

How might young people communicate their expectations of
relationships during ADOS assessments?

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Recent national developments have seen the rise of distinct Autism Assessment Teams (AAT) within NHS Child and Adolescent Mental Health Services (CAMHS) as a way of managing the increasing prevalence of autism amongst young people (Newschaffer et al., 2007, p. 151). Young people (YP) with autistic symptomology are referred into the AAT for assessment and diagnosis. Currently, under Nice guidelines (NICE, 28 September 2011), the AAT does not include Child and Adolescent Psychoanalytic Psychotherapists (CAPPTs). This study aimed to explore possible CAPPT contributions to the AAT, YP and wider network, through asking the question ‘How might YP communicate their expectations of relationships (EoR) during the Autism Diagnostic Observational Schedule (ADOS)?’, which is one assessment conducted by the AAT.

Participants included 5 AAT clinicians, 7 YP (4 females and 3 males) aged between 9 and 15. Data was gathered from 7 transcribed video and audio-recorded ADOS assessments. Discourse Analysis, specifically ‘Subject Positioning (SP) Theory’, was then applied to analyse the data, revealing fifteen SPs. Psychoanalytic understandings of communication and EoR were then applied to the SPs. Four main EoR were identified, demonstrating expectations that relationships would be characterised by:

1. Intrusion and exclusion
2. Aggression and destruction
3. Criticism, judgement, unreliability and untrustworthiness
4. Sameness

Findings suggested the ADOS assessment to be an emotionally saturated and meaningful experience for YP, which evoked various unconscious EoR, and primitive survival anxieties.

The assessing ADOS Clinician (AC) unconsciously contributed to the EoR and anxieties communicated.

These findings suggest a CAPPT could provide valuable understanding of the unconscious emotional world of the YP undertaking the ADOS, and the possible impact on the assessment outcome, the AAT and wider network surrounding the YP.

Key words: *Communication, Projective Identification, Expectations of Relationships, Transference, Countertransference, Autism and ADOS*

Word Count: 291

Declarations

I declare that the content of this study is all my own unaided work and that ethical approval has been granted by TREC. Confirmation of approval is in Appendix G.

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Abbreviations

AAT – Autism Assessment Team

AC – ADOS Clinician

ADOS – Autism Diagnostic Observation Schedule

CAMHS – Child and Adolescent Mental Health Service

DA – Discourse Analysis

EoR – Expectations of Relationships

PCG(s) – Primary Caregiver(s)

SP(s) – Subject Position(s)

ToM – Theory of Mind

YP – Young People

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Introduction

Child & Adolescent Psychoanalytic Psychotherapists (CAPPTs) have a long history of working therapeutically with autistic children (Rhode, 2018, p. 209), or those presenting with autistic traits (but without formal diagnosis), both privately and within the NHS. Wing and Gould (1979) define autism as a triad of social impairments: in interaction, communication and imagination. Recent national developments have seen the rise of distinct ‘Autism Assessment Teams’ (AAT) within NHS Child & Adolescent Mental Health Services (CAMHS), into which young people (YP) presenting with autistic symptomology are referred for assessment and diagnosis (www.nhs.uk/conditions/autism). These developments arose from NICE guidelines for Autism Spectrum Disorder in under-19’s (NICE, 28 September 2011), which aimed to address the increasing prevalence of autism in YP (Newschaffer et al., 2007). One study (Baron-Cohen et al., 2009) suggests the incidence of autism in primary school-aged children between 5 and 9 years-old is 157 per 10,000 as opposed to the original estimate of 4 cases per 10,000 (Rutter, 2005). Opinions vary as to how to interpret this increase, for example, does it reflect more inclusive criteria? (Rhode, 2018). However, emerging consensus suggests it may be more accurate to speak of ‘autisms’ rather than autism (Singletary, 2015), which encompasses the varied presentations and degrees of severity found in YP diagnosed with autism (Newschaffer et al., 2007).

This study is conducted in an NHS CAMHS within an AAT. YP presenting with autistic features, but lacking formal diagnosis, are referred onto a ‘neuro-developmental pathway’, which leads to a range of assessments within the AAT. The team, in accordance with NICE Guidelines (28 September 2011), comprises a Paediatrician, Clinical Psychologist, Psychiatrist, Educational Psychologist and Occupational Therapist. NICE guidelines (28

September 2011) do not specify CAPPTs to be part of the AAT. Currently, CAPPTs have no official role in this process and are rarely consulted.

At the end of the overall assessment process, the AAT meet with the YP and their primary caregivers (PCGs) to feed back the results. According to NICE guidelines (28 September 2011), this will include information about what autism is and how it is likely to affect the YP's development and function. Unless there are additional mental health difficulties, those YP with a diagnosis are most often discharged from the service and signposted to local or national autism-specific services. YP without a diagnosis of autism may be referred back to CAMHS or discharged.

In exceptional circumstances, CAPPTs might informally be asked to view a video-recorded ADOS (Autism Diagnostic Observation Schedule) assessment offered by the AAT, especially if the young person did not receive an autism diagnosis and there is continued uncertainty about their mental health difficulties. The ADOS assessment (Lord et al., 1989) is conducted by an AAT clinician with a young person, exploring through play and interaction the social and communicative features associated with autism (Lord et al., 2000). CAPPTs, if consulted, may comment on the way the young person emotionally relates to the clinician during the ADOS assessment or what the nature of their play is like. CAPPTs are specifically trained to use observation skills to think about the internal, and often unconscious, emotional world of young people (YP) and to understand the internal sense they have made of their experiences (Lanyado & Horne, 1999).

This study seeks to explore the contribution a CAPPT could make to the AAT, the YP and their families, through specifically looking at how YP might communicate their expectations of relationships (EoR) during ADOS assessments.

EoR, in psychoanalytic terms, are known as ‘transferences’ (Freud, 1912), where an individual projects (transfers), predominantly unconsciously, attitudes, feelings and expectations into other people which *derive* from earlier relationships with primary caregivers (PCGs). The individual projecting may then act towards those others as if they were their PCGs. This can produce a response in the recipient of the projection, invariably unconsciously, which accords with the individual’s EoR. This response is known as the countertransference (Pick, 1985). An example of an expectation of relationship (transference) might be where a young person feels themselves to be bad or naughty, and perhaps expects to be scolded. They may then act provocatively towards an adult, who may respond harshly or critically (countertransference).

These expectations of relationships (EoR), derived from earlier relationships with PCGs, (Freud, 1912) are often communicated through the way a person acts, both verbally and non-verbally and, in the case of children, through how they play (Klein, 1952).

CAPPTs are particularly trained to think about and understand how the way a young person acts, plays, the things they say (or do not say) can reveal aspects of their unconscious and emotional expectations of relationships (EoR): the way they feel and expect others (including themselves) to act and be in relationships (Lanyado & Horne, 2009).

The CAPPT’s specific understanding of the complexities of the unconscious internal world of a young person appears to be a missing dimension in the Autism Assessment Team’s (AAT) overall assessment process and particularly the ADOS assessment. This could provide valuable understanding to a young person, their family and wider network, for example, school, who, given the current feedback to families under NICE guidelines described above, may struggle to understand the *particular* emotional and relational world of the young person, how it impacts their relationships and, potentially, how to manage this.

A CAPPT's viewpoint could complement psychiatric diagnosis by *describing* the specific nature of the young person's unconscious relational expectations, which contribute to symptomology and their implications (Urwin, 2002). Such understanding may enhance the family's resilience in managing a probable lifelong condition (Urwin, 2002).

A narrative review of the literature has identified a body of principally psychoanalytically-informed material about unconscious and conscious communicative processes and EoR of non-autistic and autistic young people (Alvarez, 2004; Bion, 1970; Freud, 1912; Premack & Woodruff, 1978). However, there appears to be no literature focusing on how YP might communicate their EoR during *ADOS assessments*. This gap opens up a new line of enquiry for a CAPPT's perspective on ADOS assessments, particularly how young people (YP) might communicate their EoR therein.

Study aim: To understand how YP might communicate their EoR during ADOS assessments.

Study objectives:

1. Observe and analyse 8 video-recorded ADOS assessments from the AAT conducted with YP, exploring from a CAPPT's perspective interactions between the YP and the assessing ADOS clinician (AC).
2. Explore and describe the unconscious emotional and relational aspects of the ADOS assessments, focusing on the interaction between the YP and AC and what this might suggest about the YP's relational expectations.
3. Use a qualitative tool, such as Discourse Analysis (DA), which lends itself to a psychoanalytic exploration and description of verbal and non-verbal interactions.

Thesis structure

Chapter One: The Literature Review

The Literature Review is presented, which explores and discusses pertinent evidence, research, scholarship and theoretical works drawn mainly from psychoanalysis, focussing on communication, EoR and autism.

Chapter Two: Methodology

The methodology employed for the study is described in detail. This includes how the data was collected and how the transcripts were analysed using both Discourse Analysis ‘Subject Positioning Theory’ and Psychoanalytic understandings of communication and EoR.

Chapter Three: Findings and Discussion

The findings of the study are described and discussed in the light of the literature review, exploring possible meanings and implications in relation to the study question.

Chapter Four: Conclusion and Recommendations

The conclusion to the study is presented, stating strengths, limitations and recommendations for future research.

Chapter Five: Reflections on the Research Process

The author reflects on the process of conducting the study, exploring the challenges and also insights gained.

1 Literature Review

The study question the author is seeking to explore in this literature review is: How might young people communicate their expectations of relationships during Autism Diagnostic Observation Schedule (ADOS) assessments?

1.1 Introduction

This review examines how children, presenting with autistic characteristics (but without a formal diagnosis) might communicate their expectations of relationships (EoR) during Autism Diagnostic Observation Schedule (ADOS) assessments. Principally Psychoanalytic - including Child Psychotherapy - perspectives are employed to explore the meaning and nature of communication and EoR, including theories as to the origins of both. Clinical Psychology and Child Development studies are used, where relevant, to contextualise, discuss or elaborate mainly psychoanalytic findings. A psychoanalytic understanding of communication and EoR is developed. Many psychoanalytic studies explore communication and EoR in children and adults (with and without autism). However, there appears to be a paucity of literature examining this area of enquiry within ADOS assessments, or offering detailed analysis of how EoR might be communicated.

1.2 Review Methods

1.2.1 Search Methodology

This is a narrative review (Cronin et al., 2008), which includes a systematic search of the literature. This review type assesses the current state of research on the topic, synthesising evidence from differing sources, identifying gaps, thus contextualising the chosen topic (Polgar & Thomas, 2013). It does not analyse the data, thus is open to bias, with authors selecting literature supporting their worldview (Grant & Booth, 2009). This potential

criticism has been borne in mind when selecting literature and, therefore, additional psychological perspectives, such as clinical psychology and child development, have been included to address this potential bias.

The search strategy initially sought empirical studies on how young people (YP) communicate their EoR during ADOS assessments. The study question ‘How might young people communicate their expectations of relationships during ADOS assessments?’ comprised 4 keywords: ‘young people’, ‘communicate’, ‘expectations of relationships’ and ‘ADOS’. Synonyms of each keyword were generated by the author and search equations were developed using Boolean operators ‘OR’ and ‘AND’, truncation, non-exact and exact phrases. See Table 1.1 below for full details of keywords and synonyms used.

Table 1.1 - Keywords & Synonyms

Keywords			
Young People	Communicate	Expectations of Relationships	ADOS
Synonyms			
Child*	Communication	Internal world	“Autism diagnostic observation schedule”
Teen*	Communicat*	Internal reality	Autis*
Adolescen*	Express*	Phantasy	“Autism spectrum”
Youth*	Convey*	Unconscious	“Autistic spectrum”
Girl*	“Projective identification”	“unconscious communication”	Asperg*
Boy*	“projection”	“transference”	“ASD”
Male*		“Internal object”	ADOS
Female*		“internal objects”	ADOS 2
patient		“psychotherapeutic transference”	
adult		Theory of mind	
men, women			

The PsycINFO database was searched three times (March 2019) using a combination of keywords and synonyms from Table 1.1, plus an additional term ‘child psychotherapy’ with synonyms. These searches yielded 414 papers in total. Abstracts were scanned (Cronin et al., 2008). Full details can be found in Appendix A: Table A.1.

1.2.2 Supplementary Searches

From the 414 papers found in PsycINFO there were key researchers’ names which recurred, such as ‘C. Lord et al.’, Maria Rhode and Anne Alvarez who appeared to be experts in the field of autism and were therefore investigated further. Additional searches were also

conducted, including the online ‘Journal of Child Psychotherapy’ and databases such as the Pep Archive, Psychology and Behavioural Sciences Collection, PsycArticles, PsycBOOKS and Autism Data. Combinations of search criteria (Table 1.1) were employed using authors’ names as well as hand-searches (Cronin et al., 2008) of reference lists to identify relevant papers related to the study question; for example, what does the ADOS assessment comprise or how is autism defined? These searches added 43 papers, which gave a total of 457.

1.2.3 Inclusion and Exclusion Criteria

Theoretical, empirical papers and book chapters from the 457 found were included in the literature review which:

1. contextualise, define and operationalise key concepts within their disciplinary frameworks, whether with adults or young people (YP)
2. focus on communication, EoR or the ADOS assessment in YP aged between 4-18, with or without autism
3. employ Discourse Analysis (DA) to study autistic children’s language as DA is this study’s data analysis methodology.

Non-English or pre-2000 papers were excluded, except those related to key concepts formulated before that date.

Having applied the above criteria to the 457 papers, 51 fulfilled the criteria. These were then read and categorised into four themes, each having several sub-themes. Papers relevant to several themes were replicated. Full details can be found in Appendix A: Table 1.2.

1.3 Findings

This section summarises and explores the papers found by theme and sub-theme. The main themes are Communication, Autism & Communication, EoR and EoR & Autism. Each theme is examined from a psychoanalytic perspective, this being the author's professional discipline; additional psychological perspectives, such as clinical psychology and child development are incorporated within each theme, where appropriate, to contextualise, discuss or elaborate psychoanalytic perspectives. The Discussion section of the literature review then critically evaluates these findings.

1.3.1 Theme 1 – Communication

Communication is a broad word with one dictionary defining it as: 'the imparting or exchanging of information by speaking, writing, or using some other medium'; 'a letter or message containing information or news'; 'the successful conveying or sharing of ideas and feelings' and 'social contact' ("The Chambers Dictionary," 1993, p. 347). Communication appears to encompass both verbal and non-verbal relational contexts.

Non-verbal communicative behaviours arise in the first weeks of an infant's life (Tager-Flusberg et al., 2005). Infants recognize the primary caregiver's (PCG's) voice and participate in vocal turn-taking. By 1-year-old, infants have a non-verbal behaviour repertoire which expresses intentions that words will later replace, for example, calling attention to objects and events (Tager-Flusberg et al., 2005). Spoken language typically begins around 1-year-old with an increase in receptive and expressive vocabulary, with words naming objects, people and relationships. These developments connect to growing notions of object permanence (Gopnik & Meltzoff, 1987); words are learned quickly through association. In this progression, the infant recognises the comings and goings of people and objects, which concern them (Tager-Flusberg et al., 2005).

Chapman (1978), U.S. Professor of Communication Disorders, suggests that young children appear to understand everything primary caregivers (PCGs) verbalise, but actually do not comprehend more words than they themselves can use. They respond instead to PCGs' behaviour or what they know usually happens. This non-verbal understanding suggests internal expectations of PCGs' behaviour.

Neuropsychologist Asher (1979) states that language ability develops from 18 – 24 months-old, evolving between the ages of 2 – 5 years-old from simple utterances to full grammatical forms, with more varied language use. During school years, children typically increase their vocabulary and become complex, precise communicators, able to take another's perspective (Asher, 1979).

The above indicates that communication develops within relationships between children and PCGs and that non-verbal communication is an important precursor to verbal communication. Psychoanalytic authors further elucidate this developmental process by elaborating the unconscious and conscious emotional roots of communication, and the PCG's primacy in its development (Segal, 1957; Urwin, 2002).

1.3.1.1 A Psychoanalytic understanding of non-verbal communication

Freud (1911) developed the concept of projection in adult work to denote the condition of a person who has an *internal* self-perception, perhaps something felt to be bad, which needs to be suppressed. Such perceptions do not disappear, but are reversed or denied, often because they are painful to acknowledge. Instead, the internal self-perception takes the form of an external perception: someone *externally* has this bad aspect. Klein (1935) also developed projection in her work with young children, seeing it as the infant's way of managing experiences and anxieties by projecting *good* and *bad* aspects of self into its PCG. Klein (1935) highlighted the normality of cycles of projection and introjection, which develop the

infant's mind and character. In Introjection the infant takes in objects (people) in its environment, the PCG's breast being the earliest developmental prototype. An available breast is perceived in a split way as ideally good, but as wholly bad when unavailable. Such perceptions may be versions of actual external objects, becoming 'internal objects' (Klein, 1935) in the infant's mind. Klein (1946) further postulated unconscious 'projective identification' where the infant may feel the recipient of their projection to *be* the projected aspect of self. Whilst projective identification came to be conceptualised as a developmental process, if excessively and defensively employed, it fragments, disperses and weakens the sense of self (1946).

As detailed above, both Klein (1935) and Tager-Flusberg, Paul and Lord (2005) highlight infants' non-verbal communicative natures from birth. Furthermore, children understand others' behaviour even when they cannot verbalise (Chapman, 1978). This resonates with Klein's (1935) description of internal object formation where the infant introjects the external objects they encounter, through which they understand and interpret their environment.

Bion (1959), (1962), (1970) developed Klein's concept of unconscious projective identification further, describing it as a primitive form of communication through which the infant seeks to know and understand its own experiences in another. This other can take the infantile experiences in, seek to understand them and return them to the infant in a modified and digested form so the infant has an experience of being understood and of the rudimentary processes of thinking (Bion, 1970). Bion (1970) emphasised the two-way nature of the relationship between infant and PCG, where the infant takes in a model of an object who can contain its feelings and thoughts, gradually learning through this to manage and know itself. Bion's perception of unconscious projective identification differed from Klein who thought projective identification existed only in unconscious phantasy and was a means of evacuating experiences (Spillius et al., 2011). Bion, however, illuminated how projective identification

could affect the recipient and was part of a two-way *communicative* relationship, leading to the growth of the infant's personality (Spillius et al., 2011).

Although Bion worked with adults, his development of Klein's concept of projective identification, including finding a strong enough container for projections, is widely used in child psychotherapy (Spillius et al., 2011). An example can be seen in Joseph's (1988) paper, where a child, at the end of a therapy session before a weekend break, screamed at her therapist to 'Stop your talking, take your clothes off. You are cold. I'm not cold.' (p.141). Here the child projects into the therapist her feeling of exposure ('take off your clothes') and loss of the feeling of warm closeness to her therapist ('cold') at the forced separation of the weekend. The child concretely identifies the therapist as the one who is out in the 'cold' (Joseph, 1988, p. 141).

Rosenfeld's (1988) adult work developed unconscious projective identification further, adding a pathological dimension where it becomes a way of evacuating feelings and experiences into others, treating them as if they were those projected aspects of oneself and not separate. Joseph's (1988) work with children concurs, describing the clinician's countertransference as vital in helping the child to become aware of the projections, which is discussed later in this chapter. It appears to be that unconscious projective identification can be utilised by adults and children alike, either in the service of communication and containment, or to evade and attack it.

1.3.1.2 A Psychoanalytic understanding of verbal communication development

Verbal communication begins around one-year-old, as toddlers learn words to name objects and significant people (Tager-Flusberg et al., 2005). Psychoanalysis understands this process of using symbols as originating and evolving within the emotional relationship between the infant and PCG (Segal, 1957).

Segal (1957) situates the infant's ability to use symbols in the context of Klein's work on projective identification (1935), claiming the first symbols are the infant's projected internal feelings and phantasies. However, Segal (1957) argues these symbols are not felt as representations, but are concretely felt to actually *be* the original object and are treated accordingly, both internally and externally. Segal (1957) calls this 'symbolic equation' (p. 392), where symbol and symbolised are undifferentiated. Segal (1957) cites an example of symbolic equation taken from Klein's work with Dick, an autistic boy, who saw pencil shavings in the consulting room, commenting 'Poor Mrs Klein' (p.394) as the shavings (symbol) in his mind were equated with Mrs Klein (symbolised) cut to bits.

In symbolic equation, the distinction between self and object is confused; aspects of the self have been projected into the object and identified with it: there is scant separation (Segal, 1957). Although this 'paranoid-schizoid' state-of-mind (Klein, 1946), characterised by persecutory anxiety, is part of normal and very early infantile development, it cannot remain so. Gradually these early symbolic equations must develop into real symbols, known to represent the object and not be it (Segal, 1957). Reality and perception are better differentiated. Segal (1957) suggests this development from symbolic equations to real symbols occurs as the infant gradually recognises the total reality of the object, as being neither good nor bad, but both, separate from self, with its own characteristics. This is a more advanced developmental stage, occurring midway through the first year of the infant's life, which Klein conceptualised as the 'depressive' position (1940).

Furthermore, the infant develops awareness of ambivalent feelings of love and hate towards the object, distorting its perception, thereby experiencing guilt and anxiety concerning its loss. Segal (1957) argues that this 'depressive' state-of-mind (Klein, 1935), motivates the infant to create symbols which are *separate* from the object. This displaces aggression from the original object, lessening guilt and fear of loss (Segal, 1957, p. 393). Symbols are

internally created as a means of 'restoring, re-creating, recapturing and owning again the original object' (Segal, 1957, p. 393). Thus created, the symbols can then be re-projected externally, endowing the world with symbolic significance. This suggests that all subsequent symbols derive from the emotional relationship with one's PCGs and are endowed with emotional significance. Children's play can be understood as symbolic of a range of early relationships (Segal, 1957).

Segal (1957) argues that individual freedom to use true symbols relates to the capacity to experience loss and separation. Symbol formation, therefore, appears a response to loss and absence and a way of overcoming it, whereas symbolic equation denies loss as the symbol and the symbolised are confused.

Segal (1957) finally suggests that symbol formation is central to communication, since all communication happens symbolically, both internally and externally. Given that symbol formation develops in and through the emotional relationship between the infant and their PCG, disturbances in this relationship can disrupt communicative capacity. From this perspective, communication appears to be an emotionally-laden act. Furthermore, Joseph (1978) suggests that in everyone there is a constant fluctuation between paranoid-schizoid modes of relating (the object is felt to be persecuting with scant separation between subject and object due to projective identification) and depressive modes (the subject feels concern and guilt towards the object, who is recognised as separate and whose qualities are appreciated). This suggests that one's state-of-mind, whether paranoid-schizoid or depressive, will impact the ability to communicate verbally and non-verbally.

Urwin (2002) situates Segal's symbol formation as one of several complementary language development perspectives, where verbal communication is motivated by separation and absence. However, Urwin (2002) offers an alternative to Segal's conceptualisation, locating

the ability to communicate in Bion's (1970) conception of a container and thinker for infant projections. She describes PCGs taking in the infant's primitive communications (feelings and anxieties) – unthinkable thoughts - thinking about them before returning them in a contained and digested form. For example, where an infant cries with hunger, perhaps feeling it is dying and in desperate need of food, a PCG needs to understand and respond, taking in the fear, need and distress and feed the infant. Eventually, the infant will internalise this capacity, developing mental space within itself where thoughts can come together, recognising what the feeling of hunger is and what needs to happen. If this process between the PCG and infant persistently fails, for example, the PCG frequently misunderstands, or is pre-occupied, then an object forms in the infant's mind which is hostile to emotional communications, disturbing learning and thinking (Urwin, 2002). Urwin (2002) infers that the infant's communicative ventures are dependent on how experiences are processed within the PCG-infant relationship. She sees disturbances in language development as part of a broader 'problem in thinking unthinkable thoughts and in representing emotional experience symbolically' (Urwin, 2002, p. 75).

1.3.1.3 Children's word use: a psychoanalytic perspective

Rhode (2013) suggests that mutism, unusual word use, difficulties in producing words, sentences or distortions in syntax can reflect a 'child's primitive anxieties and phantasies', for example, about imagined or actual sibling rivals, and be a magical means of controlling them (p.270). Rhode (2013) gives an example of a 12-year-old boy who collapsed vowel-spaces in words to manage his fear of space (p. 276).

Rhode (2013) postulates that words are not used or developed in isolation and are not only referential (Tager-Flusberg et al., 2005), but are also intimately connected to how children unconsciously imagine and expect relationships to be. Communication and words symbolise

internal intimate relationships and phantasies, structurally reflecting the expectations we have of them (Rhode, 2013).

Whereas, Reeves (1996) argues that words symbolising unconscious content or expectations of relationships (EoR) *is not* something young children are aware of, particularly in latency. Reeves (1996) stresses a child may not know what they consciously mean and *before* a verbal expression can symbolise the unconscious internal world, a child needs help to know what they themselves think the verbal expression consciously means. Adults first need to understand the child's words and ideas on *the child's terms*. For example, a toddler might point to the cooker upon hearing the word or sign 'cooker', but not yet know what cookers are or their intended purpose (Reeves, 1996, p. 286).

Understanding verbal communications is a complex task, in terms of what is consciously and unconsciously meant and understood. Hughes (1994) further highlights some patients fear verbalising, for example, 7-year-old Peter, who stated 'Talking makes things happen, I don't talk I just do things' (p.157). Peter recognised communicating with another leads to feelings, which he seemed to fear, perhaps imagining that no-one could contain them (Hughes, 2004).

Having explored the ordinary development and understanding of communication from a mainly psychoanalytic perspective, what are the communicative complexities associated specifically with autism?

1.3.2 Theme 2– Autism and Communication

1.3.2.1 What is autism?

Eugen Bleuler, a Swiss Psychiatrist, first used the term autism in 1911 to describe particular symptoms in schizophrenia (Kuhn & Cahn, 2004). Rhode (2018) in a review of 'Object relations approaches to autism' describes the term developing in 1943 through Kanner,

another psychiatrist, who worked with children with severe impairments in communication and relationships (2018). They often lacked language, did not play symbolically and exhibited ritualised behaviours (2018). Viennese paediatrician, Asperger, in 1944, independently detailed children similar to those seen by Kanner, but who did not have delayed language, though they employed it idiosyncratically (Rhode, 2018). These children were described as having 'Asperger's syndrome'.

The contemporary term 'Autistic Spectrum' comprises Autism and Asperger's Syndrome, with defining features as impairments in social interaction, communication, understanding and imagination (Wing & Gould, 1979). Tager-Flusberg, Paul and Lord (2005) highlight that professional understanding of autistic children's impairments, particularly around communication, is still evolving, but they suspect that observed disorders of communication are a result of deficiency from birth in the ability to process information about social relationships. They stress that delays and deviance in language ability renders autistic children 'doubly handicapped in communication' (Tager-Flusberg et al., 2005, p. 354).

