're not in the therapy session and it's their allocated time, then they need not to be in the classroom as well, so it is disruptive. (Interview 6 – P.3 – Q1)

Jen makes reference to a pattern she has seen between struggling in therapy and disruption in the department. She is talking on behalf of her staff when she describes difficulties when pupils refuse to attend – responsibility gets lost in the *space* between therapy and school. The corridor seems to represent the *space* between class and therapy room – who owns this space in the child's mind. Jen talks about a department rule for children that do not attend their therapy – this is a clash in cultures and thinking. There is a difference here between class staff and leadership in their experience.

Yemi gives a lively description of the issues around disputed *space.* 'The corridor' was the scene for a number participant's experience of disruption in school. There was a feeling in some quarters, the staff, in particular the secondary school staff were 'doing the work of the therapist', having to escort the pupils to therapy. Yemi's related her experience as follows:

We couldn't even get them up the corridor into here. And they weren't little, they were quite big by this time. And that became a problem for a time. But we managed to find a way round it, and in the finish they bought into it and it was ok. (Interview 4 – P.13 – Q3)

Yemi uses humour here to describe an almost daily struggle with pupils to get them to therapy. This caused tension between the education and the psychotherapy team. School would punish

the pupils that refused to go which challenged the psychotherapy team's ethos and highlighted a 'clash of cultures'.

Subordinate Theme – '*Clash of Cultures*'

The following vignette is an extended description of Eileen's (Safeguarding Lead) an experience she shared of education and therapy clashing. It gives a vivid description of an internal struggle a pupil was left with after therapy:

I can think of somebody who there's a marked pattern of something that happens after therapy, which is making him very unsafe, and it's directly linked to therapy. It's making me feel uncomfortable because I'm very much in favour of therapy, as you know, I said that when I pushed it, and flogged it, you know, but there comes a point where I am compromised over my role as keeping a child safe, and my other feelings about keeping him having therapy. So I'm conflicted internally myself, so I feel that there is a bit of a battle. We have enough battles around children, the battles shouldn't be. For me, why is therapy a battle, it shouldn't be a battle, it should be – yes, sometimes children feel resistant to it and we have to help them to get there, but if it's so much of an effort and so awful and so hard, and kind of makes a child act hugely compulsive afterwards and put themselves in danger, is it ok? That's my question.

I'm not saying it is or it isn't, I'm saying, is it ok? I think that's the answer to that. (Interview 1 – P.23 – Q7)

Eileen is referring to a particular pupil, holding therapy responsible for making them feel 'very unsafe'. This is powerful language, directly challenging the therapist's ability to contain. Eileen referred this pupil to the service and feel's a sense of responsibility for their wellbeing. Does she feel guilty about her role in this, after 'pushing and flogging for it'? Is it the school's responsibility to keep the children safe, not the psychotherapy service? Somehow, in Eileen's experience it seems difficult that responsibility can be shared. There' a sense here of the experience being 'black' or 'white' – if a pupil is unsafe then they must be removed from the unsafe situation – Eileen seems to be taking up her position as safeguarding lead – an alliance seem out of reach.

Eileen continually uses the word 'battle' to describe the pupil's struggle, the school's, and her own. The discourse changes here and a more empathetic tone is used about the situation. She talks about her own internal conflict, which of course is why the psychotherapy service see pupils in therapy, to help them with internal conflict. There seems to be a request from Eileen to help her understand the pupils' projections of unsafe feelings.

Larry describes another kind of conflict related to a clash in culture and something Jen was referring to earlier:

If they don't come to therapy then, not so much a sanction, but they need to then sit outside; and I think it was difficult for the kids in the beginning who saw it as a punishment, so that was something I found quite difficult because then it felt like, I can't technically force the young people to go to therapy, but there was a sense that if they really don't want to go, I almost felt like I was putting them in a position where they were being punished for not wanting to go, for whatever their reasons were (Interview 3 – P.4 – Q1)

Larry is troubled by the position he is in. He seems caught between two ways of thinking – the therapeutic approach *versus* the school rules. Larry feels reluctant to enforce the school rule around refusing therapy and appears more comfortable understanding that sometimes pupils cannot manage a therapy session that day, recognising missed appointments as part of the therapeutic process.

It is possible that as a newly qualified teacher, Larry is under more scrutiny than others in the department and feels uncomfortable in this juxtaposition. He found it difficult to exclude his pupils from class and felt like there was a doubling-up on punishment because of a reluctance to go to therapy. His use of the words 'force' and 'punishment' felt almost physical in their delivery and caused Larry to feel uneasy when talking about the matter.

Subordinate Theme – '*Aggression*'

Understanding and managing aggression is part of school life at an EBD provider. As mentioned earlier there was a marked absence in staff relating experiencing aggression. As I mentioned earlier, it is may have felt too disturbing for the participants to recall such experiences and they were therefore silenced. This example indicates how the prevalence of a theme in speech does not necessarily equate to its overall significance; aggression is a crucial *silence* in many of the interviews. Jen (Head of Early Years and Primary) made reference to aggression once in her interview:

The chap I thought about with this one was Lenny, who has become increasingly aggressive over the past few months; he has been in therapy. I – the aggression seems to have been linked to his time in therapy (Interview 6 – P.6 – Q2)

Similar to Eileen's example Jen makes a direct link between therapy and aggression. She seems to suggest that the aggression stirred up in the therapy room then overspills into the school community causing her staff to manage some difficult and disturbing actions. It is left with them to 'clear up the mess'.

Superordinate theme 3 – '*Understanding the therapeutic journey*'

The superordinate theme explores the participants' understanding of the 'fluctuating', 'turbulent', 'painful' and 'joyous' moments pupils experience through treatment. All teaching staff, from leadership to teaching assistants described vivid moments of working alongside pupils who were in treatment and the patterns they observed. The word 'journey' was used many times through their discourse, not only the pupils' journey but the staffs' journey working alongside the pupils, experiencing the 'peaks and the troughs' as one participant described it.

The understanding of 'therapeutic process' from the participants was informed and a truly lived experience. The overall consensus amongst staff was that therapy affects people differently: it is a personal experience that is unquantifiable. There was, however, a common opinion treatment had a 'beginning', 'middle' and 'end' with varying observations attached to these three stages. In particular the Early Years' staff commented on how pupils would take to therapy quickly, but then as the therapy progressed, anxiety would result, before a level of containment was reached. This is in stark contrast to the Secondary School staff who described pupils becoming increasingly anxious at the beginning of their therapy before moving to a more integrated state of mind. All teaching staff made reference to 'endings' as being difficult and a source of unrest.

Three subordinate themes contributed to the overall theme. The first, '*The journey'*, presents general experiences and observations, making reference to the three stages of treatment. The

second subordinate, *'Fluctuating in mood'* focuses on pupil's states of mind and how the participants experience the 'peaks and troughs' of treatment. The final subordinate, *'sleeper effect'* presents participants' experience of treatment continuing to help pupils develop and understand themselves.

The two participants who did not make reference to the therapeutic journey were Oliver (who worked in the kitchen) and Naomi (who supported the EHCP reviews). Both of them felt they did not have enough of an understanding and knowledge of who was in treatment to pass comment.

Subordinate theme – '*The Journey*'

Eileen (Safeguarding Lead) shares her experience of the therapeutic process in the following passage:

It feels like the child is on a journey and it feels like you cannot really know how much time that journey will take. Sometimes the journey could take a year, sometimes it could take three months; it's difficult to measure once you start where this journey will take them.
(Interview 1 – P16 – Q4)

Eileen's use of the word 'journey' here captures her understanding of the therapeutic process. She is aware the process is personal to each individual; however, she gives examples of journeys being 'three months' or 'a year', which in some ways contradicts her first statement. Interestingly, these are commonly the two treatment lengths the psychotherapy service have agreed with the school. Perhaps she is imposing these restrictions and has recognised, in her experience, pupils sometimes need an extended period of time. She also seems to share a realistic observation, which was shared by the majority of participants that therapy is not a predetermined process with specific outcomes. In an outcome driven environment, such as a specialist school, this is quite a difference in culture.

Emma (Early Years' teacher) shares her experience of the therapeutic process, which represented the experience of all Early Years' staff and the majority of Primary Staff. She made reference to a pattern in the pupil's state of mind during the three stages of treatment she has identified:

I think they become much more comfortable with it, and realise that it's something that's quite stable and secure, cause I think they can find it quite threatening, sort of mid-way. At first it's – there seems to be like a trend – at first it's a novelty, and then possibly in the middle, it's like a bit threatening because it's like touching on things that are difficult, and then I think if they touch on enough things that are difficult over time, they get less worried about it – that's their journey. (Interview 8 – P.4 –Q1)

Emma seems to have a solid understanding of the process, which is often seen in treatment, when working with under-fives. She identifies definite stages; a beginning, middle and end, similarly to Eileen, she uses the word journey to describe the process. This contrasts with what some of the other interviewees have said about fluctuating states, particularly in Secondary School pupils who may make progress, but then regress and remain in a non-thinking, stuck state of mind for a substantial period of time. Emma might be raising the question around the effectiveness of treatment depending on age. Early years' pupils, in Emma's experience, appear to make good use of the treatment and definite progress is made. One might think this is an idealised view of psychotherapy; perhaps the discourse of the Secondary School staff is more realistic?

Jen (Head of Early Years and Primary), like the other members of the Leadership Team, focuses on behaviour when thinking about the therapeutic process. She gives a specific example of a pupil taking up a large amount of resources in the department:

I've seen his journey where he's refused to go to therapy, but he's gradually managed to be in the therapy room, and I watched last week where he made a fuss, but as he was fussing, he was walking towards the room, so I can see it becomes less disruptive. (Interview 6 – P.3 – Q1)

It is interesting that Jen, who oversees the department, gave individual examples of pupils, as opposed to staff in direct classroom contact who made more general statements around the therapeutic process. In this example Jen is commenting on the 'gradual' shift in the pupil's behaviour and motivation to attend therapy. She is suggesting that 'disruption' is becoming less noticeable. Perhaps Jen is suggesting the disruption is being contained in the therapy room, not the classroom.

Subordinate theme – '*Fluctuation in mood*'

The pupils' "Fluctuation in mood" was experienced more by the participants of the Secondary and Primary departments, or at least it was more noticeable and spoken about. This shared experience was difficult for staff to manage. The participants' responses were closely linked with the superordinate theme "Clearing up the Mess". Fluctuation in mood reverberated through the school day and sometimes proceeded through the school week for some pupils. Larry (Primary School teacher) shares his experience:

Her body language changes on the day – usually half an hour, twenty minutes before that happens, and you know, you ask her what's the matter, and its therapy today, I don't want to go to therapy. And you know, she becomes quite tense, quite rude, and it's just her way of basically saying if anyone tries to force me to go, I'm not going to. And it's quite a stark

contrast to how it would have been a couple of weeks ago where that was the one point in

the day when you could guarantee she was going to be happy because she looked forward to

going. (Interview 3 – P.5 –Q1)

In Larry's vignette his vivid description describes a pupil's mood changing before attending a

therapy session. This particular patient had been in treatment for a term at the time of

interview. There is a sense, in Larry's description that he has to manage the pupils fluctuating

mood with sensitivity and tact. Although he describes the pupil becoming 'tense', it feels as

though Larry is also talking about his state of mind during these times.

Larry then talks about the 'stark contrast' in the pupil's attitude to treatment only a couple of

weeks ago. Larry's experience is common in the observations of primary school and secondary

school staff. The therapeutic space fluctuates from a safe place to a disturbing one, which

overspills into the school community.

Yemi, who is Larry's teaching assistant shares her experience of managing pupils fluctuating

mood and her understanding of the process:

It's how you manage that, and I've often found that with them to say, I get it, something's

bothered you just take yourself, do what you need, you know – try to give them that space to

manage it, as opposed to expecting them to come in and sit down and write. Because that's

unrealistic. So it can. But it's all part of the process – it's going to trigger stuff and you have to

be sensitive to that, otherwise you just create an extra problem where there really doesn't

need to be one. (Interview 4 – P.4 –Q1)

Yemi appears to take a relaxed approach to managing pupils' fluctuating mood. She has an

understanding of the pupil's capacity to learn during turbulent periods and portrays herself as

an experienced hand. She describes possible learning outcomes as at times, 'unrealistic' and

seems to accommodate the therapeutic process in her work with the pupils. She is wary to

cause further distress, being mindful of 'triggering stuff' and talks about being 'sensitive' to the

situation. This serves two purposes; first, Yemi is in tune with the pupil before and after

therapy. Second, she is careful not to 'create extra problems' that might affect the pupil further

and the class as a whole.

Subordinate Theme - *'Sleeper effect'*

Yemi states,

I know myself that it's all very well and good when you sit in this sort of setting and that's

fine. But it's later on if you learn to vocalise. Then it means when little things come up and

you might think "Oh, I haven't thought about that in a while". And you can talk to – I mean

the only – the best example I can actually give you is nothing to do with school, but my

husband very often when I've had therapy will be the one who months later will get me going

"I've just had a thought" and I'll bounce it off him, and we'll talk about it. And I think that's

exactly what can happen with these. (Interview 4 – P.28 – Q8)

In her own way, Yemi describes how therapy continues to work long after it has ended. This is

sometimes called the 'sleeper effect' in psychoanalytic language. Yemi's reference to her own

therapy is crucial – this reaffirms the sense earlier in the interview that there was a hidden

history at work here. Yemi connects her own experience of therapy directly to the pupils', in an

extended act of empathy. Up until this point in the interview I was unaware of Yemi's personal

experience of therapy. This might explain her notable enthusiasm and support for the

psychotherapy service.

Emma shares her own experience of psychotherapy continuing to help develop pupils long after

the treatment has seized:

I mean the fact that there's a consistency and a stability about the whole thing and then

having the therapy gives them something to fall back upon, that, you know, they can be

withstood. I think so, yeah. They are more resilient. Yeah. (Interview 8 – Q2 – P7)

In her own words Emma talks about giving the pupils 'something to fall back upon'. She describes a resilience that had not been noticeable before treatment and continues.

Edward relates his experience as follows,

Long-term, I think there are people who perhaps, not even necessarily that you could see they're that much more focused, but they're just more able to maintain themselves in school. (Interview 7 – P.9 – Q3)

There is an understanding here that improvements are small and there is a process to therapy which is not straightforward: there is an understanding about the minutiae of the work and the 'long term' sleeper effect.

Superordinate theme 4 – '*Wider school ethos / Alliance*'

All eight participants made reference to their experience of the therapeutic service as being part of a wider school ethos. In fact, as you will see in table 1.2 the theme was only one of two superordinate all eight participants shared their experience of. This was not unexpected as the school was founded with its roots in a more educationally therapeutic approach. In addition to

this, a large majority of the staff including three (Emma, Edward and Jen) of the participants had completed an onsite Master's degree in therapeutic practice and education facilitated by some members of the psychotherapy service. This sense of therapeutic understanding supported a mutual ethos, but also raised questions around competition.

Some of the subordinate themes seemed to sit very close to one another in terms of their meaning. Language such as 'consistency', 'part of a package' and 'a combination of factors' kept being repeated across the participants' responses. I will look at the subordinate themes in greater detail later on. Some of the other language in the interviews replicated language a therapist might use which links with a redundant superordinate theme, '*Internalised therapeutic approach*'. This redundant theme will be examined in the Discussion.

Larry, who is in his first year at the school, spoke about his experience of the psychotherapy service. The following vignette was one of many typical quotes from Larry suggested he felt the psychotherapy service and the school were working together, in alliance, with the same ethos:

I think, yeah, I think what's good is the psychotherapy it complements what the school does, and there's like a code that's been developed, and everyone's understanding of what the expectations are for the children, and also for ourselves. (Interview 3 - Q4 – P13)

Larry speaks about a 'code' that feels like an unwritten rule – not just for the young people but also for everyone in the school. The word code creates the feeling that there is little room for disagreement or fracture. There was no mention of 'codes' in any of the other interviews. This perceived experience was individual to Larry. In his language there seemed to be a wish for everyone to 'understand'; he had an expectation that maybe not everyone else had. Later in the interview he went onto describe,

I feel that the staff and the psychotherapy team are, you know, on one accord when they think about how they can support the child, in that sense. (Interview 3 – Q4 – p13).

The phrase 'in one accord' implies harmony and again an absence of conflict, which is not entirely supported by other interviews, something I address later. Perhaps Larry's status as a newly qualified teacher might be associated with a more idealistic view of what can be achieved in an ideal working world. I also reflected upon his age and our friendship and his wish vocalised for the service to remain at the school.

Larry's teaching assistant, Yemi, who has been at the school for fifteen years had similar experiences to Larry. She was more cautious in her description however through her language she made her point clear in response to question 1, **Have you seen a difference in the children's behaviour in class since they began therapy:**

Yes, some of them definitely can, and I think also you've got a combination there of doing the therapy and as they get older, because that's a coming together of the two processes.
(Interview 4 – P.7 – Q1)

In Yemi's experience there is recognition that therapy is one supporting element in a wider system. She uses the phrases 'coming together' and 'combination' suggesting an understanding of what development in therapy might look like in terms of integration but perhaps she was also suggesting how she experiences the psychotherapy service and the school 'coming together' and 'combining', perhaps over her fifteen-year experience at the school.