Rhode (2018) cites psychoanalytic pioneers, Frances Tustin and Donald Meltzer, who developed an understanding of the nature of autism, shaping the way psychotherapists work with autistic people. She describes Meltzer discovering how sensuous autistic children can be, with high sensitivity to others' states-of-mind, and how language development can be hindered if the child fails to recognise another as separate as language is needed to communicate across the gap between self and other (Rhode, 2018). Rhode (2018) also describes Tustin's work exploring autistic children's bodily experiences, where Tustin discovered, like Meltzer, their sensuality, but also their primitive fears of spilling out or falling into space. They experience separation traumatically as losing parts of themselves. Rhode cites the 4-year-old boy who continually used his voice's vibration (a 'Deee' sound) to hold himself together and be assured of his continuing existence (2013, p. 276). Meltzer and

Tustin emphasise autistic children's reliance on bodily (sensuous) experience which has yet to be symbolically represented and mentally understood by the children (Rhode, 2018).

1.3.2.2 Assessing children for autism

The original ADOS (Autism Diagnostic Observation Schedule) assessment was developed in 1989 by psychologists and psychiatrists Catherine Lord et al. (1989). It was used to systematise observation of social behaviour, communication and play of children with suspected autism (Le Couteur et al., 1989).

During the ADOS assessment, a clinician coded the behaviour observed, video-taping the assessment for later detailed analysis. The activities and behaviours the clinician observed and coded were derived from empirical research in autism and child development. These included observing the child's response to joint attention, make-believe play or socio-emotional questions, depending on age and functioning level (Lord et al., 2000).

Originally the ADOS assessment was used with children aged between 5 – 12-years, requiring at least a 3-year-old's expressive language skills. Another tool (Autism Diagnostic Interview - ADI) was used alongside the ADOS assessment (Le Couteur et al., 1989). ADI is an investigator-based caregiver interview yielding a description of history and current functioning in developmental areas related to autism (Lord et al., 2000). Employing both the ADI and the ADOS assessment together made for a more comprehensive assessment.

Lord (2000) highlights that expressive language level is probably the strongest predictor of autistic outcome, at least for those over 5-years-old. The ADOS assessment and ADI were developed mainly for autism diagnostic research for children with moderate retardation to normal intelligence (Lord et al., 2000), with clinician training required for each tool.

Since the initial ADOS assessment, there have been revisions and modifications in terms of age-range and to improve diagnostic accuracy, with the ADOS now assessing 1-year-olds up to adults (Lord et al., 2012).

The current ADOS, ADOS-2, developed in 2012, has 7 distinct module options: (1) the toddler module administered to children between 12 – 30 months who do not consistently use phrase speech; (2) module 1 for children with no words or (3) those with some words; (4) module 2 for those younger than 5-years-old or (5) those 5-years-old and above; (6) module 3 for verbally fluent children and (7) module 4 for verbally fluent adolescents and adults (Lord et al., 2012).

One review (Dorlack et al., 2018), assessing the accuracy of the ADOS-2 assessment (modules 1 – 3) found a *decrease* in diagnostic sensitivity compared to the original ADOS assessment. Whilst the authors acknowledge only 5 studies were reviewed, (a possible sampling error), they argue that a range of assessments, including clinical judgement, are needed within the diagnostic process. Future research should improve the diagnostic accuracy of the ADOS-2 assessment.

Kover et al. (2014) mixed methods study compares spontaneous language expression in autistic children across multiple contexts: both during the ADOS assessment and during play with caregivers or examiners. The study explored whether the ADOS assessment was an effective language sampling context. Results demonstrated that there were fewer utterances during the ADOS assessment than during play with caregivers or examiners. Even language-eliciting ADOS assessment activities yielded relatively little indication of the child's skill level (2014).

The authors (2014) acknowledge that they were using the ADOS assessment beyond its scope, but argue multiple assessments are needed for autism. This study effectively

demonstrates that the ADOS assessment context affects the outcome: children speak less. This has relevance given Lord's (2000) statement that expressive language level is the strongest outcome predictor.

Given the possible limitations of the ADOS assessment, what additional verbal communication difficulties do autistic children have?

1.3.2.3 Verbal communication in autistic children studied using Discourse Analysis

Dean, Adams and Kasari's (2013) Discourse Analytic study video-recorded and analysed sessions of social skills interventions. Cindy (an autistic 7-year-old) and non-autistic peers shared personal narratives. Over 60% of peer narratives were cooperatively completed, compared to less than 20% of Cindy's, which were often rejected by the group because they reflected restricted interests. The authors concluded that Cindy's autistic behaviour (manifested in rigid, repetitive interactions) led to her exclusion; there was little exploration as to why (Dean et al., 2013). One could argue that the communication of one autistic participant cannot be generalised to the whole population.

Bottema-Beutel and White (2016) used DA to analyse video-recorded interactions of 9 autistic adolescents, aged 15 – 19, and 19 typically-developing peers, aged 14 – 18, during the construction of fictional narratives within a group intervention in a summer camp. Groups collaboratively created a story using 10 photos (of themselves and others). The authors (2016) discovered that autistic participants contributed fewer narrative-related turns and prioritised making literal links between narrative events over creative interpretations. The authors suggest that autistic individuals apparently lack orientation to listener perspectives, but suggest instead that they orientate to different features of interaction, such as logical sequencing of events (Bottema-Beutel & White, 2016).

Sterponi and de Kirby (2016) challenge the above study, using DA to analyse the spontaneous home-based verbal interactions and activities of three autistic 6-year-olds with PCGs. The authors explore how prototypical features of autistic language (pronoun atypicality, pragmatic deficit and echolalia) manifest in relation to *conversational aims* set up by those *partnering* the child. These features may express underlying neurological conditions, but may also signify effort to navigate the conversational interaction. For example, echolalia could suggest difficulty in self-other relatedness, *but* may also be the child's attempt to access another's perspective. The authors urge such atypical communications be considered meaningful (Sterponi & de Kirby, 2016).

1.3.2.4 A Psychoanalytic understanding of autistic children's verbal communication

Psychologists and psychiatrists Tager-Flusberg, Paul and Lord's (2005) review describes large variations in timing and patterns of language development across autism, with most children speaking later and developing slowly. One complicating factor appears to be that autism is often diagnosed late, between 3 to 4-years-old; little is known about language development in younger children, with professionals relying on retrospective parental report (Tager-Flusberg et al., 2005).

Potential communication difficulties include: word-use, where mental or cognitive state terms are underused; difficulty in understanding socio-emotional terms; echolalia, where words used by another are continuously repeated; pronoun reversal, where self is referred to in the third person (Tager-Flusberg et al., 2005).

Another difficulty lies in comprehension, particularly in social interaction and conversation, where understanding language is intimately linked to understanding the accompanying non-verbal and verbal social cues (Tager-Flusberg et al., 2005).

One such study, which highlights the aforementioned difficulty in comprehending social interaction and conversation, offering a way to understand an underlying aspect of it, is Reeves' (1996) child psychotherapy case study of 9-year-old autistic Lizzie. When Lizzie discovered her teacher was away from school because of flu, she understood this as the teacher '*flew away*'. This precipitated Lizzie trying to fly to her teacher, jumping out of the window.

Reeves (1996) found that autistic children actually have a different experience of words, not open to contextual modification or social experience but instead divested of symbolic significance, concrete and inflexible. For Lizzie, the word was what the sound dictated – only one meaning was possible (Reeves, 1996).

Rhode (2003) further explores autistic children's language use, suggesting words are experienced concretely, rather than symbolically, and as things physically lost from their mouths, equated with losing a part of themselves, which echoes Tustin's work (1983). Rhode (2003) notes that autistic children's experience of bodily separateness can feel catastrophic, with attempts to cope via words' physical properties e.g. sounds to magically control reality or self-soothe, as opposed to communicate with. Rhode (2003) highlights the importance of the child's expectation to be understood. If there is little hope of a responsive other, producing words can feel pointless.

Rhode (2015a) further suggests that autistic children's anxieties and fantasies about bodily relationships impact their word-use and sentence construction; e.g. 5-year-old Sasha whose

perception of a damaged parental link impaired his sentence grammar: he could not use auxiliary verbs.

Urwin's (2002) psychotherapeutic work with 4 children with autistic features, including delayed and deviant language use, highlights how *actual* parental trauma had impacted the PCGs' ability to emotionally contain their children's anxieties. Children used omnipotent defences to survive. Four-year-old Memet witnessed parental domestic violence. He struggled to bring words together coherently, perhaps reflecting anxiety about things coming together – would there be conflict like he witnessed? Through helping parents tell their stories, they became more emotionally available to their children, responding to them *as children*. This, coupled with Urwin's work to 'bring forward hidden parts of the child' (p.91), resulted in autistic features, including delayed and deviant language, either disappearing or waning (2002). Urwin acknowledges that her work did *not* cure autism, but had a 'huge impact in mobilising the potential for change in the children and parents, opening up new developmental pathways' (Urwin, 2002, p. 91).

1.3.3 Theme 3 – Expectations of Relationships (EoR)

People experience a range of thoughts, feelings and desires towards others, including expectations of others' natures and interactions. 'Expectation' implies anticipation, regarding something as likely to happen. One aspect of this sense of expectancy about what another might do, think or feel is captured by the broad concept 'Theory of Mind' (ToM), a term first used by U.S psychologist David Premack (1978). This concept denotes the capacity to infer the mental states of others, for example, their beliefs or emotions, and through this to understand, explain and anticipate their behaviour (Apperly, 2012).

ToM is assessed via a false belief test, such as the 'Sally-Anne' Test (Baron-Cohen et al., 1985). A child sees Sally (a doll) put a marble in a basket and go out to play. Meanwhile,

Anne (another doll) takes the marble and puts it in a box. The child is asked where Sally looks for the marble when she returns?

Most typically-developing children, at around 4, accurately predict Sally's behaviour: she looks for the marble in the basket, demonstrating understanding of Sally's state-of-mind and anticipating her behaviour (Passanisi & Di Nuovo, 2015). This prediction also demonstrates that the child can differentiate between their own perspective, which knows the marble is in the box, and Sally's perspective, which thinks the marble is still in the basket. ToM is the capacity to step outside oneself, understanding the intentions, beliefs and feelings of others, distinguishing these from our own (Music, 2016).

Some argue that ToM is automatic and those not achieving it are neurologically deficient (Van Schalkwyk & Volkmar, 2015). However, recent research suggests that ToM develops in the context of the emotional relationship with PCGs and many factors influence this capacity. For example, children who experience neglect and receive little parental attuned attention can be less able at making sense of another's mental states (Music, 2016).

Psychoanalytic authors further highlight how the expectations we have of others in the present - how they think and feel in themselves and also towards us in relationships - are also derived from, and *unconsciously* influenced by, past patterns of relating with PCGs. These in turn affect self-other understanding in current relationships.

1.3.3.1 A Psychoanalytic perspective on children's expectations of relationships

Freud in adult analytic work (1905) discovered that his patients' various past positive and negative psychological experiences: feelings, wishes, phantasies revived during analysis (Freud, 1912). For example, excessive feelings of love and hate, derived from past relationships with primary caregivers (PCGs), were transferred onto the analyst, seemingly

applying to the present situation. This became known as the 'transference'. Analysis did not *create* transferences, but elucidated them (Spillius et al., 2011). Analytic work demonstrated to the patient they were re-experiencing and re-enacting their past relationships with PCGs in the present (Spillius et al., 2011). Freud viewed transference as a hindrance to analytic work, but also as a way to facilitate psychological change. (Freud, 1912).

Klein's (1952) work with children further demonstrated these past-in-present transferences, showing how play enacted early events and relationships, as well as current ones; both actual and those belonging to phantasy life (conscious and unconscious imaginative activity). Klein (1952) viewed play as children's means of relating anxieties and desires about relationships to themselves. She postulated the child would manage anxieties re-experienced towards the analyst similarly to the past; by focusing on the present analytic relationship, the past comes alive in the present (Klein, 1952).

Underpinning Klein's understanding of transference is Unconscious Phantasy. Isaacs (1948) details children's earliest unconscious phantasies as the psychic corollary of pleasant and painful bodily sensations, accompanied by phantasies of causative internal and/or external objects. An example might be hunger pangs, experienced in phantasy as a biting internal or external object. These experiences are pre-verbal. Isaacs (1948) suggests that by observing the analytic relationship, one can deduce the presence of unconscious phantasies.

Klein (1952) observed in children's play the presence of conscious and unconscious phantasies about birth, death, bodily processes and parental relationships. These object relationships could be loving or destructive, precipitating anxieties and defences. Klein (1952) further observed how children in phantasy project aspects of themselves into their internal and external objects and relationships. For Klein (1952) every external experience is suffused with phantasy and every phantasy contains aspects of actual experience. Klein

concluded that through analysing the transference relationship, the past can be inferred in its realistic and phantasy aspects (Klein, 1952).

Developing Klein's work, Rosenbluth (1970) suggests that children bring with them to any new relationship 'expectations and attitudes, which are transferred from earlier expectations and attitudes in other situations, and ultimately from their relationship with their parents' (p. 80). A clinical example Rosenbluth gives is of a 3-year-old girl, who picked out a tiny chicken toy and then a lion toy, placing the lion next to the chicken (1970, p. 78). Rosenbluth inferred that this communicated her feelings about their current relationship and situation, the little girl feeling herself the helpless chicken confronted by the dangerous lion Rosenbluth. Rosenbluth (1970) argues that the little girl *could not* have had such fears and anxieties about her unless she experienced them previously with PCGs. She now 'transferred' these onto Rosenbluth, *expecting* the therapist to attack or devour her as a lion would (Rosenbluth, 1970, p. 78). Furthermore, Rosenbluth (1970) suggests that children transfer unconscious images or aspects of internal PCGs, past and present, onto the therapist (p. 75). For example, the little girl above later acted the part of the biting lion, threatening to devour Rosenbluth, which then precipitated anxiety attacks (1970, p. 80). Rosenbluth (1970) suggests that both aspects of the little girl's play were repetitions of phantasies accompanying her early relationship to the feeding mother, transferred onto Rosenbluth – namely greed and attack (the little girl threatening to devour Rosenbluth) and then *expecting* retaliation (anxiety attacks and imagining Rosenbluth the dangerous lion).

Another clinical example from Rosenbluth (1970) is 5-year-old Ronnie who, during play, demanded more sand, despite having plenty. When Rosenbluth refused, Ronnie turned away, hid his face in mother's skirt and whimpered; he then vomited. (1970, p. 75). Rosenbluth suggests she became the mother-breast not under Ronnie's omnipotent control, subsequently

hated (turning away) and perceived as terrifying (vomiting the internal bad-mother-breast out).

By focusing on the child-clinician relationship, what is said or done (in play or otherwise) and on any emotions accompanying the interaction (Rosenbluth, 1970), one can gain an impression of the child's expectations of relationships (EoR).

Joseph (1985) extends Klein's (1952) work, suggesting that total relational situations are transferred from past to present; everything the patient brings to therapy is crucial for understanding the transference. Furthermore, Joseph (1985) suggests that patients communicate relational difficulties in ways 'beyond the use of words' (p. 448), gauged by the analyst's countertransference, which is their feelings and thoughts in response. Joseph (1985) cites an analyst's dissatisfaction with a patient who was difficult to help. Upon reflection, the analyst realised her countertransference feelings mirrored the patient's inner world: being with a PCG who could not make sense of her child's feelings, leading the child to feel the world was incomprehensible (Joseph, 1985).

Jackson (1998) suggests that managing the countertransference is complex, but emphasises it as the richest source of information about the child's EoR. Moreover, Heimann proposes that the countertransference is an 'instrument into the patient's unconscious' (Heimann, 1950, p. 81) and is the patient's creation and part of their personality.

1.3.3.2 A Psychoanalytic understanding of the complexity in gauging children's expectations of relationships (EoR).

According to Spillius et al. (2011), Klein and her predecessors regarded the analyst's countertransference as an obstacle to analytic work. This has not deterred the development of this therapeutic tool, now an established part of psychoanalytic psychotherapy with children (2011). However, it is not without its complexities.

Heimann (1950) and Money-Kyrle (2015) maintain analysts-in-training should have their own analysis to better understand themselves and to differentiate their own feelings from those of patients. Alvarez (1983) explains how difficult it can be to discern the transference-countertransference relationship, e.g. whether patient material relates to early, present relationships or to the analyst. For example, if a child says ‘You look tired today.’, is this an accurate perception from a child beginning to accurately perceive reality, or a ‘projected exhausted part of himself or internal object, or a consequence of some greedy demands made earlier in the session?’ (Alvarez, 1983, p. 10). However, Alvarez (1983) stresses that for the patient to feel known and understood, interpretation must be rooted in the analyst’s genuine emotional countertransference (1983). Moreover, Brenman-Pick (1985) proposes that recipients of projections will react; that in receiving the patient’s experience, the analyst will have an experience. Brenman-Pick (1985) emphasises the importance of working through this, managing and thinking about feelings evoked.

1.3.4 Theme 4 – Autistic Children’s Expectations of Relationships

1.3.4.1 Psychoanalytic understandings of autistic children’s EoR

Most autistic children fail False Belief tasks and are, therefore, described as lacking ToM: the ability to attribute mental states to others and through this anticipate behaviour (Baron-Cohen et al., 1985). Some authors perceive this lack as an inherent, biologically-based cognitive deficit, leading to social and communicative impairments (Van Schalkwyk & Volkmar, 2015). However, others suggest more complex precursors to this deficit, highlighting deficiencies in complex reasoning (Boucher, 2012), verbal communication (Congiu et al., 2010; Passanisi & Di Nuovo, 2015) as well as difficulties in internalisation (Rhode, 2012).

Child Psychotherapist Rhode (2018) views autism as ‘behaviours’ which attempt to manage ‘catastrophic anxieties’ or ‘deficits arising out of the *interaction between the environment and the children’s innate endowment*’ (p.704). This suggests a complex picture of nature and nurture, not a biologically-derived finality. Interestingly, Developmental Psychologist Boucher’s (2012) review further supports this complex interplay. She attributes the autistic child’s apparent lack of ToM to impairments in ‘primary intersubjectivity’ (Boucher, 2012, p. 238); infant and parent discover and know each other in reciprocal relationship, the child thereby developing a sense of self mediated through parental responses (Trevarthen, 1979).

Child Psychotherapist Alvarez (2004) argues that most autistic children, in fact, possess non-autistic personality aspects and, even with ‘life-long interference from the autism...may have a proto-ToM or a proto-sense of person within themselves...in a dynamic relationship with internal representations, figures, objects – no matter how skewed, deficient or odd this relationship may be’ (Alvarez, 2004, pp. 93 - 94).

Rhode’s (2018) review of psychoanalytic work with autistic children charts its origin with Klein in the 1930s who analysed 4-year-old Dick, who would now be diagnosed autistic. Dick’s play enacted conflicts and anxieties about his *relationship* with his mother, particularly separating from her. Rhode (2018) highlights pioneering work with autistic children conducted by Meltzer and Tustin in the 1970s and 1980s, suggesting that autistic children have thoughts about relationships and ideas about others’ internal worlds.

As previously discussed, Reeves (1996) demonstrates how autistic 9-year-old Lizzie did have an *expectation* of her teacher flying away and thought she could fly away to her too. Rhode (2015a) demonstrates 5-year-old Sasha’s fantasies about his parents’ *bodily relationship*, perceiving a damaged link between them, which affected his ability to communicate.

Alvarez (2004) tempers the above views, suggesting when autistic symptoms are severe, the child having little sense of their own or others' existence, EoR may seem absent. However, close observation may indicate 'faint or disordered signs of relatedness which can be amplified' (Alvarez, 2004, p. 96)

Expectations of relationships (EoR) will not be identical for all and will require a more active therapeutic technique (Alvarez, 2004) and a differentiated understanding of the autistic worldview (Rhode, 2018). Autism research is still evolving (Passanisi & Di Nuovo, 2015; Rhode, 2018). Autistic children experience difficulties introjecting the world around them, leading to relational deficits and therefore to difficulties in developing EoR (Rhode, 2012). Rhode suggests that these deficits may mean that autistic children relate in a highly primitive way, such as adhering to surface qualities e.g. the sound of the therapist's voice versus meaning of words (Rhode, 2018). Such deficits can paralyse the clinician's thinking capacity and appear meaningless (Rhode, 2015b). Rhode (2015b) emphasises the importance of using the countertransference to understand how and what is being communicated by children with autism.

1.4 Discussion

This study asks how young people (YP) might communicate their expectations of relationships (EoR) during ADOS assessments. The literature reviewed suggests that YP do communicate their EoR in conscious, unconscious, verbal and non-verbal ways.

Some authors (Tager-Flusberg et al., 2005) highlight the cognitive aspect of communication and the capacity to attribute mental states to others, known as Theory of Mind (Premack & Woodruff, 1978). Psychoanalysis augments these insights, presenting a complex, nuanced and emotional picture of the origins and nature of communication (Segal, 1957) and EoR

(Freud, 1911; Klein, 1935), emphasising the interpersonal origins of both (Bion, 1970; Segal, 1957; Urwin, 2002).

This review did not reveal specific research focussing on EoR during ADOS assessments. However, there are several potential limiting factors.

Autism research is still considered embryonic (Rhode, 2018; Tager-Flusberg et al., 2005), with the ADOS being a relatively new assessment tool (Le Couteur et al., 1989), still in active development (Dorlack et al., 2018).

A common criticism of narrative literature reviews is authors selecting only material supporting their worldview. Whilst most reviewed papers reflect a psychoanalytic and child psychotherapy perspective, other psychological disciplines were included to broaden and augment understanding.

However, a potential limitation of the literature review is that most psychoanalytic papers reviewed are theoretical, supported only with clinical illustrations or case studies. The latter rank low in the hierarchy of 'Evidence based medicine' (Fonagy et al., 2016, p. 5), are considered speculative, anecdotal, lacking in rigour and representativeness, even by some psychoanalysts (Fonagy, 2003).

Midgley (2006) explores criticisms of psychoanalytic case studies: they rely on clinician memory; often confirm existing theory; could be seen as 'ingenious pieces of post-hoc reasoning' (p. 132) and are small-scale and ungeneralisable. Midgley (2006) recommends changes to psychoanalytic research practice to improve rigour. However, he challenges the notion that generalising from studies of larger groups are more valid, highlighting the difficulty in making groups representative of wider populations, given inherent individuality (2006, p. 137). Midgley (2006) argues it is the degree to which case studies form insufficient evidence sources rather than the case study method itself. Moreover, case studies are

frequently conducted in clinical and natural settings, which authentically reflect the complexity of clinician-patient subjective experience.

Despite these apparent limitations, the psychoanalytic papers reviewed demonstrate growth and change in conceptualisations of communication and expectations of relationships, often through intra-disciplinary challenges (Spillius et al., 2011). This suggests conceptual fluidity, which perhaps better reflects internal *subjective* experience, which psychoanalysis attempts to explore and understand.

Overall, given most reviewed studies were small scale, reflecting mixed populations (adults and/or children), perhaps suggests that firm conclusions cannot be made in relation to the study question. However, there are strengths which may indicate a novel study area. All relevant databases were systematically searched multiple times during the review, using a comprehensive search strategy (Cronin et al., 2008), which included pioneers in communication, EoR and autism research.

1.4.1 Communication

The review suggests that the origins of non-verbal and verbal communication lie in the early relationship with primary caregivers (PCGs).

Tager-Flusberg et al., (2005) highlight the cognitive, verbal nature of this process, linking the development of communication to the infant's sense of object permanence (Gopnik & Meltzoff, 1987).

Psychoanalytic authors further highlight the often unconscious and non-verbal emotional nature of communication conceptualised as 'projective identification' (Bion, 1959; Freud, 1911; Joseph, 1988; Klein, 1935), situating its development as a communicative mechanism in the early interpersonal emotional relationship with PCGs. Early relational disturbances impact communicative ability (Segal, 1957; Urwin, 2002). The review also highlights that

there are subtle differences between researchers as to what motivates communicative ability and symbol use. Some psychoanalytic researchers emphasise the absence and loss of the PCG as central to symbolic functioning (Segal, 1957), whilst others stress infant dependency on the PCG to contain emotional experience as formative in the development of the infant's ability to communicate (Urwin, 2002).

The reviewed data on autism and communication acknowledges that autistic individuals experience communication difficulties (Rhode, 2018; Tager-Flusberg et al., 2005). The ADOS is a new psychological assessment tool (Le Couteur et al., 1989). Its originators believe expressive language is the strongest predictor of autism diagnosis, which is an interesting finding given one reviewed study highlighted how the ADOS assessment tasks and context might actually *inhibit* speech (Kover et al., 2014).

Furthermore, the review suggests there are differing views about whether autistic children communicate meaningfully, some highlighting congenital deficiency (Tager-Flusberg et al., 2005), which results in repetitive and restrictive communications (Dean et al., 2013). Others suggest that autistic individuals have different communicative orientations (Bottema-Beutel & White, 2016), which are meaningful and highly influenced by primary conversational partners (Sterponi & de Kirby, 2016). Significantly, these latter two studies resonate with psychoanalytic findings, suggesting autistic children have different modes of communicating (Rhode, 2015a) which are meaningful (Rhode, 2015b) and dependent on PCGs (Urwin, 2002). This last study emphasises that language development is intimately linked to the emotional relationship between children and PCGs, highlighting some autistic children's language difficulties improved once parents were able to process their own experiences (Urwin, 2002). This resonates with Sterponi and de Kirby's (2016) finding, which demonstrates that autistic children are highly influenced by PCGs' conversation, where meaning is fluid and made within the interaction. Other psychoanalytic studies highlight the

unconscious bodily way autistic children experience and interact with the world (Rhode, 2018), often communicating concretely and non-symbolically (Reeves, 1996; Segal, 1957).

From the above, the following elements of communication lend themselves to the analysis of interactions within ADOS assessments.

The understanding of communication as an unconscious, verbal and non-verbal emotional process which includes 'projective identification' (Bion, 1959; Bion, 1970; Klein, 1935), where aspects of oneself or an internal object, such as feelings, thoughts or characteristics are unconsciously projected (Freud, 1911) into and attributed to an external object, (Joseph, 1988). Projective identification may:

- cause the person projecting to feel and experience the recipient of the projection to concretely become the projected aspect (Joseph, 1988)
- influence the recipient to feel and act in accordance with the projected aspect (Bion, 1959).

For example, as discussed in section 1.3.1.1, the child who declared their therapist to be exposed and cold (Joseph, 1988) just before a weekend break, when they were not.

Another useful aspect of communication which would support the analysis of ADOS interactions is symbolic equation, where symbol and symbolised become synonymous. For example, as discussed in section 1.3.1.2, the child who concretely stated some pencil shavings were his therapist, which demonstrates that the recipient of the projected aspect can be any kind of object. Moreover, symbolic equation indicates a concrete use of language which reflects a common aspect of autistic communication (Reeves, 1996).

Given that projection (Freud, 1912), projective identification (Joseph, 1988) and symbolic equation (Segal, 1957) are unconscious, interpersonal, emotional communicative processes

(Pick, 1985), they appear apposite concepts to support the analysis of interactions within ADOS assessments.