Returning to Larry's reference to the code, I reflected that he may have been referring to the two codes of education and psychotherapy and his desire for there not to be a clear differentiation between the two. His need to keep the alliance tight was evident throughout. This experience is slightly different with Jen, the head of Early Years and Primary department. She suggests a 'struggle':

I'm struggling to know whether that's just because of therapy, or whether it's the now the team created around the child, and things that we're doing in school. (Interview 6 – P.2 – Q1)

In this example Jen is 'struggling' to know whether she has '*seen a difference in pupil's behaviour after starting therapy'*. 'Struggle' seems important language here – she seems hesitant to acknowledge the therapeutic input, instead suggesting it might be her team that is making the difference. The struggle might also allude to the struggle between 'codes', suggesting the alliance might be more strained. Later on in the interview Jen's suggests the school might be doing a 'good enough' job:

And again, I don't know if that's down to therapy, or just the time she's been here, and the consistency we've given her and actually, you're not going to get you results by being, more positive results by being as aggressive as you can be. (Interview 6 – P.6 – Q2)

There is a hint of ambivalence in Jen's experience, which was absent in Larry's, but present in other participants who took a leadership position. In this vignette she talks about aggression and results, which seem to be linked to her leadership role and responsibility to get results, often related to behaviour. She seems to have adopted the therapeutic approach: 'getting results' through 'consistency'. In the vignette Jen also uses the shared pronoun, 'we', which seems to imply her educational staff are opposed to the psychotherapy service and the school togetherness.

Although there was a feeling of ambivalence in the leadership participants this was not always present. Edward, who is the head of the Secondary department, described his experience of working together,

I think it's fundamental, to be honest with you. I think that it's where those two things meet – it's where the understanding of the adults working with the children, plus the students' ability to begin to understand themselves better, can be developed together. That's where the most impactful work has happened from my perspective in school. (Interview 7 – P.11 – Q3)

Edward feels more positive about the psychotherapy service – understanding and recognising there is an alliance. He suggests the union helps staff understand the pupils in a different way and *vice versa*. His use of the adjective 'fundamental' suggests a belief in education and therapy 'meeting' and creating 'impactful work'. In his use of language he is careful not to attribute the development of pupils to either of the two disciplines. This seems more evident when he lets me know it is his 'perspective'. Perhaps Edward feels he cannot represent the feelings of all in the Secondary department or indeed the entire Leadership Team.

Edward goes on to talk about an important link within the pupils' support system by making reference to parents. In my analysis this emerging theme became evident with some participants, but not all. I started to understand this as part of the alliance, but one that was not

always harmonious; in fact it was often the 'missing link'. He describes his experience of some parents' reactions to their children entering therapy:

Parents can be very anxious and worried about things, their children going into therapy because I think it – they also understand that there's going to be a spotlight sort of placed on early life experiences which might not show them up well, so quite naturally, that can put some types of strain in relationships; what I notice in that sense then, which often happens, is that there can often become, a sort of strange alliances get formed between the children and their parents, which then is about attacking therapy team person, process, or the school, as a result of that. (Interview 7 – P.23 – Q7)

He goes on to say:

It can possibly encourage to some extent, some unhealthy alliances which is about attack, and almost sort of distractions and things can be played out, I think, which are to some extent, I believe, designed to break down the therapeutic process. (Interview 7 – P.24 – Q7)

Edward's discourse is powerful in these vignettes. His experience suggests there is another alliance forming between parent and child: the 'missing link' in the ethos of the school is constituted by the parents who sabotage and split. Without the parents onboard, the effectiveness of the school and therapy team is undermined.

Edward's use of language is brutally bold: deploying adjectives such as 'attacking', 'breakdown' and 'unhealthy' appears very deliberate. He is suggesting the healthy alliances are created in school, but not at home. There seems to be a feeling that school takes over from the parent – the parent feels impotent – there is resentment between the two. A myth the parent (in the eyes of the school) holds about things being exposed – found out. He appears unsympathetic of a parent's natural anxieties of their child entering psychotherapy.

Naomi who facilitates the biannual Education and Health Reviews was unable to answer some of the questions asked in the interview due to her role, however her experience of parents was slightly different to Edward's.

In the interview she spoke about being a grandparent of a child in an EBD school which seemed relevant when she spoke. She wished to share the following experience:

I also do quite a lot of work with parents as well, as a lot of work, I make good contact with them, in the sense that I'm not a member of staff, teaching staff, and so I can have a different relationship with them. And they will talk to me about, I found, about other things. And the therapy aspect is something they're very definite that this is what they want, I mean someone

recently said 'this is why I chose this school because of its links to the Tavistock, cause it offers therapy'.

Naomi's discourse describes a different experience to Edward's and other members of the teaching and Leadership staff. She has direct contact with parents, described as 'good contact'. She was keen to separate herself from the teaching staff throughout her interview and portrayed herself as a link between school and parents. Here there seems to be another alliance forming, a bridge between the two. She describes something she feels is exclusive to her relationship with the parents. Her experience of parent's view of therapy differs from Edward's: perhaps her own experience of a child in an EBD school influenced her perspective.

Superordinate theme 5 – '*Staff containment*'

Containment is a cornerstone of psychoanalysis and something that is thought about frequently in the psychotherapy team. It is common knowledge that before the process of learning, or 'taking in', can take place, containment often needs to be established, particularly with children who present with emotional, behavioral difficulties. Containing the pupils was a predictable theme emerging from the interviews. It was something that I had expected to be central in the

participants' discourse and had close links to the research question. However, containment experienced by the staff, provided by the psychotherapy team, was not something I had anticipated to be so significant, and emerged from a clear subgroup within the sample group. As you will see in table 1.2 Jen, Emma, Eileen and Edward made reference to this. This is interesting as all four hold varying senior roles, Edward and Jen are heads of Secondary/Primary: Emma is a senior member of the Early Years department and Eileen is the Safeguarding Lead. The other participants, who were either teachers, or performed very specific roles (such as Oliver and Naomi), did not make reference to an experience of containment.

The senior staff's experience was two-fold. Some of them had one-to-one supervision with a psychotherapist on a weekly basis, giving them a more personal experience of containment. They also commented on staff meetings that were facilitated by the psychotherapy team. These occurred on a weekly basis – all four participants commented on how useful the input from the psychotherapy team was in understanding pupil's projections and therefore feeling less persecuted. These meetings (work discussion groups) were designed for the general staff to think about their feelings and concerns about members of their class; however, as I mentioned earlier, the staff did not make reference to this. It therefore may appear to be a cascading system where senior staff feel contained by the therapeutic staff and can therefore contain members of their staff. It is also possible that in order for the pupils to learn, the staff need to feel contained.

In the following passage, Jen shares her experience of a work discussion group:

Once a child's in therapy if we're talking about that child, you're helping us to think differently, so you know, it's not just him working, you working with the adults as well. (Interview 6 – P.7 – Q2)

In Jen's discourse she uses shared pronoun, 'we', which suggests she is describing a departmental experience, rather than just her own personal experience. As a member of the Leadership team, Jen takes a holistic view on the department. It remains curious, however, that members of her staff did not make reference to this in their interviews. Perhaps there is a wish for the psychotherapy team to be providing more. There also seems to be a sense of relief in the tone of Jen's voice that once the pupil is in therapy the whole system around the pupil is helped and contained – once the child is in therapy, the adults also get help.

Later in the interview Jen goes on to describe a different experience, a containment of a different kind. In the following vignette Jen suggests there is relief that the psychotherapy team receives the same experience with the pupil/patient as the staff do. It seems important to her that the therapeutic team does not get the 'angel' in the room and are made to work as hard as the teaching staff. She describes a shared experience of the trauma some of the children can project – it feels 'helpful' to teachers to know that it is not only them who are experiencing this.

There is also, however, a slight triumphant tone to her description: her use of language has a tinge of aggression when she suggests receiving 'a taste of what were having':

Maybe because we see, you know, if they came angelically to the therapy room, and, you know, you had an easy time of it as well – but actually we see that they present very similarly to we experience them with the therapy team, and it feels that you get a bit of a taste of what we're having. That's helpful. (Interview 6 – P.15 – Q3)

Emma, who works with under-fives in the Early Years' department, was more descriptive in terms of live examples. She is a senior member of staff who works often one-to-one with pupils displaying high levels of aggression and violence. She has been at the school for over twenty-years and at the time of the interview was in her final year before retirement. The following vignette describes her experience:

Sometimes it was a relief to let Cameron go. Yeh, it was a relief, to let Cameron go. Cause Cameron was so intense, that I was thinking, 'Oh,' – I'd wake up one morning, and think, 'Oh but Cameron's got therapy for a while'. Even though I knew that he could come back quite quickly, it was still a relief. (Interview 8 – P.17 – Q5)

Emma is very honest about the impact of this child upon her working day, and even upon her self. She lets me know that therapy is, indirectly, providing her with respite from this pupil.

Later she talks about Cameron returning from therapy more contained, and in turn this is a containing experience for herself and the rest of the class. Her language and description powerfully convey the intense nature of the pupils have on her.