1.4.2 Expectations of Relationships (EoR)

Expectations of Relationships can be partly understood as an aspect of Theory of Mind (ToM), the ability to attribute mental states to others, distinguishing them from our own (Apperly, 2012; Music, 2016; Premack & Woodruff, 1978). Psychoanalysis further highlights the unconscious emotional origins and nature of EoR, conceptualising these as ‘transferences’ (Freud, 1911, 1912) - past experiences re-enacted and re-experienced in any present relationships. Whilst this concept originated in Freud’s adult work (1905), Klein (1952) noticed how children’s play expressed their unconscious wishes, desires and expectations based on past and present PCG relationships. Furthermore, Child Psychotherapist Rosenbluth (1970) suggests children’s behaviour, their relationship to the therapy room, the clinician and the toys provided may indicate transference feelings.

Psychoanalytic literature offers a rich picture of the internal influences contributing to EoR. Isaacs (1948) postulates an infant experiences good or painful bodily feelings as being caused by internal objects and object relationships in unconscious phantasy. These unconscious phantasies, present from birth, are pre-verbal, but continue to influence relational perceptions (Isaacs, 1948) and are often communicated non-verbally (Joseph, 1985).

Psychoanalysis presents a mixed picture concerning the clinician’s countertransference - the feelings and thoughts the clinician has towards the patient – and whether it facilitates understanding of EoR. Some view countertransference as a hindrance, for example Klein (Spillius et al., 2011); others as vital (Heimann, 1950; Pick, 1985), whilst others stress the complexity involved in its use (Alvarez, 1983).

The review presents an inconclusive picture of autistic children's EoR. Some authors claim autistic children lack ToM and are neurologically deficient (Baron-Cohen et al., 1985; Van Schalkwyk & Volkmar, 2015), whilst others demonstrate they do have ToM, but lack other capacities (Passanisi & Di Nuovo, 2015). Significantly, Boucher (2012) challenges the idea that autistic children's lack of ToM is a biological given, instead highlighting deficits in primary intersubjectivity. This concurs with psychoanalytic thinking, which highlights the fundamental importance of PCGs in containing children's emotional experiences so infants can know themselves and others (Bion, 1970; Urwin, 2002).

Psychoanalytic studies suggest autistic children have EoR, but highlight these as having a different quality (Alvarez, 2004), with the clinician's countertransference vital to understanding what the expectations are (Rhode, 2015a).

From the above, the following elements of EoR lend themselves to the analysis of interactions within ADOS assessments.

The understanding that EoR are unconscious (Freud, 1912) emotional desires, wishes, and anxieties derived from past and present PCG relationships, which are influenced by unconscious phantasy (Isaacs, 1948) and can be re-enacted and re-experienced towards anyone one relates to. EoR can be:

- observed particularly in children's play (Klein, 1952)
- observed in how a child relates to others and what is provided, such as toys (Rosenbluth, 1970).

For example, as discussed in section 1.3.3.1, 5-year-old Ronnie who *expected* to be in omnipotent control of his therapist's resources (demanding more sand) or the little girl who felt herself the vulnerable helpless chicken, *expecting* to be attacked by the lion, representing her therapist (Rosenbluth, 1970). This last example illustrates how EoR are made manifest

through *observing* the way the young person relates to a clinician and how they play with toys.

1.5 Conclusion

The review of the literature has demonstrated how young people (YP) with a query of autism might communicate EoR is a complex and multi-layered process, with some authors even questioning whether autistic children communicate meaningfully and possess EoR (Alvarez, 2004; Rhode, 2015a). This ambiguity perhaps better reflects the varied presentations and severity of YP diagnosed with autism (Newschaffer et al., 2007).

Psychoanalysis offers an exploration and possible understanding of the emotional dimensions of communication and EoR, viewing interpersonal encounters as emotionally-charged, meaningful and based on past and/or present experiences with PCGs. The exploration of the literature has demonstrated that this perspective is absent from the ADOS assessment process, with simple presence/absence of defining characteristics driving diagnosis (Urwin, 2002). As CAPPT Urwin stated, ‘psychiatric diagnosis does not necessarily correspond with what we think may be significant psycho-dynamically’ and diagnosis itself can obscure ‘significant differences between children and fail to do justice to their developmental strengths’ (Urwin, 2002, p. 91).

Thus, in viewing the ADOS assessment through a CAPPT lens, it is proposed to augment the diagnostic process through highlighting and exploring the emotional dimensions of the encounter, and what it communicates about the young person’s internal EoR. Insights gained might also benefit those assessing the young person, their families and wider network.

2 Methodology

2.1 Introduction

This study investigated how young people (YP)¹ undergoing an assessment for autism might communicate their expectations of relationships (EoR) during ADOS assessments, which involved exploring the unconscious emotional and relational aspects of the ADOS, focussing on interaction between the ADOS Clinician (AC) and YP.

The ADOS comprises verbal and non-verbal interaction and play between the AC and YP, which provided scope to explore how YP might communicate their EoR.

The literature review demonstrated that, from a psychoanalytic perspective, communication of EoR can be understood as an unconscious, verbal and non-verbal emotional process (Bion, 1959; Bion, 1970; Freud, 1912; Klein, 1935), which can be manifested through play (Klein, 1952; Rosenbluth, 1970) and interactions with others (Pick, 1985).

2.2 Ontology and Epistemology

Yilmaz (2013) defines qualitative research as ‘an emergent, inductive, interpretive and naturalistic approach to the study of people, cases, phenomena, social situations and processes...in order to reveal in descriptive terms the meanings that people attach to their experiences of the world’ (p. 312).

A qualitative approach to this study question was therefore appropriate; EoR are the internal meanings, derived from past and present relationships with primary caregivers (PCGs) through which people understand their interactions with others.

¹ Young people (YP) in this chapter denotes those who participated in the study, aged between 9 – 15 years-old.

Qualitative research is situated within an interpretivist paradigm, which posits reality as multi-faceted and complex, with phenomena having multiple interpretations (Scotland, 2012). The ontological assumption underlying qualitative research is therefore relativism, which asserts that all reality is mediated through individuals' senses. There exist multiple realities, differing from person to person (Scotland, 2012). Thus, qualitative research is embedded within a subjectivist and constructivist epistemology, considering reality and knowledge as socially constructed through language and interaction. Meaning is not discovered 'out there', but is constructed through interactions with others and the external world (Grix, 2002).

Communication of EoR occurs in contexts where meaning is constructed in the encounter, based on unique subjectivities. For example, during the ADOS assessment there are opportunities for play with toys between the AC and the young person. Whilst both the young person's and AC's reality constructions and meanings are individually valid, the AC will have a different reality construction and meaning during the play to the young person as, for instance, the AC will be assessing for the presence or absence of autism. This study investigated and described the particular internal world meanings conveyed by young people (YP) during the ADOS assessment, in interaction with the AC, and what this suggested about the YP's EoR.

Adopting a qualitative approach to the study question also acknowledges the author's own active (and necessary) subjectivity in analysing and interpreting the data (Fox, 2008). Critics of qualitative studies suggest that researcher perception can bias results (Feyerabend, 1975). One mitigating factor is the author's own psychoanalytic training, where the aim in every therapeutic encounter is putting aside all memory and desire (Bion, 1988) and openness to what the other person brings. Also, data and findings were frequently and systematically scrutinised with study supervisors and discussed in the light of existing literature and psychoanalytic theory.

2.3 Study Design

This qualitative study examined the particular contribution a Child & Adolescent Psychoanalytic Psychotherapist (CAPPT) could make to the ADOS assessment process through *additionally* describing and exploring 8 transcribed video and audio-recorded ADOS interactions from a psychoanalytic perspective. Discourse Analysis (DA), specifically ‘Subject Positioning Theory’, was used to analyse the transcribed ADOS video and audio-recordings as it lends itself to a psychoanalytic exploration of verbal and non-verbal interactions.

In conducting the study, it was reasoned that a CAPPT’s viewpoint would not only be useful in helping YP, their families and the wider network to understand the particular relational strengths and fragilities of potentially autistic YP, but could augment the overall diagnostic process, contributing to an evolving professional understanding of autism (Rhode, 2018).

2.4 Setting and Participants

2.4.1 Setting

The study setting was an Autism Assessment Team (AAT) (NICE, 28 September 2011) within an NHS Child & Adolescent Mental Health Service. The county where the evaluation took place has little ethnic diversity with 93.6% of the population being white British and English speaking (*Regional Ethnic Diversity*, 2020).

2.4.2 Participants and Recruitment

Participants were 5 clinicians from the AAT and 14 YP referred with a query of autism.

Negotiating access to the AAT involved presenting the study to them during an AAT meeting, discussing its purpose and potential benefits. It was explained how, in understanding EoR, a

young person, their family and wider network may develop increased awareness of the young person's relational struggles, potentially enhancing the diagnostic process. AAT volunteers to the study were sought who would recruit young people (YP), with one clinician solely conducting the ADOS assessments.

Five clinicians were recruited. One agreed to conduct all ADOS assessments during the evaluation, providing a consistent interlocutor throughout, which was necessary for comparing relational expectations across participants.

The four remaining clinicians agreed to recruit participants and be the standard silent observer during the ADOS, who assessed the YP according to ADOS criteria.

Table 2.1: Clinicians recruited to the study

Clinicians (C)	Gender	Role in evaluation	No. of Clinicians
ADOS Clinician (AC)	F	Conducted ADOS	1
C1 – C4	F	Recruit YP/Observer	4

The ADOS assessment is not routinely offered to all YP undergoing autism assessment, but is only offered where all other prior assessments undertaken during the overall assessment process appear inconclusive to diagnosis. The ADOS assessment is therefore offered infrequently, according to clinical need. For example, the AAT may assess 20 YP for autism within one week, but only offer the ADOS assessment to 2 of them, where continued diagnostic uncertainty exists.

With this in mind, an opportunity sample was the most feasible recruitment strategy for YP, which allowed willing members of the target population to participate (Rainey, 2011). The AAT participants undertook to recruit up to 20 participants over a period of six months, from September 2019 to February 2020. Participating AAT clinicians routinely met with YP and their PCGs during the overall assessment process to discuss progress. At these meetings, clinicians would discuss the study with the YP and their PCGs, seeking volunteers.

During the 6-month timeframe, a total of 14 participants were recruited who had been assessed using the ADOS: 9 males and 5 females, all white-British, aged between 7-years-old to 15-years-old. Appendix B, Table 1, gives the full participant list.

2.4.3 Inclusion and Exclusion Criteria

The inclusion and exclusion criteria for the selection of participants to the study were based solely on reflecting the national gender differences of those diagnosed with autism. Currently, more males than females are diagnosed, with the ratio of between 3:1 – 2:1 males to females (Hull et al., 2020). One reason for this apparent gender disparity is the ‘female protective effect’ (Hull et al., 2020, p. 306), which suggests there is something inherent in being female which reduces the possibility of developing autism. However, there is some evidence to suggest that autism is underdiagnosed in females because females manifest autism in ways which do not meet current diagnostic criteria (Hull et al., 2020, p. 306).

2.4.4 Rationale for Final ADOS Participant Selection

During the ADOS assessment data collection process, a number of the 14 ADOS participant video-recordings were corrupted. This is discussed below in section 2.6 ‘Data Collection’. Consequently, the number of usable video-recordings was reduced from 14 to 7, which determined the final participant list. See Table 2.2 below.

Table 2.2: Final Participant Selection

Participant No.	Gender	Ethnicity	Age	ADOS module taken
P2	F	White-British (WB)	10	M3
P7	M	WB	10	M3
P9	F	WB	13	M3
P11	F	WB	9	M3
P12	M	WB	12	M3
P13	M	WB	15	M4
P14	F	WB	15	M4

As highlighted in the Literature Review, the ADOS assessment modules are standardised assessment tools (Lord et al., 2000). The ADOS assessment Module 3 (M3) is generally offered to YP who have the verbal fluency of a latency-aged child and comprises 14 tasks, for example, make-believe & joint interactive play and conversation about emotions. ADOS assessment M4 is offered to verbally fluent adolescents and adults and comprises 15 tasks, such as creating a story and conversation about relationships. See Appendix C Table 1 for ADOS M3 and M4 task list.

2.5 Ethics

When clinicians agreed to participate, they received an evaluation information sheet and consent form (see Appendix D), which included the evaluation details and procedure, including how the participating clinicians' information would be used. The information sheet stated that personal information and data would be anonymised in both thesis and future publications, and the participating NHS Trust would similarly not be identifiable. The information and consent forms also detailed that videos, audio-files and transcripts would be kept secure and disposed of securely, according to Trust guidelines, and participants had a right to withdraw from the evaluation at any time.

Clinicians responsible for recruiting study participants informed prospective YP and PCGs about the evaluation, providing them with age-appropriate information sheets and consent forms (see Appendix D) conforming to HRA guidelines (hra.nhs.uk, 2019). In recruiting YP, clinicians emphasised that the autism assessment process was not dependent on participation in the evaluation. Clinicians explained to prospective participants and their PCGs the evaluation's purpose and the requirement, if the YP wished to participate, that informed consent must be given. Clinicians emphasised participants' right to withdraw at any time. Both the PCG's and YP's information sheet and consent form explained that information would be anonymised, kept secure and disposed of securely, according to Trust guidelines.

In order for the YP to participate, PCG's consent was required on their behalf. However, participant consent was also sought where appropriate. This is in accordance with HRA guidelines (hra.nhs.uk, 2019) which suggests that whilst it is inappropriate for very young children to sign consent forms, it is important to seek the child's assent before including them in research. This includes making the research information understandable for them. An exception in the evaluation to both participant and PCG consent would have been if the participant was over 16 years-old and Gillick competent to give informed consent (Griffith, 2016). No over 16s were recruited.

Details of how to contact the author, the author's clinical supervisor and a further AAT member were provided on the information and consent forms should participants and their PCGs have queries, concerns or wished to withdraw.

2.6 Data Collection

The data collected for this study were video and audio recordings of ADOS assessments, which took place at a Primary Care Centre, where the AAT is based. The ADOS assessment consists of three people: the young person, the clinician conducting the ADOS (AC) and the

observing clinician, who silently assesses the young person according to ADOS criteria. The young people (YP) undertaking the ADOS will not have not encountered the AC before the ADOS assessment. Video-recording ADOS assessments is standard AAT practice, when clinically indicated, as it assists with formulation. However, audio-recording the ADOS assessments was additionally required for transcription as transcribing agencies require audio files not video.

Video and audio recordings were gathered during the same 6-month timeframe that clinicians had to recruit YP who had undertaken the ADOS assessment (September 2019 – February 2020). The ADOS videos were recorded as MP4 files on the AC's 'Thinkpad Laptop: 8th Generation', using VLC Media Player. The audio was recorded as '.wav' files on a Philips DPM8100 Dictaphone, the only Trust-approved device for use in research and evaluations. All files were uploaded by the AC into a secure, password-protected folder, created for the purpose of this study, on a Trust shared drive and were accessible by the author, the AC and AAT Manager.

As previously noted in section 2.4.4, during the AC's uploading of the ADOS video-recordings, 7 MP4 files were corrupted, becoming unusable. Upload of each one-hour video file (900MB each) lasted over an hour, with the process frequently adversely interrupted by other network activity.

The 7 audio files were securely uploaded by the author to a Trust-approved transcription service's portal (encrypted with 256 bit SSL). The transcripts were securely downloaded from the portal onto the author's password-protected and encrypted 'Thinkpad:8th Generation' laptop. Paper copies were kept in a locked cabinet only accessible by the author.

2.7 Data Analysis Method

Discourse analysis (DA) is a broad qualitative method with varying approaches to the study of language, emerging from the social constructionist paradigm during the 1980s (Georgaca & Avdi, 2012). Social constructionism views reality and identity as relative, constructed and maintained through systems of meaning and social practices as opposed to objectively verifiable facts or truth (Taylor, 2001b). Discourses are understood as systems of meaning, rooted in a particular interactional situation and wider social context, which manifest themselves within interactions, often without speakers awareness (Taylor, 2001b). Language is considered to be a means of constructing rather than neutrally representing reality, with descriptions treated as a constructed version of events actively chosen from pre-existing cultural and historical discourses (Wetherell & Potter, 1988). DA views language or utterances as social action, where language functions, not necessarily consciously, to achieve certain interpersonal aims such as attributing blame (Potter & Wetherell, 1994).

Within DA, there appear to be two different yet related analytical approaches. One, termed 'Discursive Psychology', which developed out of Psychology's 'turn to language' during late 1970s and 1980s (Georgaca & Avdi, 2012, p. 147), examines how issues are constructed through language in people's accounts. Discursive psychologists analyse, for example, variability within an account, the rhetorical devices employed, the function of talk in context and how people negotiate meaning and reality within institutional contexts (Billig, 2006). The second analytical approach within DA, termed 'Foucauldian DA' (Fairclough, 2001), draws upon post-structuralist theorists such as Foucault and disciplines such as social studies, examining how discourses are constructed and propagated through institutional practices which make available particular versions of reality and identity, whilst marginalising

alternatives (Fairclough, 2001). In this sense, Foucauldian DA examines issues of power, which are embedded within discourses (Edley, 2001).

One particular aspect of DA is the concept of subject positions, which is employed within DP and Foucauldian DA. Subject positioning originally developed through Louis Althusser's (1971) seminal paper on ideology, suggesting that ideology constructs 'subjects' by drawing people into particular positions or identities. For example, Edley (2001) cites the famous First World War poster of Lord Kitchener declaring 'Your Country Needs You' (p.209). Edley (2001) suggests poster recipients were immediately positioned as British subjects, hence the word 'Your Country'. Furthermore, people's subjectivity and experience of the world are highly influenced through how they are positioned and identified; the positions and identities ascribed to self and others often reflecting particular discursive or ideological practices available in a given society (Edley, 2001, p. 209). The poster, for example, reflected a particular ideology of war, nationhood and patriotism current at the time (Edley, 2001). From this viewpoint, subjectivity and identity can be understood as linguistic constructs located in and drawn from wider social and historical discourses (Davies & Harré, 1990).

Subject positioning can therefore be understood as particular identities made relevant through specific ways of speaking within an interaction (Wetherell & Potter, 1988). When participants speak or are addressed, they position themselves and others in various ways, assuming particular identities and ascribing different identities to others (Wetherell & Potter, 1988). However, Edley (2001) further suggests that people are not only positioned through wider societal discourses, but can 'subjectify' themselves 'within the contours' of their *own discourse* (p. 210). From this perspective, discourses and subject positions can be understood as deriving from both *internal* (subjective) and external sources.

This study has therefore employed subject positioning to explore how YP might communicate their EoR during ADOS assessments. As subject positions are conceived as identities created, assumed and ascribed within interactions, possibly drawn from internal discourses, often *unconsciously* (Edley, 2001), this conception strongly parallels the notion of EoR; the internal *unconscious*, verbal and non-verbal ways people characterise (identify) themselves and others within relationships. These EoR could be inferred through the specific SPs enacted between the AC and participants during the ADOS.

Given there is no single agreed procedure to carry out DA (Antaki, 2003), some critics regard it as a ‘subjective’ method where anything goes, in which different researchers may understand the same data variously (Potter, 2003). Given DA’s epistemological roots in social constructionism, DA does not subscribe to one definitive and true understanding of any text, but advocates that researchers’ differing understandings offer different possibilities (Gee, 2014). This approach is congruent with psychoanalytic psychotherapy, where meaning between therapist and client evolves fluidly; the therapeutic endeavour is to explore and develop further understanding, not derive fixed answers.

Furthermore, insights gained using DA are comprehensively linked to the data and coherent with it so understandings can be cross-checked (Taylor, 2001a). This study therefore employed a systematic approach to data analysis using DA, drawing on several authors own descriptions of their analytic procedures (Edley, 2001; Gee, 2014; Georgaca & Avdi, 2012). The data analysis procedure utilised in this study is described below.

2.8 Data Analysis Procedure

The data analysed were 7 audio-recordings of ADOS assessments, which were sent to a Trust-approved agency for transcription. Two complications arose during this process. Firstly, the Philips DPM8100 Dictaphone used for audio recordings produced audio which

was poor quality. Secondly, the transcribers, from a national agency elsewhere in the country, struggled to understand the participants' local accents. These two factors meant audio files were transcribed at a basic level, without hesitations, stutters or false starts. The transcripts contained many omissions and required subsequent checking against the ADOS assessment video-recordings.

The 7 video-recorded ADOS assessments (five Module 3s and two Module 4s), were therefore observed multiple times and used to edit and annotate the transcripts for missing words, non-verbal communication, tone of voice and physical actions. Once annotation was complete, each transcript was read multiple times to check for accuracy and to become familiar with the text.

As this study's focus was on ways in which YP might communicate their EoR to the AC during the ADOS assessment, and the assumption that EoR would be communicated verbally and non-verbally (Joseph, 1985) and particularly through play (Rosenbluth, 1970), the author decided to focus on sections of the transcript where some degree of free play occurred or there was conversation about relationships. This resulted in 3 sections of the ADOS assessment being identified for analysis in the M3s undertaken by 5 participants:

- make-believe play and joint-interaction with toys
- friendships, relationships and marriage discussion
- create and tell a story using 5 items.

The latter two tasks were also analysed in the M4s undertaken by 2 participants. M4 does not include a make-believe play and joint-interaction task.

With the above selections, each section of the transcript was systematically (line-by-line) interrogated to identify subject positions (SPs), asking questions such as:

- What role or identity is verbally and non-verbally being adopted, claimed or rejected by the speaker? What role or identity is implied or ascribed to the other person? (Gee, 2014)
- How does the speaker verbally and non-verbally characterise themselves and the other? What feelings or wishes are assumed, ascribed or repudiated? (Georgaca & Avdi, 2012)
- How does the role or identity adopted or ascribed vary or contrast within and between sections? (Edley, 2001)
- How is the assumed or ascribed role or identity constructed? What non-verbal behaviours and actions are employed? (Gee, 2014).

Subject positioning is a concept which analyses identities constructed through language, but as identified in the Literature Review, communication is not exclusively verbal, and what is not spoken is as important as what is (Bion, 1959; Rosenbluth, 1970). As the author had access to the video-recordings of the ADOS assessments, the author was able to observe additional non-verbal behaviours and gestures, which *accompanied* the verbal interactions. From a psychoanalytic perspective, non-verbal communication, for example, play (Rosenbluth, 1970), is vital in understanding meaning conveyed in interactions (Joseph, 1985; Klein, 1929). Often communication is unconscious (Bion, 1959; Bion, 1970) and therefore words and actions can be at variance. Given these considerations, non-verbal behaviours are included as a co-constructor of SPs alongside verbal interaction.

Interrogating the data was complex as there were several dimensions of interaction to analyse within each transcribed section. The first was analysing the actual verbal and non-verbal interactions between the YP and AC, when they were not playing, but perhaps talking or setting up the task. The second involved contexts where the YP and AC were verbally and

non-verbally playing, each personifying toys as characters, using props and other toys to elaborate the play. The third dimension was where the AC and YP were interacting verbally and non-verbally as assessor and assessed.

Having analysed each section of a transcript, subject positions (SPs) were recorded alongside the text, including quotes illustrating the SPs and their origins. For instance, participant 9 (P9) frequently interrupted when the AC was introducing tasks, by interjecting in order, for example, to name a toy herself - 'A juggling ball'² - before the AC could do so. This was recorded in the transcript as an 'Intrusive' SP and the relevant quote highlighted. Non-verbal behaviour was also used to generate SPs, for example, P9 physically moved further away from a toy which the AC had put on the table, shaking her head from side to side and speaking in a toddler-like tone. This was recorded as a 'frightened' SP in the transcript (Full analysed transcripts are located in Appendix E (I - VI)).

The SPs and relevant quotes for each participant were entered into an Excel spreadsheet, which enabled the gathering together of SPs from across each transcript, highlighting repeated SPs and, by contrast, revealing those apparently unique to the individual young person. For example, participant 9 generated a total of six SPs across the transcript.

Having completed this procedure for each participant, the SPs were reviewed for all 7 participants, gathering similar and different SPs together to create a 'Discourse Clusters' (DCs) table, where SPs for each participant were grouped together thematically, according to the particular 'internal topic or feeling' the discourse (communication) seemed to focus on or illustrate. For example, if several participants had an 'Attacking' SP, these were grouped individually under the discourse 'Aggression & Destruction' as the SP 'Attacking' (and

² All participant transcripts referred to can be found in Appendix E (I – VI)

concurrent verbal and non-verbal communications) demonstrated feelings and actions which suggested aggression and destruction.

SPs were not clustered according to Interpretative Repertoires (Wetherell & Potter, 1988), which are illustrative of wider social and ideological discourses of power, particularly as the author was incorporating non-verbal communication as a co-constructor of the SPs.

Furthermore, as previously discussed in section 2.7, this study employed the concept of SPs to explore how *internal* EoR might be communicated during the ADOS assessment. (See Appendix F for full details of each participant's SPs and associated discourses). Table 2.3 below gives an overview of the SPs within each discourse cluster (DC).

Table 2.3 - The main SPs within each DC

Discourse Clusters & Subject Positions	AC	P2	P7	P9	P11	P12	P13	P14
Vulnerability								
<i>Vulnerable or In-Charge</i>	✓	✓	✓					
<i>Trapped and Vulnerable</i>	✓		✓					
Aggression & Destruction								
<i>Frightened and Threatening</i>	✓			✓	✓			
<i>Attacking and Humiliated</i>	✓		✓			✓		
<i>Damaged and/or Destroyed</i>			✓			✓		
Criticism & Judgement								
<i>Critical Judge of Others</i>	✓							✓
<i>Self-Critical</i>	✓		✓					✓
Untrustworthiness & Unreliability								
<i>Deceitful and/or Taking Advantage</i>				✓				✓
<i>Provider</i>				✓				
<i>Misunderstanding</i>	✓		✓					
Intrusion								
<i>Persistent and Resistant/Compliant/Intruded Upon</i>	✓					✓		
<i>Intrusive and Critical</i>	✓			✓	✓			
Exclusion								
<i>Left Out and/or Jealous</i>	✓			✓	✓			
Relationships								
<i>Others are the Same as Me (in Mind or Appearance)</i>	✓		✓	✓	✓		✓	✓
<i>Wanting Space & Wanting Closeness</i>	✓						✓	
<i>Tricked and Seduced</i>	✓						✓	

Once SPs were established for each transcript, the author analysed each, using quotations to illustrate how they represented each SP. A psychoanalytic approach was then applied, exploring whether the definition of ‘Communication’ (see section 1.4.1) and ‘EoR’ (see section 1.4.2) could be attributed to each SP. Questions such as the following were asked of the data for all 7 participants:

EoR

- What are the young person and AC doing as the SP evolves? How are they relating to each other and the toys? What might the toys represent? What sort of relationship is communicated through the SP? (Klein, 1952; Rosenbluth, 1970)
- What might the young person and AC be feeling towards each other through the SP? (Rosenbluth, 1970)
- What desires, wishes or anxieties appear to be expressed through the SP? (Freud, 1912)

Communication

- What feelings, thoughts, characteristics or physical actions does the young person and AC exemplify or attribute to each other, the toys or to others, verbally or non-verbally, as the SP is constructed? (Freud, 1911; Joseph, 1988; Segal, 1957)
- How do the young person and AC respond to each other, verbally and non-verbally, as the SP evolves? How does the AC respond to what the young person says or does? Is the AC's response similar or different in comparison with other participants? Does the AC follow the prescribed ADOS assessment protocol? (Heimann, 1950; Lord et al., 2012; Pick, 1985).

An example should suffice to illustrate how an expectation of relationship might be communicated through an SP.

Participant 7 (P7), had an SP of 'Attacking and Humiliated' as he had non-verbally picked up a toy dinosaur (despite there being other toys and dolls available) and employed it to hit the female doll lying on the table, which the AC was using. The AC non-verbally reddened,

accused the dinosaur of ‘attacking people’, called the dinosaur ‘J***’³, P7’s *real name* and then trapped P7’s dinosaur in a jug.

The author inferred from this interaction (and others across the transcript) that P7 communicated an expectation of relationships as aggressive in several ways:

- through selecting and identifying with a primitive creature (dinosaur), often constructed as aggressive and non-verbally projecting his aggression into it through hitting the reclining female doll the AC used, which possibly symbolised her
- the AC’s non-verbal reaction (reddening) suggests anger and humiliation (her doll was lying down)
- the AC’s verbal response is to forcefully name the aggression (‘attacking people’) and the aggressor (calling the dinosaur by P7’s real name). These responses suggest this is no longer symbolic play, but the AC experiences a concrete attack on her.
- the AC retaliates, becomes the aggressor, by putting P7’s toy in a jug, where it ceases to be a threat, thereby rendering P7 powerless, which would possibly be humiliating.

The anger and retaliation exhibited by the AC appears to be an example of projective identification (Klein, 1946), where an aggressive aspect or internal object of P7, initially projected into the dinosaur and communicated through it, was concretely experienced by the AC (reddening), who *identified* with the projection. The AC thus became the aggressor herself via projective identification, demonstrated through her verbal responses and trapping P7’s dinosaur.

From this example, it can be observed how an SP or identity (P7 ‘Attacking and Humiliated’) arises through the interplay of unconscious verbal and non-verbal projection and projective

³ All participants’ names have been changed to protect confidentiality

identification (attributing to others - or toys - aspects of oneself or internal objects, treating and *identifying* the other as if he or she were the aspect projected) in the course of the interaction between the AC and YP. P7's expectation of an aggressive relationship is the product of these emotional and unconscious projective processes and is *suggested* through the SP (identity) constructed by P7 and the AC. The SP of 'Attacking' could be seen as an element of an expectation of relationship but not the expectation of relationship itself.

Applying the above described analytic procedure to each participants' SPs, a total of eight expectations of relationships (EoR) were found, which are detailed in Table 2.4 below.

Table 2.4 - Summary of Participants' Expectations of Relationships

EoRs	P2	P7	P9	P11	P12	P13	P14
<i>Vulnerability</i>	✓	✓					
<i>Aggressive & Destructive</i>	✓	✓	✓	✓	✓		
<i>Critical & Judging</i>		✓					✓
<i>Untrustworthy & Unreliable</i>		✓	✓				✓
<i>Intrusive</i>			✓	✓	✓		
<i>Excluding</i>			✓	✓			
<i>Others are the Same as Me</i>		✓	✓	✓			✓
<i>Tricked and Seduced</i>						✓	

There is a close resemblance between the EoR in Table 2.4 and the named DCs in Table 2.3. For example, an expectation that relationships will be 'Critical and Judging' (Table 2.4) and a DC of 'Criticism and Judgement' (Table 2.3). As discussed earlier, the DCs indicated the 'topics or feelings' the SPs seemed to illustrate and were a means to classify the SPs from across all 7 participants. The DCs are not the EoR despite their similarity, but the EoR were embedded within the discourse (verbal and non-verbal communication) the participants employed and were suggested or indicated by the SPs constructed.

The author then revisited each participant's SPs within the various DCs, reviewing each participant's data multiple times to ascertain whether the SPs did indeed indicate the presence of an expectation of relationship and to consider again how these were communicated. Only those expectations of relationships (EoR) which were robustly evidenced by the data were selected, with less well-evidenced EoR being incorporated into those which appeared robust, for the purposes of comparison or because they appeared related. This sifting process resulted in four remaining EoR for all participants. See Table 2.5 below.

Table 2.5 - Summary of Final Participants' Expectations of Relationships

Expectation of Relationships	P2	P7	P9	P11	P12	P13	P14
<i>An Expectation that Relationships will be Intrusive and Excluding</i>			✓	✓	✓		
<i>An Expectation that Relationships will be Aggressive and Destructive</i>	✓	✓	✓	✓	✓		
<i>An Expectation that Relationships will be Critical, Judgemental and Unreliable or Untrustworthy</i>		✓				✓	✓
<i>An Expectation that Others will be the Same as Me</i>		✓	✓	✓			✓

3 Findings and Discussion

This chapter explores and discusses how young people (YP) appeared to communicate their expectations of relationships (EoR) during ADOS assessments. EoR are understood as the unconscious (Freud, 1912) emotional desires, wishes, and anxieties derived from past and present relationships with primary caregivers (PCGs) which are influenced by unconscious phantasy (Isaacs, 1948). These can be re-enacted and re-experienced towards anyone one relates to, as well as observed in children's play.

The analysis is organised according to the four main relational expectations found, which are:

- 3.1 An Expectation that Relationships will be Intrusive and Excluding
- 3.2 An Expectation that Relationships will be Aggressive and Destructive
- 3.3 An Expectation that Relationships will be Critical, Judgemental and Unreliable or Untrustworthy
- 3.4 An Expectation that Others will be the Same as Me

It should be noted that an expectation of relationship is bi-directional. For example, one can be the aggressor, having identified with an aggressive internal object or part of oneself, or feel oneself the recipient of another's aggression, having projected an aggressive part of oneself or internal object into another, who then identifies with it. This is evidenced and explored within each expectation discussed.

Each expectation is described in turn, demonstrating which participants' subject positions (SPs) suggested the particular relational expectation and how the SPs were constructed.

Examples are given from participants' transcripts⁴, with an analysis of how each communicated their expectations. Interrelationships between participants within each

⁴ All participant transcripts referred to can be found in Appendix E (I – VI)

expectation, and with other EoR is explored, drawing on salient theory and research to illuminate and discuss the findings.

3.1 An Expectation that Relationships will be Intrusive and Excluding

Participant 12 (P12), a 12-year-old male, demonstrated he expects relationships between himself and others to be essentially intrusive. P12 appeared to feel the AC was forcefully trying to make him do something he did not want to do (he felt *intruded upon*). This expectation was suggested through the subject position (SP) of ‘Persistent & Resistant, Compliant & Intruded Upon’. The AC relentlessly sought to engage P12 in the task, which he initially resisted, but eventually complied with. However, P9, a 13-year-old female and P11, a 9-year-old female, both demonstrated an expectation that relationships between themselves and others will be intrusive but, contrastingly, they appeared to try to take over and *intrude into* the AC’s role. Furthermore, both additionally exhibited an expectation that relationships will be excluding, describing their friendships in terms of those ostracised and those included. The expectation that relationships will be Intrusive and Excluding was suggested through the SPs of ‘Intrusive and Critical’ and ‘Left out and Jealous’.

3.1.1 SP: Persistent & Resistant, Compliant & Intruded Upon

The SP of ‘Persistent & Resistant and Compliant & Intruded Upon’ is unique to P12 and the AC. The AC’s position was verbally constructed, with P12’s mainly constructed non-verbally through actions he performed or what was unspoken. As discussed in section 2.8 ‘Data Analysis Procedure’, the author had access to the video recordings of the participants ADOS assessments and could observe non-verbal behaviours accompanying the verbal interaction.

The author has therefore chosen to extend the use of subject positioning theory to include non-verbal construction of self and others' identities.

The AC persistently asked P12 to give forenames to several dolls, for example, 'Who could he be?' or 'What about her?' during a task that involved imaginative play with toys. P12 indicated his resistance to the AC's questions through, for example, moving away from the table and stating, 'I don't know' and 'I'm not sure'. The opposition can be seen through the physical distance he put between himself - moving away from the task - and the AC as well as his uncommunicative, short responses. The AC's persistence was implied through her asking direct questions, one after the other, which emphasised her tenacity, but also alluded to P12's resistant SP.

P12's resistance was further illustrated when he pulled the neck of his hoodie over his mouth, non-verbally suggesting refusal to answer the questions, potentially trying to keep something quite forceful out through erecting a physical barrier. This suggests that P12 had begun to feel intruded upon, perhaps a feeling that the AC's words were trying to get inside him and make him do something against his will. It is perhaps at this point that an unconscious intrusive internal object belonging to P12 had been projected into the AC, which she concretely identified with (Bion, 1970; Klein, 1946). This can be seen in the AC's subsequent increasing persistence and forcefulness, for example, physically walking a male and female doll towards P12 and asking further imperative questions, such as, 'What's her name?'. The AC's forcefulness manifested not only in her interrogative questions, but also through moving dolls near to P12, perhaps unconsciously pressuring him to pick up. P12 responded with, 'Don't know. I actually don't know', non-verbally put his hands behind the chair, looked away, constructing himself as resistant still (he will not take the dolls from the AC). However, his tone of voice was desperate, the word 'actually' and repetition of 'don't know' twice highlighting his wish to be believed.

The AC continued the persistent SP and identification with an intrusive internal object projected by P12, asking further imperative questions, for example, 'Who is that in the white robe?', which require an answer. P12 indicated compliance, reluctantly naming a doll 'Bob', his reluctance communicated monosyllabically. Interestingly, and uniquely for P12, the AC remarked that she would write the names down so she would not forget. He subsequently became more compliant, naming the remaining dolls 'Lily', 'Geoff' and 'Jefferson'. P12's compliant position further highlighted an intrusive relational expectation as he no longer resisted naming the toys, suggesting that he had been overpowered by a forceful other. The AC's remark of writing things down, may have been experienced as persecutory (Klein, 1946) by P12, especially as the AC is in a position of authority over him. However, the remark was only made to P12, which may suggest that the AC was identifying with an object that was quite threatening to him. Furthermore, the AC did not use P12's name when asking the questions, conveying an impersonal and commanding tone.

After more persistent questions by the AC, aimed at persuading P12 to engage physically in the play (by picking up the dolls) and not just verbally, 'Can you show me how?', P12 further indicated an intruded upon SP, additionally pulling the neck of his hoodie over his nose and sitting back from the table. Both actions (covering of orifices and retreating) suggested the AC's persistent questioning was experienced as something unwelcome, possibly suffocating, trying to thrust its way inside P12, forcing him do something against his will. The AC appeared to continue to identify with a projected intrusive object, with P12 communicating an expectation of intrusion through the additional covering of his nose, further highlighting a desperate need to keep something out.

P12's compliant SP was further implied by him continuing with the task of making up a story using toys, pointing at objects and then letting his hands flop to the sides, the floppiness indicating lack of resistance and the sense of being overpowered by another. This was

extended when, after another question from the AC, 'What shall we do now?', P12 replied 'I don't know', looking down and closing his eyes. These actions suggested P12 wanted to keep something intrusive and unwelcome out through not seeing it.

In a later ADOS task, where the AC asks about the nature of the young person's relationships, the AC asked P12 to name his friends. P12 gave monosyllabic replies 'Colin' and 'Nathan', perhaps communicating his reluctance for her to know about these relationships. Eventually, after further questions from the AC, such as, 'What do you think is the difference between a really good friend and some kids that just happen to go to the same school as you?', P12 was breathing heavily, sitting on the side of the chair, looking out of the window, away from the AC and fidgeting. These actions suggested that P12 experienced the questions as intrusive and possibly traumatic – breathing heavily and facing away from the AC.

P12 appeared to communicate an expectation that others will intrude into him primarily through his non-verbal behaviour, covering or closing aspects of the body (mouth, nose and eyes) where things enter or exit the body. The AC's persistence in the light of these non-verbal and distressed behaviours suggested that she had unconsciously identified (Bion, 1970; Klein, 1946) with a projected intrusive internal object from P12, particularly as this persistent and forceful behaviour cannot be observed with any other participant.

P12's covering or closing orifices to exclude the AC could be understood as constituting a primitive omnipotent defence against a threat of unintegration (and extreme vulnerability), posed by the AC's persistent questions and even the ADOS situation itself. In 'The Survival Function of Primitive Omnipotence' (Symington, 1985), the author explores the roots of primitive omnipotence as a defence mechanism, the primitive basis as the 'struggle in which the young baby engages in order to survive when on his own without his mum' (p.481).

Symington quotes Bick, who hypothesised a baby feels parts of his personality as having 'no binding force between themselves, but as being held together in a very precarious way by a psychic skin, equated with a physical skin' and feels himself in 'constant danger of spilling out in a state of unintegration should his fragile psychic skin be breached or lost'. This motivates him to find the optimal containing object, 'the nipple in the mouth and the mother with all her containing functions' who holds his attention, gathering him together, containing distress, resulting in his psychic skin feeling intact. However, if mum is 'absent, or present but emotionally unable to contain the baby's distress, the baby has to resort to ways of holding himself together' (p. 481), experiencing loss of attention as being 'dropped...falling through space...terrified of never being caught' (p.482). At these moments he is driven to hold himself together in multiple ways to prevent gaps/holes in the skin through which the self may spill out and be lost. Engaging in constant bodily movement, focussing attention on a sensory stimulus or rigidly tightening particular muscles all prevent spilling out by creating a 'continuous holding skin' (p.481). We see baby's desperate survival struggle in the face of containment loss, exhibiting dependency on primitive omnipotent mechanisms. These devices, if good enough early care is lacking, can become entrenched mechanisms forming an 'armour-plating around the personality, a carapace or second skin' (p.484) and resorted to in times of anxiety and vulnerability.

What is significant is that P12 had left his primary caregivers (PCGs) in the waiting room, perhaps evoking an earlier, more primitive state-of-mind and feeling of being 'dropped' or being in danger of spilling out. This precipitated recourse to omnipotent defence mechanisms, expressed concretely by covering his mouth and nose and closing his eyes. Symington (1985) suggests that in the therapeutic relationship, refusing to speak, turning away, withholding information, not expressing feelings can all be understood as derivatives of muscular tightening, which originally kept the baby self from spilling out. Whilst the relationship

between the AC and P12 is not therapeutic, we can see that P12 is relatively monosyllabic, did not wish to give the AC much information, turned away from her and did not verbally express how he actually felt. These actions suggest that he was in a primitive and persecuted state-of-mind, desperately trying to hold himself together for fear of spilling out and being lost. Moreover, P12 later breathing heavily conveyed just how threatened and disturbed he felt during the ADOS.

Kover et al. (2014) study examined the spontaneous expression of language in children with ASD in several contexts including the ADOS and play with a parent or examiner. There were fewer utterances within the ADOS compared to play scenarios. Given that expressive language level is the strongest predictor of outcome in ADOS assessments (Lord et al., 2000), the possibility that the ADOS assessment may actually inhibit communication is significant. Perhaps this accounts for some of P12's difficulty in communicating with the AC, giving monosyllabic replies? Furthermore, Sterponi and de Kirby (2016) also highlight the impact the conversational partner has on an autistic child's ability to communicate. Difficulties in communication can be linked to 'interactional frames or courses of action, often set up by the interlocutors' (p. 403). Both studies suggest that autistic children's communicative ventures are affected by who they interact with and the type of interaction. From this perspective, one can hypothesise about the impact of the AC's *unconscious internal emotional world* (Klein, 1935) and how that may have influenced P12's verbal and non-verbal responses and feelings. At a concrete level, the AC seemed to react (Pick, 1985) to P12's resistance to the task by becoming increasingly persistent in her questioning, which in turn appeared to influence P12's behaviour. For example, his eventually breathing heavily after more questions, suggested the interaction distressed and disturbed him. What is missing from the ADOS, but critical to understand, is the unconscious communication and dimensions of the interaction between the AC and young person. These permeate the assessment and influence the nature

of the relationship created between them. This will invariably affect the outcome (Kover et al., 2014; Sterponi & de Kirby, 2016).

3.1.2 SP: Intrusive and Critical

P9, a 13-year-old female and P11, a 9-year-old female, both demonstrated an expectation that relationships between themselves and others will be intrusive, frequently interfering with the AC's role and disrupting her thinking process. This was suggested through the SP of 'Intrusive and Critical', where they (separately) interrupted the AC and denigrated what she had provided or was doing.

Some of the ways P9 conveyed this SP was in her verbal actions towards the AC, where she frequently interrupted when the AC was introducing toys to play with during several of the ADOS tasks. For example, the AC stated 'So here I have...' and was about to say the toy's name, but P9 interrupted with 'Captain America'. Another example is where the AC was about to introduce another toy 'Elisa, Tommy and Captain America and they have...' when P9 interrupted with 'A dinosaur' before the AC had finished speaking. Both these examples suggest an intrusive position as the AC had not invited P9 to speak, because the AC had not finished speaking herself before P9 interposed herself. The frequent interruptions suggest P9 may have identified with an intrusive and interfering internal object, and projected the intruded upon part of her into the AC, which the AC identified with (Bion, 1970; Klein, 1946). This can be seen when the AC responded with 'You've spied them', 'spied' conveying something attained without permission, which suggested the AC felt intruded upon. P9 replied 'It's not hard though', which implied a subtle criticism of the AC for making it too easy. P9 then maintained the Intrusive and Critical SP, perhaps continuing to identify with her intrusive internal object by continuing to interrupt the AC by naming toys which the AC was about to introduce. For example, 'She's off Guardian of the Galaxy', 'a measuring cup'

and later demeaning what the AC provided 'It's just a box', 'just' suggesting the box was no more than it appeared to be.

The AC also demonstrated that she expected P9 to be intrusive and interfere with what she was about to do when she stated (during another later ADOS story-making task) 'I'm going to make up a story. Don't give me any clues if you've got a good idea, save it'. The use of the imperatives 'Don't give' and 'Save it', implied the AC anticipated P9 intruding again uninvited. The AC actually had to tell P9, quite forcefully, not to, suggesting the AC may have continued to identify with the unconscious projected intruded upon part of P9.

Similar to P9, P11's Intrusive and Critical SP is conveyed through her verbal actions towards the AC, interrupting the AC multiple times to name toys. For example, 'That's ironman' or 'No, Captain America', or to tell the AC what she thought items resembled; 'Looks like a beach' or 'a duck'. This resulted in the AC's thinking becoming confused 'This is my main character and she is called Sandra. Sandra is a lovely hot sunny day'. The AC's confusion is conveyed through calling Sandra 'a day'. P11 indicated criticism of the AC (who was using a toy candlestick to symbolise Sandra), declaring 'How can she drive...she's got no hands.', which implied the AC was foolish to imagine the candlestick could symbolise a person with hands.

Similar to P9, P11 seemed to communicate an expectation that relationships between herself and others will be Intrusive through unconscious projective identification. She identified with an internal intrusive object, demonstrated by the frequent interruptions of the AC, projecting the intruded upon part of her into the AC. The AC identified with this, observed when her thought processes and speech became confused.

Both P9 and P11 appeared to employ unconscious projective identification (Bion, 1970; Klein, 1946) to communicate the expectation of intrusion in their relationships with others,

projecting the intruded upon part of themselves into the AC and identifying with an intrusive internal object within themselves. This is suggested through the frequent interruptions and interference. However, because it was the AC who was the intruded upon party, with her thought processes becoming particularly disrupted with P11, one could speculate whether there was a more defensive aspect to the projective processes, for example, to evade communication and collapse the boundary between self and other (Rosenfeld, 1988). Klein (1946) discusses that when a person is in a paranoid-schizoid state-of-mind, characterised by fears of persecution and annihilation from within and without, the chief defences against this painful state are splitting, projective identification, denial, idealisation and denigration. In this state-of-mind, projective identification can be used to: evacuate parts of the self that cause anxiety or pain; project the self or parts thereof forcibly into the object to control it, thus preventing any feelings of separation or to intrude into the object to take over its qualities, which would avoid any feelings of envy or dependence (Joseph, 1988; Klein, 1946).

This appears to be the case for P9 and P11, the paranoid-schizoid state-of-mind (Klein, 1946), perhaps being stirred up in themselves by the ADOS situation and being alone with two adults who are strangers: the AC and the ADOS Observer. Perhaps by intruding into the AC so forcefully, both P9 and P11 were seeking to control the AC in order to disavow unbearable feelings of separation, which would lead to feelings of vulnerability and dependence. Furthermore, both participants also appeared to intrude into the AC's capacity to know (the naming of toys), trying to take over her capacity by naming the toys themselves, which suggests they may have also been avoiding feelings of envy. This is further supported by their explicit denigration of the AC's toys and imagination (P9 'just a box'; P11 'how can she drive...'), as one does not need to envy something that is rubbish or foolish.

The use of unconscious projective identification leads to self-other confusion, impacting the ability to distinguish between symbol and symbolised (Segal, 1957). Symbol formation is

dependent on the capacity to experience loss and absence, essentially separation. What is pertinent to note is that P11's intrusion into the AC affects the AC's symbolic capacity – Sandra (a toy with a personal pronoun) becomes 'a lovely hot day' (a common noun phrase). P11 also became confused, struggling to recognise a toy candlestick (Sandra) the AC was using to symbolise a person, as having hands - 'She's got no hands'.

3.1.3 SP: Left Out and Jealous

This SP also pertains to anxieties about being separate from others, but possibly reflects a developmentally more advanced state: the awareness of couples and an expectation that relationships will be excluding.

Both P9 and P11 demonstrated an expectation that relationships between themselves and others will be Excluding. P9 appeared to actively withhold information from the AC and characterised others' romantic relationships as those included and those not. P11, however, characterised herself as ostracised from romantic relationships.

During the ADOS task where the AC was asking P9 about her relationships, P9 indicated the AC as excluded by expressing that she (P9) liked a boy but was not going to reveal who to the AC. The AC then constructed herself as left out, replying 'a boy that you like that you're not telling me'. P9 further described all her friends as jealous of best friend Lucy⁵ having a relationship with a boy, 'the girls are getting so jealous saying that she is ditching and everything'. It is P9's friends who are indicated as being left out by Lucy 'ditching', implying being discarded and 'jealous' of Lucy's relationship with a boy. Interestingly, P9 then described these friends as also leaving others out 'as soon as they get a boyfriend or girlfriend

⁵ All participants' names have been changed to protect confidentiality

they're going to do the exact same things. I'm not but people would', emphatically suggesting she would never leave others out.

P9 appeared to communicate an expectation that relationships between herself and others will be excluding through projective identification. She unconsciously and defensively projected left out feelings into the AC and her friends, where they are concretely felt to be the excluded ones and not her (Bion, 1970; Freud, 1911; Klein, 1946). The AC appeared to identify with the projection, when she stated 'you are not telling me', which suggests her interest is piqued. It is pertinent to note that P9 is never the excluded one or excluder, but her friends are, which suggested she may defend against feelings of exclusion by unconscious projection and projective identification and, as previously discussed, intruding into others.

In contrast to P9, P11 implied the toy which, during play, the AC had constructed as a monster wanting to take over the street, as left out. When the AC asked P11 for the monster's motive in trying to take over, P11 responded with 'because nobody plays with him', which suggested the AC's monster was friendless and excluded by others. Unlike P9, P11 also indicated herself as left out and possibly jealous when the AC asked about P11's relationships and whether P11 had a boyfriend 'I don't have a boyfriend but I know everyone else does'. The words 'I don't have' in contrast to 'everyone else does' emphasised her sense of exclusion: she is the odd one out. P11, in contrast to P9, communicated an expectation that relationships with others will be excluding through projecting the excluded feelings into the toy, identifying the 'monster' as left out, but also identifying herself as excluded.

One way of understanding P9 and P11's communication of this expectation is to draw upon the psychoanalytic concept of the Oedipus Complex (Klein, 1957), which suggests that even from early infancy, babies long to have sole possession of one parent (initially the primary caregiver – traditionally the mother) to the exclusion of the other (traditionally the father).

However, gradually, the baby comes to recognise the primary caregiver (PCG) as separate and, therefore, not their sole possession. Then the baby begins to realise that the longed for PCG has other relationships (father, siblings), rivals for affection and the much needed resources that the PCG provides (Klein, 1957). This state provokes powerful feelings of loss and also hatred, with a desire to get rid of the hated rivals (Klein, 1957). Furthermore, Klein (1957) postulated that jealousy is predicated on suspicion and rivalry with the father, who is accused of having taken away the mother.

The Oedipal phantasy includes the unconscious desire to possess the parent of the opposite sex and get rid of the parent of the same sex (Klein, 1957), which can be seen when little boys express their wish to marry mummy and girls their daddy. Waddell (2002) suggests that Oedipal phantasies and anxieties are universal, becoming sublimated during the latency period (4 – 10 years of age), but arising again as puberty and early adolescence approach with the concurrent bodily and sexual changes this brings.

P9 is 13-years-old, in early adolescence, and P11 is 9 years-old, approaching puberty, which suggests unconscious Oedipal phantasies and anxieties will no longer be dormant. One could understand P9 and P11's projection of exclusion into toys, the AC and friends as a way of defending against unbearable infantile feelings of exclusion, unconsciously aroused by the couple in the room: the AC and the ADOS observer. Perhaps P9 and P11's intrusion into the AC also may suggest an unconscious wish to take the place of the AC (standing for the mother) in order to couple up with the ADOS Observer (standing for the father); in other words, not to be the excluded third person. Britton (1989) suggests that the Oedipal Complex is, at its most primitive, about survival – surviving the Oedipal couple (and the sense of exclusion this brings) rather than being murderously jealous.

Both P9 and P11 appeared to unconsciously express feelings of exclusion and jealousy, perhaps in touch with primitive anxieties about survival in relation to their primary caregivers, who were not with them in the ADOS, but may have unconscious phantasies about what they were doing in their absence. P9's projection of exclusion into the AC and her friends (so she is never excluded or excluder), suggest a more evacuative use of projective identification, to possibly evade an unbearable state of jealousy. P11, on the other hand, after she had projected left out feelings into the toy, later claimed the excluded position for herself '*I don't have a boyfriend...*', which suggests that she could tolerate being the excluded third person to some extent, observing others in couples without as yet being part of one herself.

3.2 An Expectation that Relationships will be Aggressive & Destructive

P7, a 10-year-old male, P9, a 13-year-old female, P11, a 9-year-old female and P12, a 12-year-old male all appeared to demonstrate an expectation that relationships between themselves and others will be aggressive and destructive. This expectation was conveyed in diverse ways, with P7 and P12 using a toy dinosaur in play to hit a toy the AC was playing with and depicting, in play, scenes of destruction and chaos. P9 and P11, on the other hand, appeared to express actual fear of particular toys the AC produced that they *could* play with, seeing them as potential aggressors. The expectation that relationships will be aggressive and destructive was suggested through the following positions (SPs): 'Attacking & Humiliated', 'Frightened & Threatened'; 'Destroyed and Damaged' and 'Trapped & Vulnerable'.