Edward's experience sees a return to the Leadership narrative conveyed by Jen earlier. In the following passage, Edward talks more specifically about a case the psychotherapy team were involved in that provided containment for the 'team around the child'. He describes the following:

There was some really useful kind of advice that came to us from those people who worked with him for some time in relation to understanding why on one occasion he might be acting out as he would be, so we had an extra insight as to what might be going on for him, really enabled us to hold ourselves and then himself together for an initial period to the point things have, I wouldn't say completely transformed, but in some respects have really – it's been a very transformative kind of process, so you really see the difference in somebody. (Interview 7 – P.17 – Q6)

There is a recognition that the advice Edward received from the therapeutic service helped with this pupils integration into school – an understanding it not only helped the pupil but also the staff around the pupil when he started to act out. As a Secondary School head Edward is often tackling behavioural issues and at times managing violent situations. The piece of work he describes seems to highlight the usefulness of the therapeutic team which led to the staff being

able to 'hold themselves' and in turn hold the pupil. He use of impactful language like 'transformative', suggests a palpable difference: 'extra insight' was welcome and felt supportive.

Chapter 5

Discussion

This project set out to respond to the following research questions:

1) **Did the adults, in this instance members of staff working alongside children who are in treatment, *perceive* psychotherapy to support learning, in academic and social terms?**

2) **Had the staff *noticed* a shift in how pupils take in information and how they related to others? Had this improved or deteriorated during treatment?**

3) **Did they *feel* therapy was contributing in a positive way to the pupil's development?**

The data gathered in the interviews addressed the primary research questions, indicating the staffs' attitudes towards the therapeutic service and its efficacy for the pupils. The interview data demonstrated the complexity of the relationship between the school and therapeutic service. Overall, however, it was felt that the psychotherapy service could support the child's classroom and social learning.

There are important issues raised by this research: firstly, patterns found across the sample may suggest that therapy disrupts a pupil's learning at various stages of treatment. Secondly, in my understanding and experience is also possible that the therapist's experience of the pupil in the treatment room does not match the experience of staff and parents. This chapter presents an overview of the issues raised by the research, and my reflections on the themes that were

expected, and the some that were unexpected, including the limitations and strengths. I consider what it means to be a researcher in a psychotherapist role, and the potential dilemmas raised by these dual roles. Annesley (2010) outlines two main purposes for a thesis discussion: the first is to locate the significance of the research in relation to the Literature; the second is to identify the new insights for the field emerging from the research.

Limitations & Strengths

It is important to reflect on the theoretical perspective which I bring to this research. I approach this topic as a psychoanalytic psychotherapist; therefore I come to this research question with a pre-existing methodology and value-set, a commitment to this therapeutic practice. Through my own work with the children, as therapist, I am of the view that the therapy is of value, having seen positive progress within the course of my clinical work in the room. However, an experienced teacher could approach the same topic through a different lens through their required emphasis on the child's specific educational outcomes.

I acknowledge the presence of my own voice within the research and the plurality of voices and experiences was key to my choice of methodology. Psychoanalysis as discipline is historically grounded upon qualitative data. Sigmund Freud's development of his theoretical framework was based upon material gathered in the room with his patients – what they said, what they acted out – and indeed his own self-analysis (which preceded *The Interpretation of Dreams* [Freud, 2001b]). While the lack of statistical data is deemed to be a limitation of psychoanalytic

thinking by researchers and practitioners working within different psychological disciplines (see, Paris [2017] for a detailed analysis of this), I argue that it is the very richness of the qualitative data gathered in the room that allows psychoanalytic theory to address the complexity of human experience, and the inner and external worlds we inhabit.

This study does not purport to achieve objectivity through the gathering and analysis of quantitative research data; it is not an experimental psychological research study. This is not, however, necessarily a limitation. What is lacking in such quantitative studies is the sense of voice – the uniqueness of experience. Interpretative Phenomenological Analysis can allow the speaking subject to be an expert in their own experience; a point which has ethical as well as methodological significance.

In this study, I bridge two qualitative models; on the one hand, I bring my own psychoanalytic knowledge and experience to the research formulation, my presence in the interview room, and to the analysis of the material. However, I do this through the use of Interpretative Phenomenological Analysis (IPA). I am concerned with experience and the voicing of the experience.

However, my psychoanalytic training also makes me alert to what is not being said openly, the gaps and stoppages which interrupt or create meaning. This can be interpreted as both a

limitation and strength of the approach. On the one hand, the psychoanalytic perspective at work in my analysis of the data allows for the participants' ambivalence towards the therapy to emerge more powerfully. On the other hand, this repositions me as the expert, possibly negating the participant's own understanding of their experience. This sense of dualism is, however, inherent within IPA as it involves the *researcher* interpreting the participant's own interpretation and understanding. Reflective practice is therefore necessary when using IPA so the researcher is aware of what they bring to their interpretation.

The study cannot purport to answer the question as to whether or not the pupils' *long-term* personal, social, or educational outcomes were improved through their therapy. This would have to be tackled through the gathering of longitudinal data. Such a project would require long-term formulation, work, and of course funding.

To reflect on the method of data collection, the disadvantage of semi-structured interviews is that the researcher is at risk of becoming the 'primary expert' and begins to use the questions to lead the interviewee. Other issues that are raised when using IPA is whether the interviewer simply captures opinions rather than experience (Touffer, 2017). Touffer goes on to suggest, 'The critical unanswered question is whether both the participants and researchers have the requisite communication skills to successfully communicate the nuances of experiences' (p.1). It was important for me to continue to be critically reflective during this process taking into consideration the criticisms of the approach. It is also important to note, that while I am a trained therapist, I am not a trained interviewer, and some interviews posed more challenges

than others in terms of my engagement with the material and the interviewee. Just as a therapeutic relationship is defined by transference and counter-transference, relational dynamics can of course emerge within the context of the dialogic interview form.

The subjectivity of the data produced via IPA means that bias will inevitably come into play, and the pupil's experience may not always be helpfully clarified. For instance, teachers may be envious of the therapist's enhanced time and space with the pupil. In addition, as I have already observed, teachers often have very different ideas to therapists concerning the appropriate boundaries and parameters in their work with pupils, and this may negatively affect their understanding of the therapy.

In my research proposal, I had considered gathering data from a group interview; due to the amount of data this would have produced for analysis, I decided not to proceed with this. However, on reflection, this may have been an effective way of a diverse set of voices interacting and producing ideas together, therefore leading to more dynamic material being produced. Within a group interview, I may have been able to observe hierarchical relationships in the school, and how these relationships impacted upon perceptions of the therapeutic service and team: I may have been able to observe who were the dominant voices and how the dominant discourses were produced.

To have a psychoanalytic psychotherapy service embedded in a school is uncommon in the United Kingdom. Many schools have some kind of pastoral service, such as counselling and art therapy (the latter particularly in primary schools); however, these services are not analytically informed in the main, and therefore do not attempt to work with the unconscious nor the unconscious dynamics of the school itself – the complexity of institutional dynamics. Through my research, I hoped to illustrate the importance of long-term psychotherapy with children in a special school who ordinarily would not meet the threshold of the community-based Child and Adolescent Mental Health Service (CAMHS) due to their behavioural difficulties. Demonstrating the positive impact of this service could potentially support the Tavistock's bid for other contracts in this area.

The Influence of the Service Tender

The staff were aware of the fact that the service was up for tender and this impacted on the content arising in the interviews; each became a case either for or against the continuation of the service. For instance, Larry appeared to be making a clear and conscious case for the service, whereas Edward was far more ambivalent. This context may also have influenced my attitude within the interviews and my follow-up questions, my apparent gratitude for positive comments about the therapy. At the time of looking at my data the service had terminated, and this undoubtedly had an influence on how I interpreted the data. For example, the

ambivalence in the leadership team may have become more apparent to me retrospectively when looking at the transcripts.

Despite the complexity of the material I gathered, most staff did report 'seeing the difference' with the pupils in therapy, indicating the perceived value of the service. However, although staff saw the difference, the service was not recommisioned, indicating the split between the leadership and/or management decisions and the teaching staff with the most contact with the pupils. To date, there has not been a new therapeutic service commissioned in the school. This may speak to the school's wish to be able to fulfil the therapeutic space themselves. This was evident in the internalised therapeutic language identified in the interviews, which could have been isolated as a theme in itself. The therapeutic service input into the teaching staff perhaps gave them a confidence to approach pupils with a certain lens. It could be argued that the success of the service also led to its perceived redundancy.

Space

An area of discussion mentioned in my analysis, that could perhaps have been isolated as a theme, was the idea of space. Physical space and emotional spaces intersected in the interviews, so that different areas of the school became endowed with conceptual significance. For instance, the corridor was a disputed and transitional space: the jurisdiction of the corridor appeared unclear – who was responsible for getting the pupils to the therapy room, and who should resolve problems that occurred there were ideas that emerged. This could be connected

back to the idea of 'dual citizenship' identified by Shuttleworth (1999), the sense of divided

loyalties for therapists working in an educational institution: the corridor could be seen as

representative of the dual citizenship in visual and spatial terms. This indicates a long-standing

culture between education and psychotherapy.