3.2.1 SP: Attacking and Humiliated

This SP 'Attacking and Humiliated' is where P7, P12 and the AC constructed themselves verbally and non-verbally as aggressors during the play with toys, for example, hitting,

killing off or trapping each other's toys. Humiliation is constructed non-verbally with the AC reddening in the face shortly after P7 had used a toy to attack the female doll the AC was using, which lay on the table in a vulnerable position. Contrastingly, P12 reddened in the face when the AC tried to persuade him to play with dolls during one task, suggestive of embarrassment at being asked to play with dolls.

P7, for example, was initially reluctant to play with the toys during one of the first ADOS tasks (making up a story using toys which the AC will later join in with). P7 moved away from the table, made plaintive 'Umm' and 'Ei' sounds as the AC walked two dolls towards him. The recoil and plaintive sounds suggested that P7 was in a paranoid-schizoid state-of-mind (Klein, 1946), perceiving the AC and toys as hostile. He subsequently indicated the 'Attacking' SP non-verbally by picking up a toy dinosaur and using it to repeatedly hit the AC's female doll lying on the table. This action suggested he had identified (Klein, 1946) with the dinosaur as a potentially aggressive and primitive creature, projecting (Freud, 1911) his own aggression into it and using it to attack the female doll, which possibly symbolised the AC (Segal, 1957). It was the AC's verbal response, which further constructed P7 as 'Attacking', when she described P7's dinosaur as 'attacking that woman' and calling the dinosaur a 'baddie' because 'he's attacking people'. P7's repeatedly using the dinosaur to hit the female doll alongside the AC's language – the verb 'attack' twice and calling the dinosaur a 'baddie', constructed P7's character as aggressor. 'Baddie' also suggested the AC was in a persecuted state-of-mind where 'good' and 'bad' are split and if the object is one aspect, it cannot be the other (Klein, 1946). P7 immediately put a toy ice-cream in his mouth, then used the dinosaur to rub the toy ice-cream on the female doll's foot, shaking the doll in the process and laughing. By putting the toy ice cream in his mouth, as if it were real, suggested P7's ability to symbolise had collapsed; symbol and symbolised were equated (Segal, 1957), which implied he also felt extremely persecuted. Perhaps the idea of ice-cream, which is

made of milk, unconsciously represented P7's need of the mother's breast as a source of goodness in the face of danger and threat (Klein, 1946), with him putting the toy in his mouth as a sign of regression.

The AC reddened when P7 rubbed the ice cream on her doll's foot and described the dinosaur's behaviour as 'very bizarre' and 'very strange', calling the dinosaur by P7's real name before picking it up and putting it in a jug 'Yes, *Jack*. I've trapped you'⁶. The AC indicated the 'Attacking and Humiliated' SP through reddening, perhaps humiliated and angered by P7's laughter and rubbing her doll's foot with ice cream. The AC then became critical and attacking of P7's play, calling it 'bizarre' and 'strange', which she had not done with any other participant. Through calling the dinosaur by P7's name and non-verbally reddening, suggested that the AC no longer felt this was symbolic play – particularly identifying the toy dinosaur as P7, which indicated the AC's capacity to symbolise collapsed (Segal, 1957): the toy was 'Jack'. Also, the AC appeared to identify with P7's projected aggression (Bion, 1970; Klein, 1946) through retaliating and becoming the aggressor herself when she criticised P7's play and put the dinosaur in the jug.

As Brenman-Pick (1985) emphasises, the first thing that happens inside an object who is projected into is a *reaction* and the AC does react verbally ('baddie'), non-verbally (reddening) and through action. This suggests that P7 had projected an aggressive aspect of himself or internal object, which the AC identified with, thus creating an aggressive relationship between them. This in turn is suggestive of P7's internal expectation that relationships will be aggressive.

In contrast to P7, P12 constructed an 'Attacking and Humiliated' SP both non-verbally and verbally. For example, his face reddened twice and he recoiled from the table in response to

⁶ All participants' names have been changed to protect confidentiality

the AC moving toys towards him, implying humiliation and embarrassment at the gesture and also a refusal to engage in the play. Subsequently, the AC's repeated persistence in involving P12 in the play appeared to provoke P12 to construct an 'Attacking' SP, describing his character (a dinosaur) as 'The dinosaur attacks people' and that other characters 'Whack' the dinosaur, killing it 'Yes. Dead'. Not only did P12 verbally imply his characters as 'Attacking', but also non-verbally, when he picked up some pliers and hit the dinosaur with them. Like P7, P12 appeared to initially project (Freud, 1911) his aggression into the dinosaur, identifying with a primitive creature who 'attacks', but also projected his aggression into several other characters, identifying them as killers (Klein, 1946). P12 developed the 'Attacking' SP further, through stating 'Then the dinosaurs go extinct', which implied the attack was fatal to a species. The AC responded to P12's comment with 'So that's how they got extinct', which indicated, through repetition of 'extinct', P12's 'Attacking' SP. In contrast to P7, the AC did not appear to identify with P12's projected aggression, which stayed within the play. However, the aggressiveness of P12's play seemed to impact his and the AC's grammar as suggested in both their descriptions of the dinosaurs' extinction: they 'go'(P12) and 'got' (AC) extinct. This is an example of a verb tense muddle as it should have been past tense 'became', not present tense. This is an interesting finding as it suggests that the aggression within the play may have collapsed the temporal dimension – there was no past or future, only 'now' as indicated by the present tense to describe a past event (extinct). This suggests that P12 and the AC may have been in a primitive, paranoid-schizoid (Klein, 1946) state-of-mind, where there is a continual 'rewriting of history such that the present experience of the object is projected backward and forward in time creating an eternal present' (Ogden, 1989, p. 19) where one unconsciously feels one is with unpredictable strangers. The 'eternal present' is suggested through the verb tense P12 and the AC use, which is linked to 'extinction' – the threat of annihilation and death. As Rhode (2015a)

suggests, the way words are put together often reflects a child's primitive anxieties about relationships. One could therefore speculate whether P12 unconsciously feared for his own survival in the face of a stranger (the AC), and the ADOS itself, wanting to wipe out the AC and the ADOS, perhaps feeling he did so in unconscious phantasy (Isaacs, 1948). His aggressive response could be understood as a primitive instinctual response to threat. The symmetry of P12's 'go' and the AC's 'got' suggests there may have been unconscious to unconscious communication as there is no time in the unconscious, just the present (Isaacs, 1948). P12 appeared to communicate an expectation that relationships between himself and others will be aggressive through his play (Rosenbluth, 1970), but also perhaps through the impact his projections had on the AC's capacity to verbalise grammatically (Segal, 1957).

3.2.2 SP: Frightened and Threatened

Similar to P7 and P12, P9, a 13-year-old female, and P11, a 9-year-old female, both appeared to communicate an expectation that relationships between themselves and others will be aggressive. This was suggested through the collapse of their capacity to think symbolically. This expectation was demonstrated through the SP 'Frightened and Threatened', where they both appeared scared of one of the AC's toys. For example, P9 indicated fear and threat when the AC, before the play task started, took out 'a toy fire engine truck' from a bag of toys. P9 exclaimed on sight of the truck 'No, no, no, no, no' and physically trembled. P9 then recoiled from the AC and said in baby-like tones 'Don't like them ones.'. The repetition of 'no', the bodily reaction and moving away indicated the fire engine as a threatening and potentially aggressive object she needed to retreat from. Fire engines can be associated with emergencies - dangerous and life-threatening situations, albeit in a helpful way. The baby-like tone suggested that P9 had somehow regressed to a more infantile state.

P11 similarly indicated the ‘Frightened and Threatened’ SP when she suddenly interjected ‘Errh!’ twice when she retrieved a soft spiky ball from a toy bag, physically moving away from it and the AC. The repetition of ‘Errh!’ and moving away implied the toy was a frightening and threatening object, the spikes possibly suggesting something sharp and pointed. The use of a sound ‘Errh!’ as opposed to a word suggested that P11 may have also regressed momentarily to a more infantile state-of-mind. P11 additionally indicated one of the AC’s toys as damaged ‘I know the cup is chipped’, suggesting minor damage. However, P11 non-verbally covered her face with her hands after she said this, which implied the damage was something unbearable and frightening to see. The responses to toys as potentially aggressive, threatening and damaged, suggested that P9 and P11 were in a state of symbolic equation (Segal, 1957). This is characteristic of paranoid schizoid states-of-mind, where symbol and symbolised were equated – the toys were the aggressors, perhaps as a result of projecting their own aggression into the toys. Given that P9 and P11 had also, prior to the above, intruded into the AC (see section 3.1.2), one could argue that they expected an aggressive retaliation from the AC. The AC’s toys, which could be said to represent her, concretely became what they most feared.

It appears that P7, P9, P11 and P12 expected relationships between themselves and others to be aggressive, with P7 non-verbally and P12 verbally and non-verbally creating an aggressive relationship between themselves and the AC during play. P9 and P11 appeared to communicate an expectation of an aggressive relationship through concretely identifying toys the AC had as aggressive and of which they felt frightened.

What is similar across three participants (P7, P9, P11) is the collapse of symbolisation and states of symbolic equation (Segal, 1957). Segal emphasises that symbolic equation occurs when in a paranoid-schizoid mode of relating, where there is little separation between subject and object due to the projection of parts of the self or internal objects into the object, which is

then identified with those parts (Segal, 1957). She argues that the ability to use symbols relates to the capacity to experience loss and separation, where the object is recognised as separate from the self, both good and bad (Segal, 1957).

Significantly, all four participants had been separated from their primary caregivers (PCGs), who were in a separate waiting room. Their concrete states-of-mind and struggles to symbolise (at times) or, in the case of P12, verbalise grammatically, was suggestive of states of persecution. They may have unconsciously experienced the separation not as an absent good object they could internally draw on, but the unconscious presence of an internal bad one (Klein, 1946). Such an object is felt to be persecutory and needs to be defended against through projection and projective identification, as seen in the AC's reactions and in the play. P7's putting the toy ice cream in his mouth, P9's baby-like tone and P11's use of sound 'Errh!' suggest infantile, regressed states-of-mind, where the AC perhaps concretely became the *external* representation of the *internal* bad object through projection.

Another important observation in relation to the similarity between participants is to think about how the YP experience the ADOS assessment. Perhaps the expectation that relationships between themselves and others will be aggressive is not only to do with an internal expectation, which is evoked through the interaction within the ADOS, but also exacerbated by the ADOS itself as an experience which raises primitive anxieties and modes of relating. P7's and P12's 'Attacking & Humiliated' SP, could be understood as how they experienced the ADOS as attacking and humiliating them, particularly as the AC wanted them to use toys which they may have felt as developmentally inappropriate (dolls and action men figures). Perhaps P7's use of projective identification into the AC was a means of *communicating* (Bion, 1970) an unbearable experience of humiliation, which provoked his aggression. P12, on the other hand, seemed to experienced humiliation (reddening twice) and intrusion (see section 3.1.1) before constructing himself as an 'Attacking' SP. P9's and P11's

expectation that relationships between themselves and others will be aggressive which, as suggested, may have been precipitated by intruding into the AC, may also indicate their experience of the ADOS as something they unconsciously feel to be aggressive and intrusive.

3.2.3 SP: Destroyed and Damaged

P7, a 10-year-old male and P12, a 12-year-old male appeared to convey an expectation that relationships between themselves and others will be destructive. In separate solitary play (without the AC), both participants depicted objects being repeatedly damaged or utterly destroyed by each other. P7 and P12's expectation that relationships will be destructive was suggested through the subject positions (SPs) of: 'Destroyed and Damaged' and 'Trapped and Vulnerable', which appeared facets of destructive relationships with others. The expectation of destructive relationships could be understood as an elaboration of P7's and P12's expectation of aggressive relationships between themselves and others as uncontrolled aggression can lead to destruction (Maiello, 2000).

For example, during a solitary play task, where P12 had to create a story using 5 objects, he verbally and physically enacted a story where his toy car was 'attacked by meteors', which only relented when 'the whole car is destroyed'. During this story, P12 had been non-verbally hitting a ball against the car to mimic the meteor attack, and all the story items were then strewn across the table. P12 repeatedly hitting the car and the post-attack disarray emphasised the destruction, as well as the attack ending only when nothing is left ('destroyed'). This appeared to be a depiction of an aggressive and destructive relationship between two objects, where one (the car) is the victim and the other (the meteors) the destructive aggressors. P12 added another dimension to the 'Destroyed' SP, when he explained that 'scientists say that the car was attracting meteors', which indicated the destroyed car somehow drew destruction to itself ('attracting'). P12, through play, seemed to project (Freud, 1911) a vulnerable aspect

of himself or internal object into the car, whilst simultaneously projecting a destructive aspect of himself or internal object into the toy ball, acting as the meteors. The introduction of the scientists' perspective, who explain the cause of the destruction, suggest that P12 is unconsciously aware of a relationship between the apparent victim of the attack and the perpetrators, which is discussed shortly.

In contrast to P12, P7 initially appeared doubting and self-critical in relation to completing the same solitary story task using 5 toys, saying 'Yes, I'll make up a story. Ah! I can't even make up a story. I can't even make one single story at all', which appeared to depict an internal conflict within himself. One part of himself or object felt confident in his abilities, whilst another part attacked or destroyed that confidence, hence the 'Ah', which communicated his distress and then the repetition of 'can't even'. However, P7 then managed to start the task, but immediately constructed the 'Damaged' SP when describing his toy car as 'crashed...a piece of engine went out' and it had 'a little scratch on the side', which implied the damage was extensive ('crashed'), but also minor ('scratch'). Furthermore, P7 implied the driver was negligent by driving away but 'he wasn't looking and then he crashed again'. The carelessness of not looking caused more damage. P7 developed this further, implying the 'Destroyed' SP by describing the driver as destructive 'I felt he hit it two times. And then the first time the engine blew up, and then the second time it was broken'. P7's language emphasised the driver's destructive qualities ('*he* hit'), which resulted in the car's 'engine blew up' and 'broken', implying the car was partially destroyed. Like P12, P7 appeared to project (Freud, 1911) a damaged aspect of himself or internal object into the car, whilst simultaneously projecting a destructive aspect or internal object into the driver, who damages the car.

What is interesting to note about these two participants is how they use play to demonstrate an aggressive and destructive relationship between two objects with both participants

depicting the toy car as either damaged or destroyed by the other object. Klein (1952) suggests children's play enacts early events and relationships, as well as current ones, with play as a means of relating desires and anxieties to themselves. Whilst the author does not know the familial backgrounds of these two participants, one could suggest, given the expression of aggression discussed previously, that they both expect *present* relationships to be characterised by aggression and destruction because their *formative* relationships possibly were. As Rosenbluth (1970) emphasises, children's play often depicts desires, anxieties and defences about the immediate relational and emotional situation they find themselves in, but they *could not have those anxieties* etc unless they had experienced them previously with their primary caregivers (PCGs).

In looking at P7 and P12's play in the above light, where there are concrete depictions of vulnerability (the car) and destruction, one could also speculate about their emotional response to and experience of the AC and the ADOS situation. Perhaps their reactions, derived from past and present relationships with PCGs, is an unconscious phantasy (Isaacs, 1948) of imminent annihilation, with aggression a means of defence against the anxiety of being destroyed.

Another finding in relation to P7 and P12 is the relationship between the projection of aggression discussed earlier and the expression of destruction in solitary play with the AC as observer rather than participant. At the beginning of the ADOS assessment, P7 appeared to project an aggressive aspect of himself into the AC, which she concretely identified with, becoming critical of P7 and, in joint play, trapping the toy dinosaur he used to hit her female doll in a jug. P12, on the other hand, in joint play with the AC, projected an aggressive aspect of himself or internal object into his toy dinosaur, enacting the aggression with the dinosaur and some pliers, which resulted in the extinction of the species. P12's concrete enactment affected his speech and the AC's as they both became confused in their verb tenses. At the

end of the ADOS assessment, the final task is solitary play, creating a story using 5 toys, where P7 and P12 concretely enact an aggressive and destructive relationship where one object destroys another.

The above scenario – aggression followed by destruction – perhaps depicts a process of projection and introjection which are related. Klein (1946) states that the projection of a predominantly hostile world, which is characterised by fears of persecution, leads to an introjection of an external hostile world, which reinforces the hostile internal world. Both P7 and P12 projected an aggressive aspect of themselves into the toys and the AC, which suggests that they would introject a hostile world; this is particularly so with P7, where the AC concretely appears to become the aggressor through unconscious projective identification. P12's aggressive play appeared to affect the AC's capacity to verbalise grammatically. As previously discussed (section 3.1.2), unconscious projective identification can be a means of forcefully entering into the object to control it through parts of the self (Joseph, 1988; Klein, 1946) – P7 and P12's aggressive parts, for example, seeking to control the AC. The consequence of such forceful entry into the object is that introjection may then be felt as a forceful entry from *outside* to *inside* in retaliation for the violent projection (Klein, 1946). Thus, P7 and P12, through unconscious projective identification, may have forcefully projected aggressive aspects of themselves or internal objects into the AC *at the beginning* of the ADOS assessment and therefore unconsciously expect and introject a retaliatory object in the form of the AC for this. This appears to be concretely illustrated in their destructive depictions of play *at the end* of the ADOS assessment – the aggression has had consequences as P12 insightfully states 'the car was *attracting* meteors'.

Klein (1946) suggests that by introjecting and re-introjecting the forcefully entered object (through unconscious projective identification), the subject experiences feelings of inner persecution, for example fears of imprisonment, panics and claustrophobia (Joseph, 1988).

Interestingly, P7's final SP within the expectation that relationships between himself and others will be aggressive and destructive is 'Trapped and Vulnerable', which is now discussed.

3.2.4 SP: Trapped and Vulnerable

The AC non-verbally and verbally constructed the 'Trapped' SP when she used her doll in play to pick up P7's dinosaur, declaring 'I've trapped you' and put it in a jug. This action concretely depicted P7's character as trapped inside another object. P7 developed this SP by non-verbally picking up the AC's female doll, putting it inside the jug with the dinosaur, implying her character was also trapped inside the jug. The AC appeared to identify with P7's projected aggression, as she became the aggressor when she trapped his dinosaur. What is significant is the potential unconscious communication between the AC and P7, where both enact an object as being trapped *inside* another, reflecting projective identification as an unconscious entry into another (Joseph, 1988).

This SP of 'Trapped and Vulnerable' is further implied by the AC in her story of a cowboy who captured a peacock to eat 'he (peacock) flies into a trap. And it tightens and it's got him'. The use of the verbs 'tighten' and 'got him', highlighted how trapped and vulnerable the AC's character was – about to be eaten! P7 was absolutely still as he watched and listened, declaring several times 'Oh no!' as if it were really happening. This suggests that he was in a state of symbolic equation (Segal, 1957), where there is no separation between symbol and symbolised (due to projective identification). Words *are* what they describe.

In the last ADOS task, where P7 had to make up a story by himself with 5 objects, he described his character (a car) as stuck 'it won't start' and then himself (not in character or in play) 'I don't know. I don't know what to do'. The repetition of 'don't know' emphasised his

helpless, vulnerable position. Later, when he was able to continue with the play, P7 described his character as trapped inside a fixing area ‘he (the driver) couldn’t get it (the car) back out’. The words suggested both the driver and the car’s vulnerability: they are trapped together. Furthermore, P7 non-verbally pushed the car into his woollen hat, which lay on the table, and pulled it out again, only to push it back in, making plaintive ‘ei ei’ sounds as he did this. The repetitive movements and the accompanying ‘ei ei’ sounds suggested both P7’s vulnerability and his character’s (the car) trapped state.

The ‘Trapped and Vulnerable’ SP, particularly P7’s last task, which illustrates it, could suggest his immediate emotional experience of the ADOS – feeling trapped and vulnerable. It also appears to confirm the previous hypothesis that unconscious projective identification can lead to feelings of claustrophobia - being trapped inside an object one has forcefully entered into (Joseph, 1988; Klein, 1946). This is suggested by the AC identifying with P7’s projection of aggression, becoming the aggressor by putting his dinosaur into a jug.

3.3 An Expectation that Relationships will be Critical & Judgemental and Untrustworthy or Unreliable

Participant 14 (P14), a 15-year-old female appeared to demonstrate an expectation that relationships between herself and others will be critical, judgemental and untrustworthy. P14 verbally criticised and judged herself, her friends and the AC, whilst also appearing to expect judgement from the AC. P14 also characterised her relationships with peers as potentially deceptive, where they would speak about her negatively without her knowledge or that she herself might not be trustworthy. P14’s apparent expectation was suggested through the following SPs: ‘Critical Judge of Others’, ‘Self-Critical’ and ‘Deceitful’. P13, a 15-year-old

male, also appeared to expect that relationships between himself and others will be untrustworthy, but this was communicated differently to P14. P13 appeared to unconsciously feel that the relationship between himself and the AC was one of intimacy, where he was potentially being deceived and lead astray by her. P13's apparent expectation of untrustworthiness in relationships was suggested through two SPs: 'Wanting Space and Wanting Closeness' and 'Tricked and Seduced'.

P7, on the other hand, appeared to demonstrate an expectation that relationships between himself and others will be unreliable. He could not depend on the AC to hear and understand him, frequently being misheard and misunderstood. His expectation was suggested through the SP 'Misunderstanding'.

3.3.1 SP: Critical Judge of Others

P14's SP of 'Critical Judge of Others' was verbally constructed when, for example, she showed the ADOS Clinician (AC) a picture of her friend, Kate⁷, on her phone, stating 'As you can tell from my screensaver, she's her own mental self' and later referred to Kate as a 'mental patient, I swear to god. She belongs in a mental asylum' and 'a crackhead loony'.

P14's numerous references to 'mental' and later, 'loony', implied a negative critical judgement of Kate, both words linking to insanity. Likewise, 'crackhead' is a pejorative slang term for a drug addict. This SP is further demonstrated when P14 described an incident on a school bus, where her music speaker was broken. The AC asked P14 whether another pupil broke it on purpose, to which P14 replied:

⁷ All participants' names have been changed to protect confidentiality

'I don't know...from what I heard, apparently he was smacking it on the back of the chair, so...'. The AC then said *'Oh. So yes, definitely on purpose, then.'*, to which P14 responded with *'That's only what I've heard, it doesn't mean it's true.'*

The word 'smacking' suggested an intentional act and P14's use of ellipsis 'so....' invited the AC to draw an inevitable conclusion, which she did 'definitely on purpose'. P14's Critical Judge of Others SP is illustrated when she said 'it doesn't mean it's true', suggesting subtle criticism of the AC who had jumped to erroneous conclusions and should not believe all she hears. Furthermore, the AC indicated an SP of Critical Judge of Others when she pronounced 'definitely on purpose, then', suggesting the boy was guilty of a deliberate act of vandalism.

3.3.2 SP: 'Self-Critical'

P14 also demonstrated an SP of 'Self-Critical' in relation to expressing her thoughts about her friendships, for example, 'I mean Kate is on and off with loads of different people. That sounds really horrible. I probably shouldn't have said that' to which the AC responded with 'That's ok'. The Self-Critical SP is illustrated when P14 condemned something she had just said 'really horrible', perhaps feeling some guilt at characterising her friend as promiscuous. The AC also indicated a Self-Critical SP with P14, for example, having just told a story as part of one of the tasks, the AC remarked 'Now that wasn't my best story. I've done better', implying self-censure by comparing her story to 'better' ones she had told previously.

P14 appeared to communicate an expectation that relationships between herself and others will be critical and judging through unconscious projective identification (Joseph, 1988; Klein, 1946), initially identifying with an internally critical and judgemental object. This can be seen through her numerous negative criticisms of her friend, Kate, and then her implied criticism of the AC, who should not believe all she hears. However, P14 projected (Freud,

1911) this critical and judging object or aspect of herself into the AC when she constructed the incident about her speaker being broken on the bus. She invited the AC to become judge through describing the incident graphically ‘smacking it on the back the back of the chair’ then leaving it open for the AC to interpret ‘So...’. The AC identified with the projection (Joseph, 1988), becoming critical and judgemental when she proclaimed ‘definitely on purpose’, despite not being at the incident. After this, P14 concretely identified the AC as critical & judging, with P14 as the one being criticised, when she anticipated a censorious response from the AC in relation to her criticisms of Kate ‘shouldn’t have said that’, with the AC identifying herself as judge, stating ‘That’s ok’. The AC then became self-critical about her storytelling, which suggested that she continued to unconsciously identify with P14’s projection (Joseph, 1988).

The above analysis of P14’s expectation of critical and judgemental relationships provides potential insight into the process of unconscious projective identification (Bion, 1970; Klein, 1946), suggesting an evolution between projection and projective identification. P14 moved from *internally* identifying with a critical and judging object to *externally* identifying this object in the AC, which the AC *internally* identified with (Joseph, 1988). What is interesting to note is that initially P14 was simultaneously identifying with an internally critical object, but also seeking a home for it via projection into the AC, when she assumed that the AC would also view Kate as ‘mental’. However, the AC does not identify with the projection, which leaves P14 with it. After more implied critical judgements about Kate and the boy who broke her music speaker, P14’s internal identification with a critical and judging object reaches a point of transition, the liminal space between the internal and external world. This manifested when she successfully projected her *internal* critical judge into the *external* AC, who *internally* identified with it ‘definitely on purpose’. P14 concurrently passed judgement on the AC ‘doesn’t mean it’s true’. This threshold is where the projection became projective

identification, as after this P14 treated the AC as a critical judge of what P14 *wanted* to say, whilst the AC became arbiter of what P14 *could* say 'That's ok'. The AC also became critical of her own story, unconsciously identifying with an *internal* critical and judging object (Joseph, 1988).

P14's expectation of criticism and judgement also demonstrates an unconscious phantasy (Isaacs, 1948) and anxiety undergirding the expectation, namely the primitive fear of insanity. This can be observed in P14's numerous references to her friend, Kate, being 'a mental patient...belongs in a mental asylum' or 'loony'. P14 managed this primitive anxiety by projecting (Freud, 1911) it into her friend, even though it was P14 who was in a Child and Adolescent *Mental Health* Service. It is the unconscious phantasy of being mad which P14 perhaps expected the AC to judge and criticise her for.

Given this anxiety, one could speculate that P14's recourse to unconscious projective identification was not so much seeking to evacuate a part of herself (Rosenfeld, 1988) but looking for a container – a thinker – to help her make sense of the unthinkable thought (Urwin, 2002) of insanity, which was her immediate emotional experience of the ADOS situation.

Whilst it is not in the remit of the AC's role to contain and interpret anxiety, it is pertinent to note that the ADOS situation appears to generally elicit quite profound levels of primitive anxiety for some participants, for example, 'lunacy' for P14. Furthermore, as P14's anxieties and projections could not be contained and thought about by the AC, this may have influenced the evolution of the unconscious projective processes, with the projection of an internally critical and judging object being repeated several times and then *enacted* by the AC. This suggests that what cannot be thought about - P14's unconscious anxiety about being criticised and judged as mad - gets projected and repeated (Freud, 1958). It is clear that the

ADOS assessment situation is an emotionally charged encounter, of itself evoking primitive anxieties for participants. This finding has potential implications for the internal validity of the ADOS assessment.

3.3.3 SP: Deceitful

P14 also has an expectation that relationships between herself and others will be untrustworthy, where others are characterised as potentially speaking negatively about her without her knowledge or where she unconsciously identifies herself as untrustworthy or the AC as not trusting her. P14's expectation of untrustworthiness is suggested through the SP of 'Deceitful'. This expectation is less robustly evidenced in comparison to P14's expectation of critical and judgemental relationships, but can be considered as an outworking of the expectation of criticism and judgement in relationships, discussed below.

P14's SP of 'Deceitful' is constructed, for example, through her describing friends as those who are 'not sly', do not 'slag you off' and who 'you can tell them stuff and they won't spread it'. All these expressions position others as potentially deceptive through doing things behind P14's back, either by being critical ('slag-off') or underhanded ('sly'). Interestingly, P14 constructed the AC as not trusting her when she (P14) described that her music speaker was broken by a boy on a school trip, telling the AC that 'I brought my speaker (on the trip) and – yes, it was in perfect condition when I took it there. When I brought it back it was knackered'. The 'yes' anticipated the AC distrusting the veracity of what P14 had said.

P14's relational expectation of untrustworthiness was communicated through projection. She projected a deceptive and critical object or part of herself into her peers, constructing them as deceitful or critical of her. This interaction highlights Freud's (1911) description of projection as an *internal* self-perception - too painful to acknowledge - which gets reversed or denied. It becomes an *external* perception – someone else has this part, hence P14's view that others

might be 'sly' or 'slag' her off. What is interesting to note is P14's constructing the AC as not believing her 'and – yes, it was in perfect condition', which suggested P14 had projected an untrusting object into the AC, whilst she (P14) identified with a deceptive object or part of herself.

The evolution of this expectation again highlights the threshold between the internal and external world as initially P14 projected untrustworthiness into *external* others 'slag you off', followed by *internally* identifying herself as possibly untrustworthy through anticipating the AC would not believe what she said. This was swiftly followed by characterising *external* friends as those who do not 'spread' what she tells them, which suggested those that are not 'friends' would be untrustworthy because they would spread what she tells them.

P14's relational expectation of untrustworthiness could be understood as a consequence of her expectation that relationships will also be critical and judging as if one unconsciously imagines that others primarily criticise or judge oneself, then it is extremely difficult to trust them. P14's description of others as potentially 'sly' or who will 'slag' her off, not only characterised others as deceptive, but also perceived them as critical of her.

Rosenbluth (1970) suggests children bring to any new relationship expectations and attitudes derived from past and present relationships with primary caregivers. By focussing on the immediate emotional relationship between the young person and the clinician, one can gain an impression of what young people expect relationships between themselves and others to be like (Rosenbluth, 1970). P14 appeared to communicate an expectation that relationships will be critical, judging and untrustworthy – essentially, persecutory (Klein, 1946) in nature. What is pertinent to note, and needs further research, is the extent to which the ADOS situation itself may *exacerbate* underlying anxieties young people already have about relationships with others. For example, there are two clinicians in the ADOS assessment, one

a silent observer and the other who conducts the ADOS. Both clinicians write things down, which the assessed young person will never see. P14's expectation that others might be 'sly' or 'slag' her off may also have been evoked by seeing both clinicians writing and not knowing what they were writing about *her*. Her expectation is that of criticism and judgement, which suggested P14 was in paranoid-schizoid (Klein, 1946) state-of-mind, characterised by persecutory anxiety. Further research is needed to explore how much the ADOS assessment situation itself increases emotional anxieties about relationships in the children undertaking it, and how this might influence the outcome (Kover et al., 2014).

P13, a 15-year-old male, also appeared to expect that relationships between himself and others will be untrustworthy, characterising others as both deceptive and enticing, whilst simultaneously characterising himself as deceived and seduced. This relational expectation appeared to be suggested through the relationship between two SPs: 'Wanting Space and Wanting Closeness', where throughout the ADOS tasks analysed, P13 and the AC non-verbally constructed themselves and each other as being physically close together or apart from each other. The second SP 'Tricked and Seduced' appeared to be a development of the first 'Wanting Space and Wanting Closeness', where the AC, in the final ADOS task, constructed her character in play as an enticing trickster and P13 separately constructed his character as tricked and seduced.

3.3.4 SP: Wanting Space and Wanting Closeness

During the ADOS 'Friendships and Relationships' task, where the AC asks participants about their current relationships and hopes for future relationships, P13 initially constructed himself as wanting physical distance from others in the future. 'I'd like to live alone' and 'have my own space' implying a solitary existence. He relayed this in robotic tones with longer than normal gaps between words. Whilst verbally constructing himself as wanting space, P13's

sentence structure (the longer than usual gaps between words) also seems to mirror the need for space.

However, P13 contradicted the above position when the AC asked him whether he imagined living with a partner in the future. He replied ‘Yes, hopefully, we’d know each other’s dos and don’ts’, constructing himself as wanting closeness with another ‘Yes’, but perhaps also feeling ambivalent about it ‘hopefully’. He conveyed this in similar robotic fashion with longer gaps between each word. Not only does P13 contradict his former statement, but in constructing himself as wanting closeness, there is an inherent, perhaps unconscious vocalisation of the opposite, where the longer than usual gaps between the words he uses as indicative of the need for *more* space between things. It is interesting to note that the robotic (mechanical) fashion P13 conveyed this was also implied in his description of a close relationship as knowing each other’s ‘dos and don’ts’. This description has an unemotional and machine-like quality to it, where people are reduced to behaving in a mechanistic and routine way, possibly at another’s command ‘do this’ or ‘don’t do that’.

The AC responded to P13’s reference to ‘dos and don’ts’ by complimenting him ‘That’s a lovely way of putting it’, repeating his statement verbatim, touching her hair and then constructing herself as wanting to be physically closer, non-verbally leaning nearer to P13, asking softly:

‘Has it ever been the case that you’ve had a boyfriend or a girlfriend? And what was that, if that’s not a too personal question to ask? How did it feel to, sort of, be in that relationship?’.

The AC constructing herself as wanting closeness with P13 was implied through asking a series of 3 personal questions about past intimate relationships, including what it ‘felt’ like. Whilst the first question is standard within ADOS Module 4, the other two are not. Also, the position of the second question after the first implied the AC was, perhaps, unconsciously

aware of it being a very personal question, hence the word 'too'. P13 responded by constructing himself as wanting space, non-verbally leaning away from the AC and also wanting closeness, again leaning towards her, replying 'Great!'

P13's non-verbal oscillation between moving towards the AC and away from her, alongside the space between the words he used when talking about relationships suggest P13 might be unconsciously striving to regulate closeness and separation with another. Rhode highlights that autistic children's use of language can reflect profound anxiety about relationships and bodily separation (Rhode, 2003, 2015a). Perhaps P13's anxiety is about fear of merging through being too close to another, hence the longer than usual gaps between words and the physical oscillation between himself and the AC.

However, P13 maintained the SP of 'Wanting Closeness' by stating a benefit of marrying is 'Just always being able to spend time with them, always being able to relax with that person by your side', the repetition of the adverb 'always' suggesting no time apart (wanting space) or separation. As P13 said this, the AC made 'Ooo' and 'Oh' sounds, suggesting approval and agreement.

It is significant to note that the AC *uncharacteristically* departed from prescribed ADOS questions about relationships when with P13. Furthermore, the bodily relationship of the AC and P13 physically moving near to each other and then apart, which the AC appeared to initiate, suggested that there may have been an unconscious intimacy or attraction being enacted. This possible attraction or intimacy appeared to be suggested through the SP of 'Tricked and Seduced', co-constructed by the AC and P13 in the last ADOS task. This last task was where the AC first created a story (by herself) using 5 toys or objects from a small bag. After she had finished her story, P13 chose 5 *different* items from the bag and created a different story.

During this last task, the AC constructed her character as a clown, performing tricks, but also employed her body to physically demonstrate the clown's actions. Subsequently, P13 constructed his character, a grandfather, being tricked by another character and then seduced. Both these constructions suggest that P13 may unconsciously expect a relationship between himself and another to be untrustworthy, hence the depictions of a 'trickster' and 'tricked' object relationship, discussed below. The SP 'Wanting Space and Wanting Closeness' is concurrently non-verbally constructed as the SP 'Tricked and Seduced' unfolds.

3.3.5 SP: Tricked and Seduced

The AC initially invited P13 to 'have a sneak' into her small bag of toy items, verbally and non-verbally constructing their heads as close together as they looked into the small bag. Use of the word 'sneak' in relation to P13 suggested he was doing something underhanded, without her knowledge, which constructed P13 as potentially untrustworthy and the AC as deceived by P13, despite inviting him to look. The invitation also suggested P13 was privileged, the AC allowing him something forbidden, which could be seen as enticing or seductive.

The SP of 'tricked', which suggests one person is deceived by an untrustworthy other, was developed when the AC constructed herself in play as a trickster, 'Splodge, the Clown', who performed at children's parties 'never ending magic handkerchiefs that come out of his top and magic tricks'. During this statement, the AC non-verbally mimicked taking things out of her top, simultaneously swirling her upper body. P13 reddened in the face (blushed) and sat back, non-verbally constructing himself as wanting space from the AC.

Shortly after, when it was P13's turn to create a story using toys, he implied his character, a grandfather, was tricked 'set-up' into going on a date with a female 'Alexa' robot car. P13

constructed the car as seducing the reluctant grandfather (who had initially walked off when he realised his date was with a car when he expected it to be a person) with ‘honks like five or six times’ before the grandfather capitulates and ‘comes back and the car opens its door, and he hops in the back’. The SP of seduced is further elaborated when P13 ended the story with the grandfather and car having a romantic musical evening, spending the night in a hotel, before living happily ever after. The AC complimented P13’s story ‘That’s fantastic!’ and P13’s face reddened again.

Rosenbluth (1970) suggests that children’s play can often be understood as their immediate emotional response to the situation they find themselves in, which is derived from their relationship with past and present primary caregivers. Children project unconscious images of internal parents or aspects of parents into others, which are influenced by the child’s own impulses, feelings and unconscious phantasy (Isaacs, 1948; Klein, 1952).

P13’s construction of a ‘grandfather’ being tricked and seduced by an ‘Alexa’ robot car appeared an example of projection (Freud, 1911), which may indicate his immediate relational experience of the ADOS and the AC (Rosenbluth, 1970). For example, the car honking 5 or 6 times, may indicate the signals (tricks) *he feels* the AC gave him which suggested seduction (moving nearer, swirling her upper body, asking intimate questions). The grandfather and female car spending the night together may suggest his unconscious phantasy (Isaacs, 1948) of being seduced by the AC, perhaps attested to with his two unbidden blushes at the AC’s bodily movements and enthusiastic compliment of his story of seduction. What suggests this as an example of unconscious projective identification, where P13 had possibly projected a seductive and tricking internal object into the AC, is her *uncharacteristic* behaviour described above (Klein, 1946).

Waddell (2018) suggests that early adolescence (P13 is 15-years-old) is characterised by rising levels of sexual and growth hormones, leading to the development of sexual organs and characteristics and also to increased sexual and aggressive drives, often accompanied by powerful fantasies. There is a re-emergence of old oedipal conflicts, which characterised early infancy and childhood, but with an important difference: the genital changes of puberty mean that the oedipal desires can be carried out (Waddell, 2018); the adolescent boy *can* impregnate mother and the adolescent girl *can* conceive a baby with father.

From this perspective, perhaps what occurred between the AC and P13, with their physical closeness, non-verbal behaviour and P13's story of trickery and seduction could be understood as a transference enactment of an *unconscious* oedipal phantasy of being seduced by an essentially untrustworthy, tricky and seductive internal mother. This was then projected by P13 into the AC, who identified with the projection as can be seen in her uncharacteristic and complex behaviour (Klein, 1946). As Joseph (1985) emphasises, relational expectations are often communicated beyond the use of words, with P13 and the AC's non-verbal behaviour (closeness and blushing) conveying a degree of intimacy.

One point of similarity between the SPs 'Wanting Space and Wanting Closeness' and 'Tricked and Seduced' is the mechanistic, robotic depiction of relationships. In the former SP, P13's voice became robotic, having longer gaps between words to describe relationships, which were thought about in terms of knowing the dos and don'ts. In the 'Tricked and Seduced' SP, an 'Alexa' robot car tricks and seduces the human grandfather, who hops in the back and Alexa and the grandfather spend the night together. One could speculate about how P13 views himself and others in relationships, whether he sees himself and others as more robot than human, doing things automatically as opposed to emotionally. The depiction of an intimate, but physically impossible, relationship between an older male 'grandfather' and inanimate 'Alexa' robot-car also suggests he may need to distance himself from what a

sexual relationship might mean. In describing relationships in terms of dos and don'ts and using the Alexa robot car image, P13 may also be conveying a strong need for control in relationships as robots are unemotional and are normally controlled by another.

One key finding from P13's apparent expectation of untrustworthiness in relationships, suggested through the SP of 'Tricked and Seduced', is the part the AC unconsciously plays in the evolution of this expectation. The AC appeared to respond to P13 in her behaviour, initiating a physical closeness to P13 and departing from ADOS protocol in her questions. This behaviour was not observed with any other participant. By behaving thus, the AC appeared to become an *untrustworthy* other as the consistency of the assessment and the AC's behaviour was temporarily lost. This perhaps suggests that P13 had powerfully projected an untrustworthy object into the AC, which she unconsciously, but concretely, identified with (Joseph, 1988).

Another general finding from both P13 and P14's experiences pertains to the nature of relational expectations which arise during the ADOS assessment. Some participants seem, for example, to expect aggression, others intrusion or criticism, which all appear to be unconsciously enacted between the participants and the AC. This suggests that the encounter is emotionally saturated and dynamic, evoking primitive feelings (unconscious Oedipal phantasies, for example). Hinshelwood (2001) cites Bion's observation that when two people encounter each other there is an 'emotional storm'. Looking at the nature of the relational expectations evoked for the participants discussed so far confirms this and suggests that the ADOS is an emotionally meaningful experience for the YP who are assessed, which needs to be understood as such.

Sterponi and de Kirby's (2016) study illustrated the influence of the conversational partner on the autistic child's ability to communicate. Given the AC's emotional interactions with

participants, for example P13, further research may be needed to explore the degree to which the AC's often unconscious responses shape the relational expectations communicated.

Similar to P14's and P13's expectation that relationships between themselves and others will be untrustworthy, P7, a 10-year-old male, appeared to demonstrate an expectation that relationships will be unreliable, where he cannot depend on another to hear or understand him. This expectation was suggested through the SP 'Misunderstanding', discussed below.

3.3.6 SP: Misunderstanding

This SP was indicated by the frequent miscommunications which occurred between P7 and the AC across all three ADOS tasks analysed.

For example, when asking P7 about his friendships, the AC constructed herself as misunderstanding or mishearing P7, despite him speaking clearly. This can be seen by her frequent interjections after P7 had responded to her questions 'You like what, sorry?' and 'It's what, sorry?' and 'What, sorry?'. Another instance is where P7 had described an object the AC was using to tell a story as '8.5 feet tall', but the AC misheard, asking whether P7 had said 'Point 5 feet tall?'.

P7 also constructed the AC as not understanding him. During the task where the AC asked him questions about relationships and marriage, he expressed that people get married because 'they want to have a baby or something. Like a child'. The addition of 'like a child' was a clarification of 'baby or something', which implied the AC would not understand what he meant.

P7 also expressed children are 'very hard work' because 'they can't tell you which food they like'. P7's description of children's struggle to communicate also implied there are misunderstandings, hence the 'hard work' needed to comprehend.

The 'Misunderstanding' SP suggested that P7 has an expectation that relationships between himself and others will be unreliable. The AC's repeated questions in relation to what P7 had just said, alongside P7's description of children's struggle to communicate and anticipation that the AC would not understand what he meant by 'baby', suggested he expected to be misunderstood. This may have been communicated through unconscious projective identification, where P7 unconsciously projected a misunderstanding internal object into the AC when he said 'a baby or something. Like a child', which the AC identified with and concretely became, misunderstanding P7 three more times after this. Prior to P7's comment about babies and children, the AC had only misunderstood once. These misunderstandings were not observed with any other participants.

In O'Shaughnessy's (1981) commemorative essay on Bion's theory of thinking, she highlights Bion's development of unconscious projective identification as the very first 'mode of communication between mother and infant' (p. 182). Through projecting his or her feelings and anxieties into the PCG, the infant seeks to know and understand both itself and the PCG. Bion designated this type of thinking with the symbol 'K', where thinking is an *emotional* experience of trying to know oneself and the other (O' Shaughnessy, 1981, p. 181). If the PCG can take the infantile experiences in, seek to understand them and return them in a modified and digested form, the infant has an experience of being known and understood and also develops the rudimentary processes of thinking (O' Shaughnessy, 1981). Eventually, the infant will introject and identify with a PCG who is 'able to think, and he will introject also his own now modified feelings' (O' Shaughnessy, 1981, p. 183). However, O'Shaughnessy (1981) writes that 'K is subject to hazard; it may become '-K' (minus K) through being stripped of significance. -K is understanding denuded until only misunderstanding remains' (p. 184). The principal explanations for the phenomenon of -K are excessive infantile envy or a failure in maternal containment, which 'forces her infant to assail her and project

increasingly, and he experiences her as denuding him' (O' Shaughnessy, 1981, p. 184). The repetition of -K experiences leads to the formation of an object in the infant's mind who is hostile to emotional communication, which disturbs learning and thinking (Urwin, 2002).

Whilst the familial background of P7 is unknown, there appeared a concrete enactment on the part of the AC (a maternal figure) of misunderstanding P7 multiple times, which perhaps suggests he may have experienced (as an infant) a PCG who was unable to contain his projections. Instead, he may have internalised an object which misunderstands his thoughts and feelings or, at worst, is hostile to them (Urwin, 2002), which he projected into the AC, who then identified with the projection. What is extremely interesting to note about P7's interaction with the AC is his mention of couple's marrying to have 'a baby or something. Like a child'. It is after this that the AC increasingly misunderstood P7 and where, possibly, unconscious projective identification took place. One could speculate that P7's reference to 'baby' and 'couple' precipitated an unconscious enactment of his early pre-verbal infantile experience, where he identified as the baby and the AC his misunderstanding mother. This is further supported by his description of children's difficulty in communicating and how hard it is to understand them, which suggests he had also identified with a PCG who struggled to understand him. The constellation of P7's descriptions also perhaps suggested he had an unconscious awareness of a 'total situation' (Joseph, 1985), where the parental couple and himself, the baby, struggled to know and understand each other.

3.4 An Expectation that Others will be the Same as Me

Four participants – P14, a 15-year-old female, P9, a 13-year-old female, P11, a 9-year-old female and P7, a 10-year-old male, appeared to demonstrate an expectation that their

relationships with others will be characterised by sameness, where others were described as having the same thoughts, saying the same things or having the same physical appearance as the participants. This expectation was suggested through two subject positions (SPs) ‘Others have the Same Mind as Me’ and ‘Others have the Same Appearance as Me’.

3.4.1 SP: Others have the Same Mind as Me

This SP ‘Others have the Same Mind as Me’ was indicated by P14, P11, P9 and P7.

P14 and P9 frequently implied the AC as *thinking* the same as them, for example, during the AC’s questions about relationships and marriage, P14 stated ‘As you can tell from my screensaver (she shows the AC her phone), she’s (Kate, a friend) her own mental self’, which physically indicated to the AC to look at the phone and then assumed the AC would view the image ‘As you can tell’ and agree with P14’s statement. Perhaps P14 had unconsciously projected the need for the same mind into the AC ‘As you can tell’, which the AC later identified with (Klein, 1946) when she indicated her own thinking as identical to P14 through responding ‘Yes. Absolutely’ multiple times when P14 expressed her own opinions about marriage and commitment. The adverb ‘Absolutely’ conveyed complete concrete agreement of mind. The AC’s language became muddled shortly after this, when she stated to P14 how interesting it was to ‘learn your experience’, when it should be ‘learn *about* your experience’. A preposition is missing, which suggested perhaps, through omission, a collapsing of mental space between P14 and the AC, where the AC, through identifying with P14’s projection felt she *knew* P14’s experience directly because they shared the same mind. The collapsing of space is indicated in the sentence structure too through the missing preposition. P14 appeared to communicate an expectation that others will be the same as her through unconscious projective identification (Klein, 1946).

P9, similarly, constructed others as having the same mind as her when she related to the AC that she had ‘Boyfriends as well, but not in that way’. This suggested P9 anticipated she would know the AC’s conclusion (a boyfriend in the romantic sense) and disagreed with it ‘not in that way’, which implied the AC’s mind mirrored her own thoughts.

P14 and P7 also implied their friends would *say* the same things they would say, for example, P14 stated that if she called her friend, Kate, ‘a crackhead loony, she’d (Kate) be like, so are you’. P14 suggested Kate as having the same mind as herself through knowing the responses in advance and they being identical to hers. P7, similarly, indicated others as thinking the same as him through knowing that others would say ‘I’m special...cos I am’, which suggested he considered his friends’ minds as having the same thoughts about him that he has about himself.

Both P14 and P7 appeared to project the need for others to be the same as them (Freud, 1911), unconsciously identifying this aspect of themselves in others (Klein, 1946) as suggested through seeming to know what others would think and say about them.

Interestingly, the AC indicated herself as *thinking* the same as P11 when she (AC) selected a piece of blue string for a story she was about to create and P11 interrupted, suggesting the string looked ‘like a lake’. The AC immediately pronounced ‘It is a lake’, concretely thinking about the string identically to P11. The AC’s language went beyond P11’s, who said the string *looked like* a lake, whereas the AC stated ‘It *is*...’, implying absolute certainty. It is pertinent to note that this concrete thinking occurred when P11 had repeatedly interrupted the AC as discussed in the expectation that relationships will be Intrusive and Excluding (section 3.1). This is where P11 intruded into the AC, through unconscious projective identification, (Klein, 1946) affecting her thinking.

P11 further communicated a need for sameness in her relationships when she constructed herself and her friends as physically inseparable, for example, 'We're always with each other when they need us. We've always never split up'. P11's use of language 'we're/we've' suggested one identity and 'always with each other' implied they are never apart or separate. Furthermore, 'never split up' reinforced the previous statement, being the counterpart of 'always together'. P11 used two adverbs 'always' (all the time) and 'never' (at no time) to accentuate lack of separation, which suggests she may have projected the need for sameness (always being physically together) into her friends, concretely identifying with this in herself and her friends as indicated by the plural pronoun 'we' (Klein, 1946).

It is possible that P14, P11, P9 and P7's need for 'sameness' in relationships is an outcome or 'fruit' of unconscious projective identification processes which all four participants employed at various points during the ADOS assessment. For example, P14, projected a critical and judging aspect of herself or internal object into the AC, which the AC identified with (see section 3.3). P11 and P9 similarly projected an intruded upon aspect of themselves or internal object into the AC, which she identified with, feeling intruded on, whilst P11 and P9 identified with the intrusive object within themselves (see section 3.1). P7, as discussed in section 3.2, identified with an aggressive aspect of himself or internal object, before projecting this into the AC, which she identified with, becoming the aggressor.

One function of unconscious projective identification is to collapse separation between subject and object, through the subject projecting 'the self or parts of the self into an object to dominate and control it and thus avoid any feelings of being separate' (Joseph, 1988, p. 65). Perhaps these four participants expect others to be the same as them through projecting *parts of themselves* (their thoughts, their actions) into others, seeking to control them in order to avoid feelings of separation. This results in them feeling that *others are them* and *they are others*. This confusion between self and other is indicated by all four participants: P14

expected the AC to think about her friend, Kate, as she did; P9 thought she knew what the AC would say; P7 thought he knew what his friends would say about him and P11 spoke about how she and her friends are *never* apart. Furthermore, as Rhode (2018) highlights, a feature of an autistic presentation in a young person is anxiety about separation, which these four participants appeared to communicate in their wish or expectation that others have the same mind as them. It is significant to note that the participants described above display little vulnerability within the ADOS situation, despite it being an assessment with two unknown adults. One could hypothesise that by collapsing separation between themselves and the AC through unconscious projective identification (Klein, 1946), the participants are also avoiding feelings of vulnerability.

As discussed in the Literature Review (1.3.4.1), children with autism are described by some authors as lacking ToM – the ability to attribute mental states to others, distinguishing these states from their own (Baron-Cohen et al., 1985). From this perspective, one could speculate whether the above four participants, in expecting others to have the same mind as them, lack ToM and may, indeed, be autistic.

3.4.2 SP: Others have the Same Appearance as Me

P7, a 10-year-old male, implied the SP of ‘Others have the Same Appearance as Me’, when, for example, he stated his friend, Ronan, ‘has the same hair, the same appetite, the same colour eyes’. The repetition of ‘same’ emphasised a lack of separation and difference, with the similarity focussed on personal surface qualities e.g., hair and eye colour. P9, an 13-year-old female, similarly focused on physical qualities, describing her friend, Sadie, as like her in ‘everything’ because ‘we got matching pyjamas and matching scarves’. The word ‘everything’ suggested P9 and Sadie are indistinct, with matching outfits cementing their sameness.

P7 and P9 appeared to describe their relationships similarly, both claiming their friends were exactly the same as them in physical appearance. Both examples may indicate that P7 and P9 do not project into others aspects of themselves and their internal objects, which can create relational expectations, but rather adhesively identify with others, sticking to their surface qualities (Bick, 1968; 2002). Separation is denied, replaced by a delusion of oneness.

However, there are subtle indications in both participants which suggested they did have an expectation that others are the same as them, for example, when P7 appeared to expect others consider him special because *he* thinks he is. P9 expected that she knew what the AC was thinking when P9 said she had ‘Boyfriends as well, but not in that way’.

Overall, P7, P9, P11 and P14, appear to struggle to recognise others as separate from themselves – in mind and appearance, which suggests they lack ToM and may possibly be autistic. What also needs to be considered alongside this (and their expectation that others are the same as they are) is the influence of the developmental stage the four participants are in or are approaching. They are aged between 9 – 15 years-old and, from that perspective, could be described as ranging from pubertal to early adolescence. Waddell (2018) particularly describes the adolescent period as a time where there is restructuring of the personality, with a negotiation between more adult and infantile structures within the personality and a transition from closeness within the family to being outside in world, establishing a separate adult sexual identity. The central adolescent task is to manage separation, loss, choice and independence (Waddell, 2018). These tasks place significant emotional and mental strain on the emerging adolescent, who then depend on extreme forms of projective mechanisms as a mode of functioning; projecting different aspects of themselves into their peer group specifically as a way of getting rid of or exploring different identities in others, which must later be reclaimed (Waddell, 2018).

Waddell (2006) argues that the narcissism (self-preoccupation) which typically characterises the adolescent period could be developmental as long as the projections are reclaimed.