I also think it may have been significant that I conducted the interviews in my own therapy

room, thereby potentially creating a conflict between two varying kinds of space and discursive

practice. It was not a neutral space; did the interviewees feel they were entering a therapy

session? Many of the staff would not have entered the room before, although had sent pupils

to it. Phantasies around the therapeutic space were therefore at work within the interviews, as

the process of IPA analysis showed. The wider school ethos was for an integration between

education and therapeutic provision; however, in choosing to conduct the interviews in my own

room, I perhaps unconsciously perpetuated a separation between the two. Reflecting on this

more widely, the school undoubtedly invited us, as a therapeutic service to hold a 'dual

citizenship'; however, our loyalty to the psychoanalytic framework stifled us, and prevented us

from taking that up fully. As Shuttleworth rightly points out, there is a dilemma for

psychotherapists working within an educational setting; how far can we reach into school life

without diluting our psychoanalytic purpose in the school, and indeed undermining the

boundaries around our work? Salmon and Kirby (2008, p.111) discussed this issue in terms of

'professionals fearing they would lose their identity'.

Early Years, Primary and Secondary

In the analysis there appeared to be a distinction between the Early Years' experience and the

Secondary School experience, with Primary being situated somewhere in the middle. Thinking

in terms of attachment theory, as I do in the literature review, it is easier for Primary/Early

Years to provide a 'secure base' (Bowlby, 1988) due to the age of the pupils, who are located

between school and home, Secondary School pupils having a more diverse set of relationships.

With younger pupils, it appeared that the school could represent the good, caring object

identified by Bion (1962). In the school, the emphasis in the Early Years was on containment

and exploration of feelings, whereas in the Secondary department, learning outcomes and

behavioural management were central. The language of behaviour management was dominant

in Edward and Jen's interviews, which was not surprising as they both formed part of the

leadership team. In addition, the therapy room in the school was located next to the Early

Years' classroom, and at distance from the Secondary School. In visual and spatial terms, the

younger pupils were able to see a clearer connection between teaching and therapy, which

Music and Hall (2008) identified as being important in creating containment. As discussed in my

literature review, this can be related to using Winnicott's idea of the 'nursing triangle'. While

the idea of the nursing triangle is important, in practice it is challenging due to the role of

having a dual citizenship and working within an educational system that does not always allow

therapeutic thought to come before managing behaviour.

I also provided regular consultation to the Early Years Department; I was familiar with the

pupils being seen across the psychotherapy service in a more detailed way due to my closer

contact with the staff. My contact was intended to provide a 'secure base' for the staff to think

about the difficult projections they were receiving from their pupils. This can be related back to

the extension of the concept of 'secure base' within a community discussed by Byng-Hall (1995)

and Papadopoulous (1998). This might have contributed to the difference in response between

departments; a more personal relationship had developed, one which they found containing

and useful when working with the pupils and also raised awareness in terms of how they

responded to pupils. As Bowlby rightly points out in relation to child development, in order for

growth and development, there has to be a secure base.

Casting the Net Wide?

While I wished to invite a diverse set of voices into the research, this was not without its

complications. Speaking with staff, specifically Oliver and Naomi, who were not directly

involved in teaching or pastoral care meant that within the interviews I found myself trying to

modify the questions to fit around the reality of the staffs' experience in the school, therefore

potentially undermining the rigour of the interview process and the quality of the data I

gathered. I had wanted to gather a holistic view of the psychotherapy service in the school;

however, as Kitchen staff, Oliver was not in a position to know precisely which of the pupils

were in therapy, which left his interview lacking the depth and insight to answer the questions I

had posed him. But with that said, Oliver did show an awareness of 'therapeutic processes' and

ethos in the wider school environment, which supported the superordinate theme, 'Wider Ethos'. On reflection, it would have been helpful to my research if I had interviewed more of the Secondary School teaching staff who may have had a better understanding and experience of pupils in therapy. It was an interesting finding of the research that Naomi, as the Reviewing Officer, did not know more about the pupils in therapy, or how the therapy connected to the specified outcomes outlined on the EHCP itself. The staff I interviewed from the Secondary School were not teachers, and therefore could not give a sense of Secondary classroom dynamics. Both Edward and Michele had overarching roles in terms of ensuring the school was safe. A secondary school teacher had agreed to be interviewed but due to timing issues this did not materialize. It had been a measured risk inviting Oliver and Naomi into the research, but despite the difficulties this presented, I would do the same thing if repeating the project. The widening of the lens resulted in some important findings, and also involved a more inclusive approach. This reflection on the selection of participants links back to wider issue within small-scale qualitative research projects, as demonstrated in my critique of Bertrand-Godfrey and Lowenthal's (2011) IPA study.

Institutional Responses

As the interviews showed, there was evidence of an institutional response to my questions, particularly around the idea of the 'wider ethos' in the school. Through linguistic observation's and my experience as a therapist I picked up on a sense of defensiveness about this, a reassertion of the staffs' value in supporting the pupils, and potentially even an envy towards

the psychotherapy service, who do not have to deal with the fall-out, or 'clearing up the mess', after sessions. This aspect of the research connects to the literature discussed under the subheading 'Education versus Psychotherapy versus Families'. There appeared to be a split in the school staffs' experience of the therapy team, moving between an idealised position to a denigrated position. French (1996) discussed the conscious and unconscious reactions to a therapy service (p.5); as discussed in the literature review, these varying reactions impact on the varying expectations of the service. My research findings consolidate French's position: unconscious and conscious reactions were at work continuously in the school. There was an apparent expectation that we could 'fix' the children, enabling huge changes in a short timescale.

However, at the same time, the staff undoubtedly had an understanding of the 'therapeutic journey'. This helped support the triangular relationship between school, pupil and therapy. However, during the interviews there often was a feeling that, although the staff recognised that psychotherapy in the school supported a pupils' social and educational learning, it inevitably came at a cost and was sometimes seen as detrimental to their role as member of staff. This was evidenced over and over again through the superordinate theme, 'clearing up the mess'. In this context, it is worth considering the 'missing link', that of the parents. In general, there was a sense that the parents were removed from the therapeutic journey, although of course being instrumental to its success. There was an institutional view that parents were somehow obstructing the process, both educationally and therapeutically. The therapy team attempted to create a relationship with the parents, as one might do in a generic

CAMHS clinic but this often broke down due to the parents' own relationship with mental health and an underlying fear that something would be exposed. The parents of the children and young people in the school often struggled to create the 'secure base' discussed in the literature review. There also seemed to be a process of splitting occurring which undoubtedly helped the staff manage their own feelings of failure. Paiva (2011, p.29) discusses how 'sometimes consider themselves better parents than the parents'; however, most of the literature did not address the positioning of the parents within the context of children entering therapy in school. However, as my research shows, the very absence of the parents is a worthy subject for further research and analysis.

Although Naomi found it difficult to talk about the therapeutic journey and to directly answer the questions she was the only interviewee who had a more of a positive response to the parents, and to acknowledge their investment in their children, no matter how clouded that may have appeared at times. Naomi spoke about having a different relationship with the parents to the teaching staff, something more collaborative and connected – less hierarchical. She presented with insight how parents feel about having their children in the school, and the challenges school poses to the parents. I had mentioned earlier my reservations around recruiting Naomi and Oliver; however, Naomi's experience here was an important one and gave a different position which might not have been available without her. Naomi's lived-experience stepped outside of the institutional response. In some ways her role allowed her liberty not to repeat a particular discourse.

In some ways, it feels that since the therapy service has been decommissioned, the school has wished to take on an all-encompassing, 'in-house', approach where both the parents and the therapy service have been marginalized or detached. This single-agency approach is in contrast to recent government policy discussed in the literature review, which promotes embedding mental health services in schools. The government paper, Transforming Children and Young People's Health (2017), focuses on early help within schools and colleges bringing together mental health and educational services. However, arguably, this could also imply a *merging* of education and health, rather than a collaboration, meaning a decrease in service, rather than new provisions.

Psychotherapist as Researcher

This study was my first extended research project connected to my training; it had a more personal dimension as the site of the research was also my training placement. This was considered earlier in the research when thinking about limitations and strengths. However, the lived-experienced of undertaking the research brought new dilemmas and surprises to how I conducted myself in the interviews, my feelings towards the different participants, and responses to *their* lived-experience. It was difficult for me to hear that the service was not universally appreciated, which had implications for how my own therapeutic work was perceived. The management team appeared to experience a splitting in their feelings towards the service, and this in turn led me to feel a similar split in the interviews. I felt defensive as a

result of the service being placed up for tender, and this led to the follow up questions often

sounding closed, and lacking curiosity. Research did not come naturally to me at a time when I

was also understanding how to become a psychotherapist. I grew into my researcher role, but

it involved an adjustment in how to think and write. By the time I wrote up the project, I had

already left the school, and this also potentially impacted on the lens with which I viewed the

material. Waxman, Weist and Benson (1999) therefore helpfully summarise what I found in my

research: education and therapeutic staff have the same aims but different ways of achieving

their aims.