However, adolescent narcissism may also be a defence against bearing the separateness of another, which relies on the illusion of 'sameness' with a narcissistic object choice (another is chosen because of their similarity to oneself) giving the illusion of control over the object (Waddell, 2006). This object is never experienced as separate or different, thus defending against the pain of loss and the need to develop a separate identity.

Perhaps all four participants, but particularly P9 (13-years-of-age) and P14 (15-years-of-age), demonstrate an expectation of sameness in relationships, which reflects an ordinary developmental narcissism as a way of managing and negotiating the tumult of the adolescent developmental process. The participants described above demonstrate a preoccupation with themselves through the idea that others are like them in thought, action and appearance. Both P7 and P9 also appear to make a narcissistic object choice – their close friends are described in terms of being physically the same as themselves, which perhaps protects them both from feelings of loss and the need to begin to develop their own identities. P11 (only 9-years-of-age), may just be in the foothills of this developmental process and her description of 'never' being apart from her friends perhaps reflects the need for a peer group, in which to explore the developing parts of her personality through unconscious projective identification (Copley, 1993).

4 Conclusion and Recommendations

This study aimed to explore a Child and Adolescent Psychoanalytic Psychotherapist's (CAPPT) potential contribution to an Autism Assessment Team (AAT) through looking at how young people (YP) might communicate their expectations of relationships (EoR) during Autism Diagnostic Observation Schedule (ADOS) assessments.

From the data analysed, four main EoRs were identified:

- An Expectation that Relationships will be Intrusive and Excluding
- An Expectation that Relationships will be Aggressive and Destructive
- An Expectation that Relationships will be Critical, Judgemental and Unreliable or Untrustworthy
- An Expectation that Others will be the Same as Me

From the study findings, it can be concluded that young people *do* indeed communicate their expectations of relationships (EoR) during ADOS assessments, and that highly active unconscious and emotional communicative processes appear to be the vehicle through which the EoR are made apparent. Moreover, non-verbal communication and behaviour was found to be a significant factor in the mediation of EoR and their underlying subject positions.

The study identified evidence of all participants employing unconscious projective identification (Bion, 1970; Klein, 1946) to communicate their relational expectations, which often directly affected the ADOS Clinician's (AC) actions and thought processes. For example, where one young person projected an aggressive aspect of themselves into the AC, who then became concretely the aggressor.

Furthermore, the study highlighted unconscious to unconscious communication between participants and the AC, for example where one young person's persecuted state-of-mind

impacted both his and the AC's ability to verbalise accurately. Other examples include apparent unconscious enactments between participants and the AC of an Oedipal phantasy and (separately) a possible pre-verbal infantile experience of a misunderstanding maternal object, which reflected a 'total situation' (Joseph, 1985).

States of symbolic equation (Segal, 1957), for several participants and the AC, were also identified, for example where two participants became frightened of particular toys. These states suggested that some participants appeared to be in paranoid-schizoid states-of-mind (Klein, 1946) during the ADOS assessment.

There was an unexpected degree of connectedness between individual participants' different EoR, for example aggression in relationships appeared a response to feeling intruded upon. This suggests the necessity of thinking about any relational expectation as part of a broader constellation. Furthermore, another unexpected insight concerns the evolutionary process of unconscious projective identification, where there sometimes appeared to be a journey from projection to projective identification, a dance between inner and outer identifications. For example, where one young person critically judged her friends and the AC before projecting this aspect *into* the AC, who then identified with it.

The nature of the relational expectations found, for instance, aggression and intrusion indicate that the ADOS assessment is a highly emotionally meaningful encounter for YP, suggestive of Bion's 'emotional storm' (Hinshelwood, 2001) when two or more people interact. For example, evoking primitive modes of relating, like attack, or non-verbal, physical responses such as blushing. There is also evidence of primitive emotional anxieties, for example, fears of annihilation and madness.

Whilst it was not the author's primary intention within the study to relate the EoR found to an autistic presentation, the concrete states-of-mind and the nature of the EoR (and underlying

anxieties) discovered strongly suggest that some participants may, indeed, have autism.

Rhode (2018) highlights that autistic children's behaviour is often an attempt to manage catastrophic anxieties, particularly around bodily separation, employing omnipotent defences to survive (Urwin, 2002). Autistic children struggle to introject the world around them, often relating to another in a highly primitive way (Rhode, 2012).

This study has identified such behaviours and anxieties, for example, the EoR 'Others are the Same as Me' appears to epitomise the autistic child's struggle to recognise another as having a separate identity to their own. Indeed, participants display scant Theory of Mind (Baron-Cohen et al., 1985), identifying the AC and their friends as having exactly the same mind or appearance as them. Another participant's use of language and non-verbal behaviour appeared to highlight the autistic child's primitive anxieties and phantasies about bodily relationships (Rhode, 2015a). He described his potential romantic relationships in mechanistic terms (do's and don'ts), left longer than usual gaps between words when discussing his relationships with the AC, and non-verbally moved near to and away from the AC.

The nature of the EoR found, for example, Intrusion and Destruction, are also suggestive of an autistic presentation, depicting quite catastrophic anxieties about relationships and employing omnipotent defences to survive. One participant covered several of his orifices to possibly defend against an experience of intrusion and threat from the AC's ordinary attempts to engage him with the task. Additionally, his replies to the AC were monosyllabic, potentially confirming Rhode's hypothesis (2003) that autistic children experience words concretely, not symbolically. Words are viewed as being lost from their mouths, equated with losing part of themselves. This is indicated by this participant's reluctance to communicate, concretely covering his mouth, the source of words.

All participants employed unconscious projective identification (Bion, 1970; Klein, 1946), a primitive mode of communication and defence against separation, which may further demonstrate autistic children's primitive ways of relating and anxieties around separation (Rhode, 2018).

One particular participant poignantly appeared to highlight the autistic child's struggle to find a responsive and understanding other in relationship (Rhode, 2003). This was unconsciously enacted through this participant being misunderstood by the AC on numerous occasions. The struggle was further highlighted when he described to the AC how hard it was for children to make themselves understood, indeed anticipating the AC would not understand what he meant by the word 'baby' and providing further clarification.

This study has also demonstrated that the AC is an active participant in the unfolding of the EoR, bringing another unconscious internal world to the interaction, responding to and possibly shaping the outcome. For instance, where the AC appeared to initiate a physical closeness with one young person, departing from ADOS protocol.

It is the author's view, given the above, that the total ADOS assessment situation is intersubjective, and needs to be understood as a complex emotional and relational encounter, not purely as a diagnostic procedure.

Currently, under NICE guidelines (NICE, 28 September 2011), AAT feedback to YP and families, *if* given a diagnosis of autism, consists of generic information about what autism is and how it impacts development. Subsequently, YP are usually discharged and signposted to national services.

Whilst such psychiatric diagnostic feedback is important for YP and their families, it relies purely on the presence or absence of defining characteristics (Urwin, 2002). It does not provide insight into the *particular* individual's internal emotional world and how this may

contribute to symptomology, and the implications of this for the YP, their family and wider network (Urwin, 2002).

CAPPTs are trained to think about the unconscious emotional and relational world of YP and can provide valuable insight into, and *description* of, the *unique* nature of a young person's anxieties and relational expectations and how these influence *current* relationships. This would support self-awareness in the young person and help the family and wider network to better know and understand them, building longer term resilience (Urwin, 2002). A CAPPT's perspective appears particularly important given the increasing prevalence of YP receiving ASD diagnoses (Baron-Cohen et al., 2009; Urwin, 2002), and the nature of the aforementioned feedback under NICE guidelines (NICE, 28 September 2011). Furthermore, given the wide range of differing presentations and severity of YP diagnosed with ASD (Newschaffer et al., 2007), a CAPPT's perspective seems vital in offering feedback which pays attention to the young person's *distinctive* developmental strengths and fragilities (Urwin, 2002). This contribution would seem equally important if the young person were not given a diagnosis as, under NICE guidelines, they may simply be discharged or re-referred back into Child and Adolescent Mental Health Services (CAMHS) *if* there is continuing concern about their mental health (NICE, 28 September 2011).

CAPPTs not only think psycho-dynamically, but also developmentally. For example, a feature of autism is difficulty with separation (Rhode, 2018); several study participants appeared to struggle with being separate and it has been suggested that they were autistic. A developmental perspective can further augment a diagnostic process by contextualising the difficulties within a wider framework, offering additional interpretations and understanding of the young person's struggles to the AAT, the YP and wider network.

Traditionally, EoR are felt to be discerned through the clinician working through their countertransference (Pick, 1985). However, this study appears to demonstrate that EoR can be observed and inferred by a third party, who is trained to think about such unconscious processes. A CAPPT can offer valuable insight and reflective practice to the AAT, facilitating understanding of how the young person's internal world and relational expectations may impact on them as clinicians and the unconscious ways the clinicians may be unwittingly acting into this. A CAPPT can explore with the AAT the degree to which these unconscious processes could inadvertently shape the assessment and its diagnostic outcome.

4.1 Strengths and Limitations

A particular strength of this study is that it reveals the ADOS assessment to be a highly emotionally charged encounter, which highlights a young person's specific emotional and relational world, which impacts their everyday lives. The study affords a rich and nuanced picture of the internal emotional worlds of the YP who undertook the ADOS assessments, providing new insight into how YP not only experience relationships but how they experience the ADOS assessment itself.

This study also provides clear evidence of how a CAPPT's perspective can augment the AAT's diagnostic process through providing rich and detailed feedback to the AAT, the YP and their wider network.

This study is also unique. In literature searches undertaken, there appeared to be no research which explored how EoR were communicated during *ADOS assessments*.

One further strength of the study is the innovative use of non-verbal communication and behaviour to augment the construction of subject positions. This appeared vital in analysing complex, multi-faceted interactions where language and concurrent behaviour seemed incongruent.

Whilst the concept of subject positions was a useful and fruitful method to analyse how YP might communicate their EoR, a more nuanced approach such as 'Conversation Analysis' might have benefitted the data analysis. This qualitative approach focuses on the structure and process of verbal and non-verbal social interaction, examining how the interaction is organised to produce coordinated actions such as turn-taking (Peräkylä, 2013). This focus on process and structure may capture more clearly the YP's fragmentary and transient states-of-mind, as well as the frequent mis-communications and mis-attunements between the YP and AC.

Another potential limitation might be the author's focus on particular sections of the transcripts concerned with play or discussion of relationships, where it was felt EoR would be most readily inferred. This was necessary in order to manage the data volume.

This is a study with a small sample size, containing no ethnic or cultural diversity. However, the aim of the study was not to generalise findings but to offer a qualitatively descriptive account of the contribution a CAPPT could make to the AAT through observing how YP communicate their EoR during ADOS assessments.

4.2 Recommendations for Future Research

The EoR found highlight that the ADOS situation, where a young person is assessed by two strangers, appears to evoke primitive emotional anxieties, linked to survival. The ADOS situation can be compared to the 'Strange Situation' (Ainsworth et al., 1978), where a very young child is left in the company of a stranger, understandably evoking anxiety. What was unexpected in this study was the nature of the anxieties evoked in 9 to 15-year-olds, for example, fear of insanity or annihilation. To what extent this was due to the particular pressure of the ADOS itself, rather than an autistic presentation has yet to be determined and could form a fruitful basis for further research.

Furthermore, it appears that the AC plays a significant role in the evolution of EoR, often unconsciously responding to the YP's projections (Pick, 1985), influencing in turn the relationship created between them. Whilst the AC's responses can be viewed as a result of unconscious projective processes, what has yet to be understood and needs further study is how these might influence, and be a confounding variable in, the ADOS internal diagnostic validity (Kover et al., 2014; Sterponi & de Kirby, 2016)

Given the novel nature of incorporating non-verbal communication into the development of subject positions, future studies could explore the links between verbal and non-verbal

communicative processes in the construction thereof, providing a more integrated method of analysis.

5 Reflections on the Research Process

In this final chapter, I reflect on the process of becoming a researcher, exploring the personal and professional threads which led to completing a Doctoral Thesis. I also reflect on the research process itself, the challenges and opportunities it both presented and presents for the future.

Becoming a researcher was an entirely novel role and experience for me, one which ran concurrently alongside my training to be a Child and Adolescent Psychoanalytic Psychotherapist (CAPPT). However, upon reflection, my background and previous occupations and interests before training to be a CAPPT have both *shaped* the researcher I have become and also the research I have conducted.

I came to Higher Education (university) in my early-30s, having grown up in a white, working-class family who very much believed in going out to work at 16-years-old. My first job, until I was 32, was as an Industrial Engineer in a food manufacturing company, where I was to ensure the factory floor, where the food was produced, became increasingly efficient and cost effective. This involved observing and analysing the different parts of the production process, from preparing raw ingredients to packing them ready for the customer; also, collecting and collating data, which enabled production bottlenecks to be identified. Once production conflicts were recognised, they were explored further in order to be resolved, making the plant more efficient.

Whilst the above occupation looked at parts of an *external* process and how these parts related to the whole, I concurrently studied for an 'Access to Higher Education Certificate', which would enable me to take an English degree. I had a passion, since secondary school, for English Literature, with its focus on *internal* process and subjective experience, wanting to know what makes us the way we are. I decided to give up work and study full-time for an

English Degree as a mature student. During the degree, I encountered Discourse Analysis (DA) for the first time and ‘Speech Act’ theory, which changed the way I viewed language, thinking about it as not merely descriptive, but constructive. This gave rise to questions in my mind about what influences the formation of these constructs, are they interpersonal and intra-personal? I enjoyed studying language, thinking about implicit and explicit meaning-making and also how discourses can be related to institutions and power.

Having gained an English degree and also a teaching certificate, I taught English and Drama in a secondary school for 13 years, hopefully communicating a love of language and story to my students. During my time as a teacher, witnessing emotional and behavioural difficulties in some students, I was drawn to train as a CAPPT. The passion for literature as a child, adolescent and adult also suggests that I was curious from an early age about what makes us who we are, our unique and subjective internal worlds. These are the raw material a CAPPT works with when seeing young people and their families.

The careers as an Industrial Engineer, an English and Drama Teacher and a CAPPT, as well as my enjoyment of language, have coalesced to inform my role as a researcher and also the nature of the research I have completed. My time as an Industrial Engineer has enabled me to systematize the research project into component parts, whilst being mindful of the relationships between the different parts of the project. It also has helped me to be systematic within parts of the project, for example, collecting and collating data. My passion for language and prior experience of DA informed my choice of Subject Positioning Theory to analyse my data. I have brought to the project a sensitivity to language, understanding it as meaningful, emotive and constructive, where people, in interaction with others, *do* things with words as well, both internally and externally.

My CAPPT training has further informed my role as a researcher, not only because it has afforded me the opportunity to conduct my own study, but because the skills I have internalised as a CAPPT have been hugely beneficial to the research process. CAPPTs endeavour to put aside 'memory or desire' (Bion, 1984) in every therapeutic encounter, being non-directive and open to what is on the young person's mind and the meaning they have made of their experience. This involves thinking about both conscious and unconscious communicative processes; what is spoken and unspoken, observing how the young person plays and how they relate to one as a clinician. Simultaneously, one needs to observe the effect on oneself and what this might suggest about the ways the young person sees themselves and others in relationships. Meaning evolves in the context of the intersubjective relationship between therapist and patient and involves living with considerable uncertainty. It is not always known what the meaning might be, or what might be happening within the therapy, but slowly, over time, one begins to make sense of the young person's experiences in the here and now of the therapeutic relationship.

The above therapeutic process is also akin to how I have experienced the research process, where I have encountered different subjectivities from my own, in the form of the data (ADOS videos and transcripts). My relationship to the data has been one of endeavouring not to impose my own view on it (as far as possible), but allowing the data to speak for itself through observation and being mindful of my own preconceptions and professional understandings. Interpretation and meaning have evolved very slowly, over time, and it is still tentative, recognising the subjective nature of the meaning established. Meaning has been created as a result of my interaction with the data, one subjectivity in connection with another; others may see the data in a very different way. As a CAPPT, I have brought to the study an ability to think about conscious and unconscious verbal and non-verbal

communicative processes, including play, and to think about the emotional internal worlds of the YP undertaking the ADOS assessments, and what bearing this has on the ADOS situation.

My interest in conducting a language-based study developed as a result of a 2nd year 'Research Methods' assignment at NSCAP, where we were invited to analyse a write-up of a therapy session with one of our patients employing either 'Thematic Analysis' or 'Discourse Analysis' (DA). I chose DA. What struck me during the analysis was my patient's use of language: she did not use adjectives or personal pronouns. Also, she positioned herself in play as a rather despotic adult headteacher and I was positioned (by her) as a little girl who had to do everything she said. The reversal of power between us gave her more control over me. Having analysed the session, I felt that the identities my patient constructed bore a close resemblance to her expectations in relationships, where through projective identification I was to know about being a vulnerable and small child in the face of an unpredictable and frightening object – the headteacher (Freud, 1912; Klein, 1946).

This experience and assignment solidified my interest in conducting a study that used subject positioning theory to explore relational expectations in another situation.

Conducting the study from start to finish has been like being in a boat on the open sea, sometimes sailing along, but at other times encountering rough waters, if not storms! The lighthouse of supervision has been vital in guiding my journey.

At the beginning of the study, I wanted to use my own write-ups of therapy sessions as a data source, but soon realised how that might complicate the therapeutic relationship. My clinical service supervisor suggested using the ADOS videos as these were a standard feature of the autism assessment process. Having obtained Trust permission to conduct the study and also agreement from the Autism Assessment Team (AAT), the study began in earnest.

During the process, there have been several complications, one of which involved the equipment I was permitted to use to audio record the ADOS assessments. Unfortunately, my Trust did not have a research-grade Dictaphone and were only able to provide an ordinary Dictaphone, used at meetings, which meant it did not screen out background noises. It would have been possible to borrow a research-grade Dictaphone from NSCAP, but my Trust's Information Governance Department were concerned about data breaches. This was frustrating and, unfortunately, had a direct impact on the level of transcription possible within the study. However, it also gave me an insight into the primacy of patient confidentiality within the Trust, which has made me more mindful in relation to managing the data from my study.

One other complication that has directly impacted the study was the loss of 7 ADOS video-recordings which were corrupted during download from the ADOS Clinician's laptop onto the shared drive, where I could begin to observe them. What I did not know at the time was that the AAT were 'piggy-backing' onto another Trust's internet as they were situated in a Primary Care Centre belonging to a different NHS Trust. This meant there was a weakened link and considerable network interference during download, which took over an hour for each video. This reduced the original amount of data by half and I felt concerned about having sufficient data to analyse.

However, the 7 remaining ADOS videos and transcripts gave more than enough data and because the transcripts were between 40 – 90 pages long, I had to be selective about the sections I would analyse using subject positioning theory. I was guided by the study's question when selecting the sections to concentrate on, with its focus on expectations of relationships, choosing sections where relationships and friendships were discussed or where there was a degree of free play, where relationships were created using toys.

When analysis of the data began proper, I identified many subject positions, which were subsequently refined multiple times, returning to the data again and again to sift evidence or re-name certain positions in the light of other data. When encountering the raw data, I endeavoured to let go of preconceptions and a psychoanalytic frame of reference, although recognised that being truly 'neutral' was impossible. I think deciding to establish the subject positions first before applying a psychoanalytic understanding was one way I tried to mitigate against preconceptions and bias. Bearing with not knowing whether the subject positions I had identified bore any relation to young people's expectations of relationships was a difficult process.

At each stage of the data analysis and writing of my thesis, I have discussed work with my doctoral supervisors, who have given extensive feedback, which has challenged me to go back over the work and sift it some more. This process has led to further questions and also a deepening of my appreciation of the research process. Also, the more I have thought about my study and my approach to it, the more complex it has become. It has repeatedly been like reaching a summit on a mountain, followed by the realisation that it was a false summit...more walking and climbing needed to take place.

One significant complexity has been my evolving understanding of the concepts I was using (subject positions, expectations of relationships, projective identification) to analyse and understand my data and how they related to each other.

For most of the study, I had equated subject positions with expectations of relationships, thinking that the identities linguistically assumed or ascribed during interaction reflected the expectations young people had about themselves and others in relationships. This conflation influenced how I named the subject positions, focusing on identifying subject positions in terms of feelings or actions. Also, as I had access to the ADOS video-recordings, I included

non-verbal behaviour and not just verbal communication as constructing subject positions as DA encompasses the study of language in its widest sense, such as face-to-face talk, *non-verbal interaction*, images and symbols (E Shaw & Bailey, 2009).

An additional complexity was the similarity between subject positions as *identities* ascribed and assumed within interactions and the psychoanalytic concept of unconscious projective identification (Klein, 1946). This is where a person may project an aspect of themselves or internal object into another and *identify* that person as *being* that part of themselves, potentially inducing that person to act in accordance with the projection.

It was only during supervision that I became aware of the complex interplay between expectations of relationships (EoR), subject positions (SP) and projective identification. My lack of understanding of the nuances of these concepts had resulted in naming EoRs, SPs and discourse clusters very similarly. This required an extensive rethink and refinement of my data and how it may or may not have suggested the presence of EoR.

This process clarified my thinking about how I was employing subject positioning theory to think about *internal* processes where traditionally subject positions are thought to be indicative of wider *external* social discourses related to power. Even now I feel the relationship between SPs and internal processes needs further exploration.

My relationship to my thesis has been a slowly evolving one, where I have had to juggle considerable uncertainty (as discussed above), continually revisiting chapters in the light of increased clarity resulting from supervisory challenge. It has taken some time to find a balance between finding my own voice and listening to my supervisors' comments, especially as doing research is a new experience for me. What drew me more into my thesis was the data analysis, beginning to discern patterns and think about possible meanings from a CAPPT point of view.

At the beginning of the study, I was aware that expectations of relationships have traditionally been thought of as discerned through the CAPPT's countertransference. I recognised the challenge of uncovering these within the ADOS assessment context, given that I had no access to the AC's countertransference and the AC is not psychoanalytically trained. However, through repeated observation of the ADOS videos and analysing several sections of the assessment, patterns of behaviour began to emerge which could be hypothesised as countertransference phenomena. What I did not expect to find was that the ADOS situation raises primitive anxieties and defences, with the AC playing a significant role in the created emotional relationship.

I have also learned that research raises more questions than it answers, for example given several participants' responses to the ADOS tasks, are the tasks age appropriate? To what extent does the ADOS situation exacerbate existing anxiety, leading to a potentially spurious influence on the eventual diagnosis? How much does the AC's own internal emotional world influence the encounter?

There also remains a wealth of data to be explored. For example, another researcher could analyse the data in terms of subject positions derived from wider societal discourses within the ADOS, exploring the shifting power dynamics between the AC and YP. Further research could also examine more closely the relationship between subject positions and projective identification, as well as establishing a more cohesive analytical approach to the construction of subject positions, both verbally and non-verbally.

I recognise that this study is bringing a CAPPT's perspective to an area which has hitherto been unexplored in this way. Furthermore, I have employed Discourse Analysis tools in an augmented way, taking into account non-verbal communication which is vital for

understanding meaning from the psychoanalytic viewpoint. I feel I have only scratched the surface and hope that this study will provide the springboard for fruitful further research.

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APPENDICES

Appendix A: Literature Review Tables

Table A.1 - PsycInfo Database Search

	Young people	Communication	Expectation of Relationships	ADOS	Child Psychotherapy	Link keywords using 'And' Total
1 st search	688,366	422,746	58,016	58,174	excluded	388
2 nd search	1,442,185	excluded	21,864	54,506	258	1
	added patient, adult, men & women					
3 rd search	1,428,985	422,746	22,645	57,849	8775	25
					Added: child and adolescent psychotherapist, child psychoanalytic psychotherapist, psychoanalytic psychotherapist, analyst, psychoanalyst	Total 414

Table A.2 - Papers meeting Inclusion and Exclusion Criteria by Theme and Sub-theme

THEME 1: COMMUNICATION	Papers
Psychological perspectives on communication development in children	4
Psychoanalytic understanding of non-verbal communication	9
Psychoanalytic understanding of verbal communication development	3
Children's word use: a psychoanalytic perspective	3
THEME 2: AUTISM and COMMUNICATION	
What is autism?	3
Autistic children's language development: psychology perspectives	2
Assessing children for autism	4
Verbal communication in autistic children	3
Psychoanalytic understanding of autistic children's verbal communication	4
THEME 3: EXPECTATIONS OF RELATIONSHIP	
Children's expectations of others: a psychological perspective	3
Psychoanalytic understanding of children's relational expectations	10
Psychoanalytic understanding of the complexity in gauging children's Expectations of Relationships	6
THEME 4: AUTISTIC CHILDREN'S RELATIONAL EXPECTATIONS	
Autism and Theory of Mind: psychology perspective	8
Psychoanalytic understanding of autistic children's relational expectations	6

Appendix B: ADOS participants recruited to the study

Table 1: ADOS Participants recruited to the study

Participant No.	Gender	Ethnicity	Age	ADOS module taken
P1	M	White British (WB)	12	Module 3 (M3)
P2	F	WB	10	M3
P3	M	WB	11	M3
P4	M	WB	7	M3
P5	F	WB	9	M3
P6	M	WB	12	M3
P7	M	WB	10	M3
P8	M	WB	15	Module 4(M4)
P9	F	WB	13	M3
P10	M	WB	8	M3
P11	F	WB	9	M3
P12	M	WB	12	M3
P13	M	WB	15	M4
P14	F	WB	15	M4

Appendix C: Table 1 ADOS Module Tasks

ADOS Module 3	ADOS Module 4
Construction Task	Construction Task
Make-Believe Play	Telling a Story from a Book
Joint Interactive Play	Description of a Picture
Demonstration Task	Conversation and Reporting
Description of a Picture	Current Work or School
Telling a Story from a Book	Social Difficulties and Annoyance
Cartoons	Emotions
Conversation and Reporting	Demonstration Task
Emotions	Cartoons
Social Difficulties and Annoyance	Break
Break	Daily Living
Friends, Relationships and Marriage	Friends, Relationships and Marriage
Loneliness	Loneliness
Creating a Story	Plans and Hopes
	Creating a Story

Appendix D: Participant Information Sheets and Consent Forms

Clinician information sheet

Information Sheet for Clinicians

Service Evaluation of a Child & Adolescent Psychotherapist's contribution to understanding young people's communications during ADOS assessments

Project Title

How might a young person communicate their expectations of relationships during video-recorded ADOS assessments? A qualitative study.

Why have I contacted you?

I am currently undertaking a service evaluation of the potential contribution a Child & Adolescent Psychotherapist could make to understanding how young people with a query of autism might communicate their expectations of relationships during video-recorded ADOS assessments. I would like to use 8 video-recorded ADOS assessments within this process. This information sheet provides details of how information will be collected, used and stored. Please read the sheet carefully, and ask questions if you would like more details or if anything is unclear.

What is the purpose of the evaluation?

To assess the contribution a Child & Adolescent Psychotherapist could make to understanding how young people might communicate their expectations of relationships during ADOS assessments.

Why are we asking you to take part?