The research findings helped me realise that much of the work for the therapeutic team was

supporting the teachers, particularly in the Secondary department where the pupils present

with hugely challenging behaviours. It also made me realise how important therapy is for the

children, taking in view the 'sleeper effect' (Shedler, 2010), where a child continues to improve

long after their time in therapy, an insight available to the teachers but not necessarily to the

therapy team.

If I had considered this issue further in advance, I may have approached these interviews

differently. However, my own inexperience as a researcher and interviewer impacted on this. I

was more comfortable in some interviews than others, depending on my pre-existing

relationship with the individual staff member. As I saw in the individual interviews, the staff

appeared at times to have a transferential relationship with myself as therapist, with complex

ambivalences towards the service being brought into the interview room through their speech.

Staff Containment

Staff containment was a surprising result, although I was aware that the psychotherapy service

offered space for staff to think about their experience I was not as attuned to the importance of

it amongst some of the participants. In this context staff containment might mean, for instance

a reduction in anxiety about a particular pupil or class as a result of the psychotherapy service

holding that anxiety. Although it was not mentioned by all the participants, management and

teaching staff spoke about its importance. McLoughlin (2010, p.234) argues that the classic

psychotherapeutic approach to treating children is 'impossible in a PRU setting'; however, the

same argument could actually be applied to learning in an alternative provision. The focus could

be upon the containment of the staff working within these challenging environments.

Staff containment appeared to connect to the internalised therapeutic language found in the

staff, which was also present when the idea of staff containment itself was not explicitly

mentioned. For instance, Larry spoke, in his own words about his ability to contain the pupils

when returning from therapy, implying his own sense of containment from the service.

Management and staff appreciated it in equal measures, and this led to my reflection that the

service should have offered more modes of containment to staff, perhaps more individual

support and more of a presence in and around the school. The service could also have

undertaken more classroom observations. The senior staff in particular appeared to appreciate highly the containment offered by the service, and this cascaded down to the teaching and support staff. Although Oliver and Naomi did not explicitly talk about containment, they did refer to the 'wider ethos' of the school, of which containment forms a central part. Reflecting on this further, it is regretful that the service were not able to offer this form of containment to the parents, the 'missing link'.

Summary

The study aimed to explore the perceived value of long-term psychoanalytic psychotherapy in developing children's academic learning and social relationships in a specialist school. Based on an Interpretative Phenomenological Analysis, it can be concluded that in the perception of the staff, long-term psychoanalytic psychotherapy contributes towards improving pupil's academic learning and social relationships. The results, however, illustrate the complicated relationship between education and psychotherapeutic services, but also staff in leadership roles and the other members of the school staff. The lived experience of the participants suggests a fine line between psychotherapy helping pupils and causing disruption in the school community. This reflects the fluctuating nature of the therapeutic process, providing a good enough sense of containment to manage difficult periods in their pupils' journey. The study highlights the shared experience between staff and therapist, giving a sense that the therapeutic work was part of a wider school ethos.

The study produced some expected results such as the themes 'making a difference' and 'clearing up the mess', which linked back to the literature review. There were other findings that were more unexpected such as 'staff containment' and 'understanding the therapeutic process'. These unexpected results may be due to the research methodology, which allowed the lived experience of the staff to be prioritised. This research was not completed before the decision was taken regarding the continuation of the service. It was therefore not possible to present the findings to support the Tavistock's bid.

However, the study has wider implications. Successive governments have presented initiatives to address mental health in schools across the party political divide: this piece of research is timely. It is hoped that it will contribute to a wider understanding of the importance of mental health services being embedded in educational settings, particularly in EBD schools where pupils often do not meet threshold for CAMHS and their families are hard to reach by agencies.

Appendix A: Redacted Research Poster

Appendix B: Redacted Interview Schedule

The Tavistock and Portman **NHS**
NHS Foundation Trust

Interview schedule

Autobiographical Interview

Introduction

- **I would like to gather your views on whether you think psychotherapy at […] School supports a child's educational and social learning. I want you to think about the children who are in treatment and ask yourself if you have seen any movement in their behaviour / learning, however small or insignificant you might feel it is. It is important to add that I want to hear about the negatives as well as any positives.**

Questions

- **Have you seen a difference in the children's behaviour in class since they began therapy?**

- **In your opinion can the children in therapy manage frustration better now than they did before treatment?**

- **Has the quality of their attention in a group or one to one got better or worse?**

- **Are they able to use words to communicate how they are feelings, as opposed to acting out?**

- **Can they share their thoughts in a less impulsive way but also take thoughts in from others?**

- **Have the children become more likeable in your mind or have there been other feelings stirred up in you / peers?**

- **Have you seen a difference in how they relate to others, adults and peers?**

- **In general do you think psychotherapy is supporting your outcomes for the children?**

- **What do you know that I have forgotten to ask?**

End of interview

Thank the participant

De-brief the participant and allow a space for reflection and thinking

Leave the participant with the de-brief form

Appendix C: Redacted Permission Letter

SCHOOL PERMISSION TO CONDUCT RESEARCH

14th July 2017

To whom it may concern,

The purpose of this letter is to inform you that I give William Roberts permission to conduct the research titled *Psychotherapy in an EBD school: How is psychotherapeutic containment perceived to support a child's classroom and social learning? A phenomenological study* at

I understand that if I have any questions or concerns about the conduct of this project, I can contact Lydia Hartland-Rowe (LHartland-Rowe@tavi-port.nhs.uk). Further, if I have any questions or concerns about the rights of the research participants, I may contact the Tavistock and Portman's Research Ethics Committee (academicquality@tavi.nhs.uk).

Yours Sincerely,

Appendix D: Redacted Participant information sheet

The Tavistock and Portman **NHS**
NHS Foundation Trust

Information Sheet

Title of Study: Psychotherapy in an EBD school: How is psychoanalytic psychotherapy perceived by staff to support a child's classroom and social learning? A phenomenological study.

The Researcher: William Roberts

C/0 The Tavistock and Portman NHS Foundation Trust

The Tavistock Centre

120 Belsize Lane

London

NW3 5BA

███████████

What is this research about?

The research will investigate the perceptions of psychotherapy in an EBD school. I will look at how members of staff working alongside pupils perceive psychotherapy to support learning, both academically and socially.

Why is this research being done?

My research investigates the ways in which school staff observe changes in pupil's classroom learning and social development when they engage with therapy.

What would taking part in this research involve?

As a participant I will arrange to meet you at school for an interview where I will invite you to share with me your own experiences of what changes you have observed in pupil's learning both academically and socially. The interview will take up to an hour. I will record the interview and transcribe what you have said. After each interview we'll set time aside to discuss your experience of having taken part in the research.

There is also a focus group, which you will be invited to towards the end of the academic year. It is hoped the group will generate discussion around the research question. Again this will be recorded and transcribed. The duration of the focus group will be one hour.

What happens if I change my mind?

If you decide to take part but find later on that you change your mind, then you can stop taking part at any time, you don't have to explain your reasons for withdrawing.

How will my information be kept confidential?

If you agree to take part I will keep all data confidential. I will change your name in the material to reduce the chances of identification. While I will take every step to ensure your contribution is not identified, because of the small scope of the study it may well be possible for persons to identify you. Your responses to the questions will be used for the purpose of this research only. Any records of your interview will be kept securely by myself and in accordance with my training institutions Data Protection Policy. I will erase the recordings following the submission of my study at the end of September 2019.

What will happen to the results of this research?

The results of the research will be written up as part of a doctoral thesis in child and adolescent psychotherapy at the trust where I am a trainee. Further on it may be submitted to a journal for publication.

What are the possible advantages / drawbacks of taking part?

As the research is around child mental health there is a possibility this may stir up difficult feelings. After every interview there is an opportunity to debrief on the experience and if needed an offer of support it available.

I hope you will find the interview process interesting and perhaps useful in reflecting about you and the pupils under your care.

Has an ethics committee given permission for this research?

Yes, the Tavistock's research ethics committee (TREC) have given permission for me to conduct this research and I will conduct it in light of their expectations and those of my professional body.

What if I have concerns around the way the research has been conducted?

If you have concerns I have left my email details as well as my research supervisor's details on the debriefing information sheet. If you would like to contact a member of staff from the Academic Governance and Quality Assurance department at the Tavistock I have included the head of this departments email address, his name is Simon Carrington.

academicquality@tavi-port.nhs.uk

Thank you for your interest in contributing to this project. If you have any questions that you would like answered before you might feel ready to take part, please contact me on my telephone number provided.

Appendix E: Redacted Participant Consent Form

The Tavistock and Portman **NHS**
NHS Foundation Trust

Consent Form for ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

Title of Study: Psychotherapy in an EBD school: How is psychoanalytic psychotherapy perceived by staff to support a child's classroom and social learning? A phenomenological study.

Name of clinician: William Roberts

1. I have read and understood the information sheet dated 23rd January 2018 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. I am also aware that the study is academic research.

2. I understand that my participation is voluntary and that I can stop taking part at any time without giving a reason.

3. I understand as part of this study I will be recorded by an audio recording device during an interview and a focus group. I understand that the recordings will be transcribed and used in the analysis of the study.

4. I understand that the material used in this research will be anonymised and that I will not be identifiable in the thesis (i.e you will not be using my name or giving details that would identify who I am).

5. While I will take every step to ensure your contribution is not identified, because of the small scope of the study it may well be possible for persons to identify you

6. I understand that if key findings from the research are submitted for publication, this would be to an appropriate professional journal and every care would be taken to prevent my being identifiable in anyway.

 Name (please print):

Signature:

Date:

Appendix F: Sample IPA Table – Larry Interview 3

Larry Interview 3

Superordinate Themes	Emergent Themes	Original Transcript	Exploratory Comments
		Researcher: Alright. So, we'll start with Question 1. Have you seen a difference in the children's behaviour in class since they began therapy – now this could be children who've been in therapy, or are currently in therapy.	
Seeing the difference	Difference / helping pupils	L: Yeh, I have seen a difference. A positive difference. There's one child in particular that sticks out for me. He struggled a lot to verbalise or express himself	• *L is concrete in his language here: the style of his speech indicates a lack of ambivalence.*
Wider school ethos / alliance	Safe space / wider ethos	using his words, and it took a while for him to trust adults in the classroom. And I think he felt like he didn't really have a safe space to be able to do so.	• Shift in use of communication from acting out to verbalising. • L indicates the safe space of the therapy room, and the safety that comes from wider adult relationships.
	Wider ethos / alliance		

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Harvard style of referencing 6.1.2, April 2019

<u>Introduction</u>

In this reflective piece I begin by giving a brief explanation of why I chose to conduct my thesis research in an EBD school (Interpretative Phenomenological Study) and my thinking around my single case study (Qualifying Paper). I explore the empirical status of the two varying methodologies by analysing the modes of data and analysis found in a single case study and an Interpretative Phenomenological Analysis (IPA) of a wider data set. I focus on other differences in the respective frameworks and how I made informed judgments in my creation of both. In addition to this I return to the evolution of my theoretical understanding around these methodologies.

I consider the generalizability of each piece of work: both the single case study and the IPA study used qualitative research methods. This has implications in terms of the replicating the studies for future testing by other researchers: in the single case study, the data produced was inextricable from the specificity of the transference and countertransference; in the IPA study, my mode of analysis was by definition subjective, and was dependent on the lived-experience of a set of individual subjects. However, as I go on to discuss, both psychoanalysis and IPA have distinctive methods which address these complexities, and the data available through these methods has detail and richness lacking from quantitative research.

Following this discussion, I explore the similar themes the research study and the qualifying paper share, adding my own personal reflections of the themes, how they compared and my understanding of the contexts in which these emerged.

I discuss the challenges I encountered moving from positioning myself as a psychotherapist to a researcher and how the two were able to combine at points and felt apart at others times during the process. I focus on the method used to gather information in both studies and how challenged I felt. Finally I open up the discussion and my reflections around the field of child psychotherapy and research on a wider scale. I consider the paucity of research compared to other psychological disciplines and give my personal reflections around why this might be given my experience.

IPA and Single Case Study

Single case study

Due to the rubric of the qualifying paper my only option was to take a patient I had been treating and write about the therapeutic journey, with an emphasis on my unique interactions with the subject. In this manner, the decision was made for me. I did, however, have an influence on which patient I focused on; in my case I had three subjects I could use for my qualifying paper. Often in the psychotherapy profession single case studies are seen as a more natural direction due to the one-to-one relationship a therapist has with their patient. I was

more comfortable with this method of study; it was something I had experience in and as a psychotherapist felt a more intuitive approach in gaining further understanding.

Similar to my IPA study, I was wary of the amount of data that needed to be examined; in this instance my process notes from over 200 psychoanalytic sessions felt like an impossible task to distil. It is important to note here that there is nothing neutral about the choice of patient which a psychotherapist chooses to be the focus for a case study. For instance, although Sigmund Freud treated many patients, only several of these became renowned through the writing of extended case studies, including 'The Wolf Man', 'Dora', and 'The Rat Man'. Each of these becomes representative of a wider shift in his theoretical thinking. (For instance, as discussed in the IPA thesis, 'Dora' becomes a text about transference, and Freud's formulation of this concept.) This tendentious use of the Case Study continued in the psychoanalytic field: for instance, Melanie Klein's case history of 'Richard' became a focal point for Klein's development of the Oedipus Complex, which significantly developed the concept presented by Freud. I consider myself to be a psychoanalytic clinician, not a theorist. I am interested in how concepts come to life in the room. However, I did have pre-existing interests which I had brought from my previous career in social care. I had worked with difficult to reach adolescents, particularly males who may have been involved in criminality. This interest played into my choice of patient for my qualifying paper: an adolescent male who I saw three times a week.

Reading my process notes, themes began to form; some so present in my mind they were available before I began the analysis of the notes. Another motivation to use this particular patient resulted from the treatment finishing prematurely due to my training ending. In some ways using this patient as my case study allowed me to continue thinking about the patient long after the therapeutic work ended.

It was difficult to think about how successful treatment was for the patient during therapy. I spent many periods of the work feeling it was not working; in fact it felt like I, or the psychotherapy itself, was being drawn into a circle of grievance and used in unhealthy ways. It was through the process of my methodology, the intricate, almost forensic examination of the notes, session by session that I began to recognise and understand the small but important shifts towards a more integrated self. This was almost only possible through my data analysis; this is similar to my IPA method where the lived experience is central to the research.

IPA research study

The IPA study was borne out of an interest developed during my time as a trainee child psychotherapist in an EBD school. After two years of being part of a NHS psychotherapy team embedded in an educational setting, questions started to arise in my mind about school staff's perception of the psychotherapy service. One might have thought it was a universally welcomed resource at a time of cuts and under resourced services for children. However, in interactions with the staff across the school I became aware of ambivalence and criticism of the

service. The concern seemed to be about how the insertion of the therapy affected the children's educational and social learning. A number of staff felt unhappy about managing children's disturbing projections before and after therapy and had become increasingly vocal about the challenges and impact this had on their ability to teach and manage the children. It was also seen to impact on the whole class and the school community. My awareness of possible discontent amongst some factions of the school staff coincided with the therapeutic service being out for tender. The school wanted a different approach to the service offered. There was a desire for brief interventions as opposed to medium to long-term work. With this in mind the research took on a higher purpose – my motivation was to stimulate discussion and thinking, to provide a space for staff to think holistically about the psychotherapy service and gather up their lived experience through semi structured interviews. The research almost felt part of our bid to keep the service in the school.

There were also some practical aspects to my decision. A school provided a beneficial environment for research: the participants were readily available and the leadership team were accustomed to other research projects in previous years. As my sample was made up of members of staff and not children / patients the process of satisfying an ethics committee was straightforward. I also felt I had a good relationship with the staff across the school community: trust had been established and an understanding of my idea had been discussed informally leading up to making a final decision.

Research Methodology

The very nature of the analytic work is that sessions are carried out without specific questions in mind, as Bion (1967) states, 'without memory and desire', and without an intention of testing a particular hypothesis. (It is therefore more in line with an inductive, or bottom-top, mode of research: I work with the richness of the material produced in the room.) Psychoanalysis is, however, undoubtedly concerned with empirical material that is brought to light. The fact that this material is also concerned with unconscious states can complicate its status as data, as the 'existence' of the unconscious in a psychoanalytic sense is not uncontested.

My IPA research study had a specific question and a more formal approach from the beginning. This in itself sets the two studies apart, although both share similar principles such as the use of a literature review. The literature review is an important component in both studies and helps form an understanding of the themes emerging. An obvious difference is the single case study focuses on one participant as opposed to my research study that focuses on many participants positioned within the school system. The nature of the single case study means that it may be more challenging to make assertions regarding generalizability in contrast to wider qualitative studies. I explore this further in the following section.

Robert Yin (2009) talks about a single case study as an 'empirical enquiry'. It is sometimes seen as a prelude to a wider piece of research with multiple participants. In my clinical portfolio, there was no connection between the two. The single case study stands alone and was a more

personal account of the relationship between myself as therapist and my patient grounded in the psychoanalytic process of free association. The single case study was not carried out with the intention of developing further research and was not intended to be shared with a wider research community. However, it could contribute to an understanding of the psychopathology of the adolescent mind. The single case study is based in a phenomenological approach. The patient was seen three times a week in intensive psychoanalytic psychotherapy where observation and interpretation within the transference were recorded through process notes. The notes were recorded after each session. The work was analysed on a weekly basis and meaning was established through the noticing in the session of my own countertransference, the noticing of the transference, and the impact of the interpretations. Supervision of the clinical work added to my understanding and contributed to the data that I analysed in preparing the clinical paper. There was no question addressed to the patient, although my evolving interpretations became ways of encountering the material. The process depended upon free association of the patient and my countertransference. The process notes formed the data for the development of themes for the analysis of recorded experience.

Both clinical studies are qualitative in their nature and rely heavily on observation tools to collect in-depth data to allow analysis and the presentation and reporting of results. However, in my particular experience there were stark differences in gathering data between the two studies. The research based at the school used an IPA method to collect data, using semi-structured interviews and analyzing the material in a structured way following the IPA method. There was a scoping exercise to establish the perceptions of the psychotherapy service

embedded in the school. There were no quantitative statistical methods used. Both parts of the clinical portfolio, however, looked at the lived experience of the participant/s and had an interest in drilling down to a deeper understanding. This was a shared component crucial to the understanding of both studies.

<u>Generalizability</u>

Earlier in the reflective piece I mentioned that a single case study is difficult to generalize from due to its limited scope. However, it is true to say that single case studies can be generalized if drawn together with others: this has been a method used throughout the history of psychoanalysis, starting with Freud. For instance, my case study could be drawn together with other case studies of adolescent males to analyse whether there are common themes across the subjects, and to establish whether there is a specific psychopathology relating to this demographic. In addition, the question of generalizability depends somewhat on what area is being generalized. While it clearly would not be appropriate to make definitive theoretical propositions regarding adolescents based on one case study, it would be possible to make generalized comments regarding my experience of countertransference in my own practice.

The IPA study differs due to the multiple participants invited to take part. Although my particular IPA study only used eight participants, this method embeds a form of generalizability within it as it involved a substantive contingent of the school staff. Although the research may not be able to be generalized in terms of wider experiences within mainstream schools, I would

argue it does have wider applicability to EBD schools due to the specific needs of the pupils within the community.

Reflections of my lived experience

A methodology for my single case study was not at the forefront of my mind whilst treating my patient, in effect gathering my data. I was aware of the basic principles of a study of this nature with an introduction, literature review and so on; however, at the time my analysis of the work was not set within a research framework, but responded to my curiosity regarding the patient. (This, however, grounded in my practice methodology of psychoanalysis.) I focused on material from certain sessions where themes became illuminated within the work, and my conversations with my clinical team and supervisor. This gave me the freedom to write about themes I felt were important shaping the study through my clinical understanding. Psychoanalysis as practice is reliant on the clinical understanding of the individual therapist; therefore, it is subject to interpretative bias by definition.

As I have mentioned earlier, the single case study is arguably a natural research area for a psychotherapist. It felt more comfortable thinking and writing about a patient I had been working with for a number of years, where regular supervision and other spaces to think about the patient were readily available. These were where the themes were often identified and worked on in the consulting room. The opportunity to write about the experience felt less challenging in some ways; however, the personal toll on me was greater due to the therapeutic

journey I had been on with him. It was one of my first experiences of taking on intensive

clinical work and I felt that the patient was in need of more work, which I was unable to provide

due to the conclusion of my training. When writing the case study, I identified areas which

could have been developed further, and this was emotionally challenging due to the length of

time I had worked with him and the depth of the relationship we had created. Experience of

writing the case study was, however, mixed. This experience was similar to that of my IPA study

as contact with the participant/s had ended when I was writing up my research for both.

Reflecting on this further, it is likely that the process of writing would have differed if I had still

been in contact with the participants: for instance, in the single case study, I may have been

encouraged toward the future work with him, rather than feeling work had come too abruptly.

The process notes were not written with a view to creating a case study; this means that the

data is authentic clinical data produced through the practice of psychoanalytic psychotherapy.

IPA was an unfamiliar area for me, and a daunting one for an inexperienced researcher. The

attraction of this particular method was its grounding in the lived experience of the participant.

This similarity to a single case study felt containing. Understanding the method in greater detail

was a challenge due to the formulaic mode of interpretation: for instance, the use of the table,

and the identification of superordinate and subordinate themes. My way of thinking, planning,

and writing had to shift to a lesser-known technique, which involved a level of vulnerability.

The approach became clearer in the lived-experience of undertaking the interviews. I had to

learn a new language and applied way of understanding data and evidence which was highly

methodical.

I was a reluctant researcher to begin with; however, through the process of my research I started to understand the value of this type of work. In fact, it has become enjoyable and given me a sense of another way of working and thinking.

Shared Themes and Differences in Evidence

As illustrated earlier the two research studies had some stark differences between their methods; however, interestingly there were some similarities in themes that arose from the data analysis stemming from the process notes from my single case study and the interview data from my IPA study. One of the clearest themes was around endings. It is important to note that this was not one of the themes to arise from the IPA, but it was present before the study started and as mentioned formed part of my motivation for conducting the research at the school. This resonated with the case study as the patient had stated his wish to stop treatment, in my professional view, prematurely. One of his complaints was that he felt the intensity of seeing me three times a week was too much for one person. This complaint was echoed by some of the leadership staff at the EBD school, who felt that therapists seeing patients so frequently was causing further issues for the teaching staff, particularly around managing the 'fall-out' in and around the school community. Some school staff also had concerns for the patient's own health, as they were evidently getting in touch with some difficult feelings and acting out, sometimes in disturbing ways.

What was interesting to me was that when progress was starting to take place and a deeper understanding was beginning to develop there was a lurch towards ending. In relation to my case study the patient felt he could reduce the sessions, with a view to drawing sessions to a close feeling that he could manage on his own after several years of intensive intervention – that essentially he felt better. However, in reality his dreams and presentation suggested otherwise. The school, in their own way were telling me something similar, something I started to notice in my interviews, particularly with leadership staff. There was a hint that the school could offer a 'good enough' therapeutic space for the pupils without a psychotherapy service, similar to my patient feeling that he could go it alone. In the school this was often under the guise of the 'wider ethos/alliance' theme.

Another theme to emerge from both sets of data was around how taking in of another's mind, thoughts and ideas can take place, or indeed how it is rejected. This theme can be related to the theme I have discussed above. To elaborate, the patient in the case study, during the beginning and middle stages of treatment, found it challenging to take something in, to internalise a thought or idea from another person without feeling fraudulent or in competition, often with myself. He would become frightened by the idea of collaboration or an alliance; however, over time and without consciously acknowledging this, he began to internalise a more containing object. In the external world he was starting to use 'words not action' to demonstrate how he was feeling. The taken in and internalising of another mind, in this case the psychotherapeutic mind, at the school did take place but was often a 'therapeutic process' on an institutional level. Some participants found it less challenging then others, which seemed

to mirror the varying therapeutic responses from the pupils in treatment. Others found it more difficult and there was a 'clash of cultures'. One might say there was also a 'clash of cultures' in my case study as an open and thinking mind was met by a defensive wall akin to an 'anorexic state of mind'.

The evidence collected from the two studies was in many ways was similar, as it comprised the lived experience of the participant/s. Although the school staff were sharing their experience of a psychotherapy service and its effectiveness, and my patient (case study) was sharing the experience of his internal and external world, the language and tone of the material was central to both studies. The evidence in the IPA study comprised speech from the individual participants. The evidence in the case study comprised not only the patient's speech, but also my own counter-transferential feelings which informed me of what was going on between us through my own personal responses, including bodily responses. This clearly is not simply the same as verbal material gathered in a phenomenological study. Psychoanalysis is also concerned with what cannot be explained or articulated and is highly personal experience between two people.

Both sets of data were subject to a hermeneutic process, albeit non-identical due to the process of free association in psychoanalysis previously discussed, and the specificities of the IPA Method. Evidence was affected by the varying relationships through which the material was

produced: however, both data sets suggested the containing role I played for both the patient and the participants.

Concluding thoughts around child psychotherapy and research

Through the process of completing my clinical portfolio, I have understood that child psychotherapy has a place in research. It is through my investigation that child psychotherapy is underrepresented in areas outside of the single case study. With the introduction of a doctoral element to the training, I hope that this will stimulate discussion and further research on a wider scale. The potential of the single case study is not currently being used to its full potential, despite its huge significance to the development of psychotherapy as a discipline. Clinical psychology is the more dominant discourse, and tends to use quantitative research methods, and the statistical analysis of treatment and outcomes. My belief is that if child psychotherapy wants to continue and be represented in the NHS, research needs to be at the forefront of the profession in order to justify its position in the field of mental health at a time when funding for such services has not been prioritised. Individual psychotherapists provide valuable research data by publishing single case studies, which can be used as the foundation for wider research.

Works Cited

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