The aim of the evaluation is to develop a Child & Adolescent Psychotherapist's understanding of how young people communicate their expectations of relationships during the ADOS assessment. To help me do this, I would like you to recruit participants and obtain consent or carry out the 8 ADOS assessments needed for the evaluation. It is important that the person conducting the ADOS assessments is the same for all 8 as I will be comparing the relational expectations of the young people. I would like to evaluate how young people communicate these expectations during the ADOS assessment and whether this understanding could be of additional benefit to the Autism Assessment Team's assessment process as a whole.

What will happen next?

Choosing to participate in the evaluation won't change the assessment process within the Autism Assessment Team (AAT), or the recommendations made once all the assessments are complete. The evaluation is focused on what I, a Child & Adolescent Psychotherapist, can understand about how young people communicate their expectations of relationships during the ADOS assessments. This will involve me looking at the video-recordings and making transcripts of the recordings, using a Trust approved transcription service, ensuring identifying details about you, as well as the patient, are anonymised. It's okay if you decide not to participate in the evaluation.

What information will be kept confidential?

The video-recorded ADOS assessments and transcripts will be stored securely as electronic files and will be password protected and encrypted. Any hard copies of the transcripts will be kept in a locked cabinet.

I will follow appropriate Trust ethical and legal practices throughout the process. This means all the information will be dealt with in the strictest confidence. Your participation in the evaluation may be known to the other members of the AAT, but I will not identify you as participating. In order to maintain anonymity, no comments will be attributed directly to you. Nor will you be directly identified in the evaluation report. I will abide by the policies set out in the Audio Visual Consent Form within the AAT.

Excerpts of the anonymised transcripts will be used as part of a doctoral thesis or published in an academic journal. Care will be taken to ensure any anonymised material published will not be identifiable to you or the Trust.

Suppose I change my mind and want to pull out of the evaluation?

If after agreeing to take part in the evaluation, you decide you do not wish to continue being part of this evaluation then please contact me, Bridget Scott, or my Service Supervisor, XXXX XXXXX, at the XXXX XXX XXXXXXXX XXXXXXX (tel: XXXXX XXXXXXX).

Service Evaluation Approval

This service evaluation has received formal approval from the Tavistock and Portman NHS Foundation Trust Research Ethics Committee (TREC) along with approval from the Trust's Clinical Audit & Effectiveness Team, evaluation no:5701CYPS18.

Who do I contact if I have concerns about the conduct of the person undertaking this evaluation?

If you have any concerns about the conduct of the investigator (Bridget Scott) or any other aspect of this service evaluation you can contact Simon Carrington, Head of Academic Governance and Quality Assurance, from the Tavistock and Portman Foundation NHS Trust (academicquality@tavi-port.nhs.uk).

Who to contact if you want more information?

If any of the information in this sheet is unclear, or you want to know more about the evaluation, you can contact me, Bridget Scott, or my Service Supervisor XXXX XXXXX, at the XXXX XXX XXXXXXXX XXXXXXX (tel: XXXXX XXXXXXX) quoting evaluation no: 5701CYPS18.

*Clinician consent form*Participant Consent Form for Clinicians

Service Evaluation of a Child & Adolescent Psychotherapist's contribution to understanding young people's communications during ADOS assessments

How might a young person communicate their expectations of relationships during video-recorded ADOS assessments? A qualitative study.

Providing Consent

Please complete this form and return it to me, Bridget Scott, to show that you give your consent to take part in the service evaluation process and for me to use the video-recorded ADOS assessments and the anonymised transcripts of the ADOS assessments. If you require more information about the evaluation, please contact me as detailed on the Clinician Information Sheet.

Please tick and sign the following if you consent to take part in the evaluation:

Please tick and sign the following if you consent to take part in the evaluation	YES ✓	NO ✓
I have received information about the purpose of the Child & Adolescent Psychotherapist's Contribution to understanding ADOS assessments evaluation		
I have been able to ask questions and I am happy with the responses given		
I understand that any information relating to my participation in the ADOS assessments will be kept securely		
I understand that the video-recordings of the ADOS assessments will be transcribed by a Trust approved and secure transcription service and any personal information will be kept confidential		
I understand that the transcripts will have all names and identifying information removed and any personal information will be kept confidential		
Please tick and sign the following if you consent to take part in the evaluation	YES ✓	NO ✓
I understand that anonymised material from the ADOS assessment video-recordings and/or the transcripts of the ADOS assessments will be used within a professional doctorate thesis or for publication in an academic journal. It has been explained to me that care will be taken to ensure any anonymised material published will not be identifiable to the Trust or myself		
I am happy for the video-recorded ADOS assessments to be used in the evaluation and transcribed by a Trust approved transcription service		

I understand that I can withdraw my consent at any time and ask for my information to be excluded from the evaluation.		

Participant Consent Form for Clinicians

Service Evaluation of a Child & Adolescent Psychotherapist's contribution to understanding young people's communications during ADOS assessments

Clinician Name (please print) _____

Clinician Signature _____

Date _____

Parent information sheet

Patient Information Sheet for Parents/Carers

Service Evaluation of a Child & Adolescent Psychotherapist's contribution to understanding young people's communications during ADOS assessments

Project Title

How might a young person communicate their expectations of relationships during video-recorded Autism Diagnostic Observation Schedule (ADOS) assessments? A qualitative study.

Why have we contacted you?

I am currently carrying out a service evaluation about the potential contribution a Child & Adolescent Psychotherapist could make to understanding how young people, with a query of autism, might communicate their expectations of relationships during video-recorded ADOS assessments. I would like to include your child's video-recorded ADOS within this evaluation. This information sheet provides details of how information will be collected, used and stored. Please read the sheet carefully, and ask questions if you would like more details or if anything is unclear.

What is the purpose of the evaluation?

To assess the contribution a Child & Adolescent Psychotherapist could make to understanding how young people might communicate their expectations of relationships during ADOS assessments.

Why are we asking you to take part?

The aim of the evaluation is to develop a Child & Adolescent Psychotherapist's understanding of how young people communicate their expectations of relationships during the ADOS assessment. Child Psychotherapists are interested in finding out about how young people, through what they say and do, can communicate aspects of their expectations of others and the way they see the world. I would like to evaluate how young people communicate these expectations during the ADOS assessment and whether this understanding could be of additional benefit to the Autism Assessment Team's (AAT) assessment process as a whole.

What will happen next?

Choosing to participate in the evaluation won't change the assessment process within the Autism Assessment Team, or the recommendations made once all the assessments are complete. The evaluation is focused on what I, a Child & Adolescent Psychotherapist, can understand about how young people communicate their expectations of relationships during the ADOS assessments. This will involve me looking at the video-recordings and making transcripts of the recordings, using a Trust approved transcription service, ensuring your child's identifying details are anonymised. It's okay if you decide not to participate in the evaluation. Your child's assessment will still take place.

What information will be kept confidential?

The video-recorded ADOS assessments and transcripts will be stored securely as electronic files and will be password protected and encrypted. Any hard copies of the transcripts will be kept in a locked cabinet.

I will follow the Trust's ethical and legal practices throughout the evaluation. This means all the information will be dealt with in the strictest confidence. In order to ensure anonymity, no comments will be attributed directly to you or your child. Nor will you, or your child, be directly identified in the evaluation report. I will abide by the policies set out in the Trust's Audio Visual Consent Form given to you by the Autism Assessment Team.

Excerpts of the anonymised transcripts will be used as part of a doctoral thesis or published in an academic journal. Care will be taken to ensure any anonymised material published will not be identifiable to the Trust or your child.

Suppose I change my mind and want to pull out of the evaluation?

If after agreeing to take part in the evaluation, you decide you do not want to continue being part of this evaluation process, please let XXXXX XXXXXXXX in the Autism Assessment Team know (Tel: XXXXX XXXXXXXX). Alternatively, you can contact me, Bridget Scott, at the XXXXX X XXXXXXXX XXXXXXXX (tel: XXXXX XXXXXXXX).

Service Evaluation Approval

This service evaluation has received formal approval from the Tavistock and Portman NHS Foundation Trust Research Ethics Committee (TREC) along with approval from the Trust's Clinical Audit & Effectiveness Team, evaluation no:5701CYPS18.

Who do I contact if I have concerns about the conduct of the person undertaking this evaluation?

If you have any concerns about the conduct of the investigator (Bridget Scott) or any other aspect of this service evaluation you can contact Simon Carrington, Head of Academic Governance and Quality Assurance, from the Tavistock and Portman Foundation NHS Trust (academicquality@tavi-port.nhs.uk).

Who do I contact if I want more information?

If any of the information in this sheet is unclear, or you want to know more about the evaluation, you can contact me, Bridget Scott, or my Service Supervisor, XXXX XXXXX, at the XXXX XXX XXXXXXXX XXXXXXXX (tel: XXXXX XXXXXXXX), quoting evaluation no: 5701CYPS18.

Parent consent form

Participant Consent Form for Parents

Service Evaluation of a Child & Adolescent Psychotherapist's contribution to understanding young people's communications during ADOS assessments

How might a young person communicate their expectations of relationships during video-recorded Autism Diagnostic Observation Schedule (ADOS) assessments? A qualitative study.

Providing Consent

Having read the Parent Information Sheet, please complete this form and return it to XXXXX XXXXXXXX in the Autism Assessment Team, XXXXXX XXXXXXXX XXXX XXXXXXX, XXXXXXXX XXXX, XXXXXXXX, XXX XXX, to show that you give consent for your child to take part in the service evaluation and for me to use the video-recorded ADOS assessment and the anonymised transcript of the ADOS assessment.

Please tick and sign the following if you consent for your child to take part in the evaluation:

Please tick and sign the following if you consent for your child to take part in the evaluation	YES ✓	NO ✓
I have received information about the purpose of the Child & Adolescent Psychotherapist's Contribution to understanding ADOS assessments evaluation		
I have been able to ask questions and I am happy with the responses given		
I understand that any information relating to my child's ADOS assessment will be kept securely		
I understand that the video-recording of the ADOS assessment will be transcribed by a Trust approved and secure transcription service and any personal information will be kept confidential		
I understand that the transcripts will have all names and identifying information removed and any personal information will be kept confidential		
Please tick and sign the following if you consent for your child to take part in the evaluation	YES ✓	NO ✓
I understand that anonymised material from the ADOS assessment video-recording and/or the transcript of the ADOS assessment will be used within a professional doctorate thesis or for publication in an academic journal. It has been explained to me that care will be taken to ensure any anonymised material published will not be identifiable to the Trust or your child		

I am happy for the video-recorded ADOS assessment to be used in the evaluation and transcribed by a Trust approved transcription service		
I understand that I can withdraw my consent at any time and ask for my child's information to be excluded from the evaluation.		

Participant Consent Form for Parents

Service Evaluation of a Child & Adolescent Psychotherapist's contribution to understanding young people's communications during ADOS assessments

Parent Name (please print) _____

Parent Signature _____

Date _____

Clinician Name (please print) _____

Clinician Signature _____

Date _____

Young person information sheet

Patient Information Sheet for Young People

Service Evaluation of a Child & Adolescent Psychotherapist's contribution to understanding young people's communications during ADOS assessments

Project Title

How might a young person communicate their expectations of relationships during a video-recorded 'Autism Diagnostic Observation Schedule' (ADOS) assessment? A qualitative study.

Why have we contacted you?

You are due to have an assessment for autism called an ADOS with the Autism Assessment Team (AAT), which looks at how young people talk and play with others. I'm interested in what I can learn from this video-recorded assessment. This sheet will tell you about how we



will do this. Please read it carefully, and feel free to ask questions if you would like to know more or anything is confusing.

Why are we asking you to take part?

When you have your ADOS assessment, I would like to look at the video-recording of it as it will help me find out about how you see and understand other people.

What will happen next?

You will have an ADOS assessment which is a normal part of the assessment process in the Autism Assessment Team. If you decide to take part in this project, all I will do is look at the video-recording afterwards and also a written copy of it. This will help me to find out about how you see and understand other people.

It's okay to decide not to take part in this. Your ADOS assessment will still take place as normal.

Will my information be kept private?

Yes! The clinic has lots of strict rules about keeping your information private. I will always follow these rules. Some of the information will be used in a report, book or presented to other people who work with young people. Your real name or any information that people might recognise about you will never be used.



Suppose I change my mind and want to pull out of the evaluation?

It is okay if you don't want me to use information from your ADOS assessment. Please let XXXXX XXXXXXXX in the Autism Assessment Team know (Tel: XXXXX XXXXXXXX) or me, Bridget Scott, at the XXXXX X XXXXXXXX XXXXXXXX, XXXXXXXX (tel: XXXXX XXXXXXXX). I will then make sure that none of your information is used.



Who do I talk to if I want more information?



If any of the information in this sheet is confusing, or you want to know more about the evaluation, you can contact me, Bridget Scott, or my Supervisor, XXXX XXXXX, at the XXXX XXX XXXXXXXX XXXXXXXX (tel: XXXXX XXXXXXXX). . You will need to say that you would like more information about the Child & Adolescent Psychotherapy evaluation of ADOS assessments. The evaluation number is: 5701CYPS18.

*Young person consent form*Participant Consent Form for Young People

Service Evaluation of a Child & Adolescent Psychotherapist's contribution to understanding young people's communications during ADOS assessments

How might a young person communicate their expectations of relationships during video-recorded Autism Diagnostic Observation Schedule (ADOS) assessments? A qualitative study.

Giving Consent

Giving consent means that you agree to take part in the evaluation. If you have decided you want to, then please complete this form and return it to XXXXX XXXXXXXX in the Autism Assessment Team, XXXXXXX XXXXXXXX XXXX XXXXXXX, XXXXXXXXXX XXXX, XXXXXXXX, XXX XXX. This is to show that you have agreed to take part and for me to use the video-recording & written copy of the ADOS assessment.

Please tick and sign the following if you consent (agree) to take part in the evaluation:

Please tick and sign the following if you consent (agree) to take part in the evaluation	YES ✓	NO ✓
I have been given an information sheet about why the ADOS assessments evaluation is taking place		
I have been able to ask questions and I am happy with the answers given		
I understand that any information about my ADOS assessment will be kept private and safe.		
I understand that a written copy of the video-recorded ADOS assessment will be made and what I say will be kept private		
I understand that the written copy of the ADOS assessment will not have my name in it or any information about me that might help others recognise me		
Please tick and sign the following if you consent to take part in the evaluation	YES ✓	NO ✓
I understand that pieces of information from the video-recording and written copy of the ADOS assessment will be published in a book. I understand that none of the information will contain my name or anything that would make people recognise me from it.		
I am happy for the video-recorded ADOS assessment and a written copy of it to be used in the evaluation		

I understand that I can change my mind about taking part in the evaluation at any time and ask for my information to be taken out of it		

Participant Consent Form for Young People

Service Evaluation of a Child & Adolescent Psychotherapist's contribution to understanding young people's communications during ADOS assessments

Young Person's Name (please print) _____

Young Person's Signature _____

Date _____

Clinician Name (please print) _____

Clinician Signature _____

Date _____

Appendix E: Participant Transcript Sections

The 'Transcribed Speech' from the ADOS tasks analysed is on the left-hand side of the page and the 'Analysis' of the speech using Discourse Analysis is on the right-hand side.

NOTE: **Subject Positions** are highlighted in **Red** in the transcript and as '**SP**' in the analysis.

Use of Language is highlighted in **Green** in the transcript and **UoL** in the analysis. **C**= ADOS

Clinician and **P**= participant

The transcript pages will be in the following participant order:

- Appendix EI Participant 7 (P7)
- Appendix EII Participant 9 (P9)
- Appendix EIII Participant 11 (P11)
- Appendix EIV Participant 12 (P12)
- Appendix EV Participant 13 (P13)
- Appendix EVI Participant 14 (P14)

Appendix EI - Transcript pages for Participant 7

<p>Clinician: You don't really play with them? Shall we see if we can do it together? Who could that character be? Maybe we need to make up some names for them, do we think? So that big guy there and that slightly smaller guy. Then a friend who is a girl. Okay. So there are three characters plus, pounding out the bag is a dinosaur. We've got some items that they have in their home. If I get those ones out, can you show me how you would maybe make up a story with them? How would you do that? Where would you start? [Silence 0:04:50 - 0:05:05] There we go, that's everything out. [Silence 0:05:06 - 0:05:23] Where could you start? Maybe if you started with one of the characters. [Silence 0:05:32 - 0:05:46] Maybe if you started with this big guy here. Who could he be? Maybe he could- he looks very important and he's very big, isn't he? Maybe he could be the chief of a group of superheroes. He's the leader. What do we think? What could his name be? [0:06:21] chief. And then this is one of the baddies who wants to spy on the gang and learn all their secrets about being superheroes. And they're having a secret meeting, of their very important superheroes. There's two of them and then there's one dinosaur. A very clumsy dinosaur who keeps</p>	<p>C cajoles P UoL – see if we can do it together. SP refuser to accept P position – asks direct question that assumes involvement. UoL increase in C questions to precipitate involvement – do we think? C SP – big/small (adult/child or authority/subject?) UoL – C draws attention to differences between male dolls. One is bigger than the other. C gives the bigger doll to P. The P smiles and laughs when C mentions girl. C becomes very playful at this point. P shrugs in response to C request. NV refusal – looks away. SP - refuser P shrugs again in response to C request. NV refusal – looks away. SP refuser P is kicking legs under the table P starts to make 'ei' sounds and legs are kicking. It is a plaintive sound, like a baby – not words. P face turned away. C SP coaxing adult – maybe if you started x2. Who could he be? UoL – C uses lots of 'maybes' – tentative/coaxing – aware P is struggling and perhaps feels persecuted. C positions P as 'big guy' – to counter his feelings of vulnerability. C tries to give P the 'big guy doll' and he moves away, making plaintive 'umm' sounds. P distressed and does not want to play; vulnerable C SP – Leader superhero/lead superheroes C positions one doll as a 'baddie' who spies on a gang of superheroes (good) to learn secrets – split positions. P is wiping his nose/ making 'umm' sounds, looking away. Spy implies getting something furtive – not meant to do it. – Is C feeling bad – is she the one trying to get secrets from P or ascribing badness to him for not complying? C positions Dinosaur toy as clumsy as she drops it. P laughs at this – P vulnerability now in C?</p>
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<p>falling over things. And he's listening in and he's got all his special spy equipment. If he's watching, what can he see is happening? What's going on? What's happening there? It looked a little bit like that dinosaur was attacking that woman. Is that right? Maybe he's not really part of the gang. Maybe he's a little bit of a baddie as well if he's attacking people.</p> <p>Our spy is watching and he's looking through his telescope. He can see the dinosaur, and Mr Dinosaur's done something very strange. What's the dinosaur doing? Can you tell me what he's doing?</p> <p>It looks like in the middle of a very important meeting, he's having an ice cream. He writes this in his notebook, all his spy notes: "I saw a dinosaur eating an ice cream and rubbing it on the foot of the woman. Very bizarre."</p> <p>He keeps watching and he hatches a plan to kidnap the dinosaur. What could that plan be? You tell me, Jack. What could the plan be to kidnap the dinosaur? What does he do?</p> <p>P7: I don't know.</p> <p>Clinician: Is there anything we could use to kidnap the dinosaur?</p> <p>P7: Like we could...</p>	<p>C SP positions one male doll as a powerful spy with 'special spy equipment' – surreptitious power which positions superhero others as less powerful/vulnerable – they do not know they are being spied on. The female doll and robbed male doll are lying down side by side. The P picks up dinosaur.</p> <p>P positions Dinosaur as attacker – Dinosaur attacks female doll. P1 P wants to attack C or feels attacked by C. Reverses vulnerability. P is laughing as he attacks female doll and then shakes her/vibrates her – feels sexual too.</p> <p>C positions Dinosaur as baddie because he attacks. UoL – little to try to minimise what C sees? Linked to P 'littleness'?</p> <p>C positions dinosaur as 'strange' – P has just put a small toy ice cream cone in his mouth (SE). P is also laughing and the C goes red in the face.</p> <p>C positions Dinosaur as being rebellious/not behaving as he should – taking something seriously – having an ice cream. C is critical.</p> <p>C positions other spy doll as writing down what he sees (during the ADOS the C writes down a lot of what participants say) – implied threat or warning?</p> <p>C positions Dinosaur (P) as 'very bizarre' as ate ice cream and rubbed on woman's foot (the woman is vulnerable – lying down). UoL 'very' implies some kind of shock/judgement. Juxtaposition of eating and rubbing – sexual?</p> <p>C positions other spy as kidnapper (C) and dinosaur (P) as vulnerable. UoL – kidnap – an aggressive act. Implies someone will be absent/not there</p>
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<p>Clinician: Yes Jack. I've trapped you. Maybe she could go somewhere else. Can she go in the box?</p>	<p>P is laughing. Feeds ice cream to the dinosaur. (SE – having put it in his mouth?) C positions D (P) as trapped – C puts dinosaur in plastic jug. <u>UoL</u> – C calls P's dinosaur doll by his name 'Jack' – concrete Pl – <u>Sym</u> <u>Eg?</u> P picks up female doll and puts her in the jug – trapped with dinosaur. P SP – trapper. Pl – reversal – P no longer trapped & vulnerable?</p>
<p>P7: There she is. Yes.</p>	<p>C positions herself as joint trapper with P by agreeing to put female doll in jug. <u>UoL</u> – casual 'pop her in there' – diminishing aggression?</p>
<p>Clinician: Pop her in there. All done. Good job.</p>	<p>P drops something on the floor and mutters 'what the hell?'</p>
<p>P7: What the hell?! [0:09:42].</p>	<p>C positions spy as callous/powerful – laughing at <u>kipnap</u> 'hahahā' and all-powerful villain 'my plan' and 'hypnotise'. Also as needing control 'under my control' – P was not compliant about the play</p>
<p>Clinician: "Ha ha ha. I have captured the dinosaur. My plan is nearly complete. Now all I need to do is hypnotise the dinosaur and he'll be under my control!"</p>	<p>P positions female doll as eating a hotdog. NV P is laughing and smiling. Incongruent interjection into story – subvert C position as powerful other?</p>
<p>P7: She's having a hotdog.</p>	<p>C ignores P and maintains story – in-charge position. <u>UoL</u> – questions to gain P attention. Inclusive language 'we'.</p>
<p>Clinician: She's having a hotdog? What can we do if we're going to try and hypnotise the dinosaur?</p>	<p>P picks up a shiny CD with pliers and puts it on top of jug, trapping the dinosaur. P positions himself as co-trapper</p>
<p>P7: Nothing. He's...</p>	<p>C gets hold of dinosaur and then drops it and picks it up. C position as needing another.</p>
<p>Clinician: Can you hypnotise for me?</p>	<p>P as dinosaur says he is not looking at us – resistant/non-compliant. He NV looks at the 2 other clinicians in the room (the jug is a see-through jug). Does P feel persecuted and trapped by looks of two other clinicians?</p>
<p>P7: Yes. Not looking at us... [0:10:25].</p>	<p>P positions Dinosaur as resistant/non-compliant. <u>UoL</u> No. single word.</p>
<p>Clinician: Okay. Now he's looking... Has it worked?</p>	
<p>P7: No</p>	
<p>[Silence 0:10:44 - 0:10:59]</p>	

<p>Clinician: And what makes him your best friend? If you've got all these friends but you've picked Roman, what makes him special?</p>	<p>C SP – questioner/questioned. <u>UoL</u> – ‘if you’ve got all these friends’ – implication he hasn’t – slightly mocking ‘if/all’</p>
<p>P7: Because he has the same hair, the same appetite. The same colour eyes.</p>	<p>P positions Roman as the same as him physically. P emphasises the sameness – his tone is louder when he says ‘same’. P1 and SE? P NV slumps in his chair.</p>
<p>Clinician: As you? The same as you?</p>	<p>C is very surprised and repeats what P has said – as if she is verbally the same as P. P1 – concretely like P</p>
<p>P7: Yes.</p>	<p><u>UoL</u> – questions with yes or no answers. Deadenig.</p>
<p>Clinician: That's kind of a good coincidence, isn't it?</p>	
<p>P7: Yes.</p>	
<p>Clinician: So the same hair?</p>	
<p>P7: Yes.</p>	
<p>Clinician: The same appetite, and the same colour eyes?</p>	
<p>P7: Yes.</p>	
<p>Clinician: Wow. Is there anything else that makes him a really good friend?</p>	<p>P positions Roman as Nice. P NV looks at wall...:the er and because seem like an afterthought. He fidgets. The sameness seems the critical factor.</p>
<p>P7: er...because he's really nice.</p>	<p>P NV lifts himself off chair and looks at the wall and floor. Repetition – panicked. P positions himself as not knowing</p>
<p>Clinician: He's really nice? What does he do that's really nice?</p>	
<p>P7: I don't know. I don't know.</p>	

<p>Clinician: Can you tell me about any of your other friends?</p>	
<p>P7: There's one called Charlie M (surname) [0:54:24] the same as me.</p>	<p>P SP Charlie as the same as him (he has the same surname) P1 – concrete identification</p>
<p>Clinician: Yes? _____ And then Jacob.</p>	<p>C SP Questioner/questioned P feels under pressure to answer. UoL 'and then' in response to 'yes?'</p>
<p>Clinician: What makes Charlie a good friend?</p>	<p>P NV wipes his nose/his head is down and he is not looking at the C</p>
<p>P7: I don't know.</p>	
<p>Clinician: What's he like? Can you describe him to me?</p>	
<p>P7: Funny. Like Roman.</p>	<p>P SP Charlie as funny and the same as Roman. As if no separation or distinction exists between him and his friends or his friends</p>
<p>Clinician: A bit like Roman.</p>	
<p>P7: He's like my friend.</p>	
<p>Clinician: How do you think Charlie and Roman would describe you?</p>	
<p>P7: I don't know.</p>	
<p>Clinician: What would they say about you?</p>	
<p>P7: That I'm special.</p>	<p>P SP others as thinking he is 'special'. His tone of voice changes when he says special – higher pitched</p>

<p>Clinician: That you're special?</p>	<p>P NV – face is serious. Others view him as 'special' and he claims that identity – is there something omnipotent or grandiose here? P1? UoL – statement of fact to counter C 'you're special'?</p>
<p>P7: Yes. Cos I am.</p>	<p>C positions P friends as lovely. UoL 'thing' – as if alien.</p>
<p>Clinician: That's a lovely thing for them to say. In what way would they say that you're special?</p>	<p>P SP – not knowing. Cannot substantiate claim</p>
<p>P7: I don't know.</p>	<p>C affirms his special position – describing it as a lovely way to describe him.</p>
<p>Clinician: I think that's a lovely way to describe you. You've got lots of friends that you have at school. Do you ever see them outside of school?</p>	<p>P1 – C seems to enact/affirm the specialness 'I think' C positions P as having many friends who think he is special – some kind of adulation?</p>
<p>P7: Inside school and outside school.</p>	<p>C SP questioner and questioned. P is holding onto the table, holding the table legs, picking his nose and touching surfaces</p>
<p>Clinician: Do you sometimes see them on the weekend or in the school holidays?</p>	<p>P NV is looking around the room – he is not interested in questions and seems puzzled by them too. P UoL – not detailed or descriptive 'like go with them'</p>
<p>P7: In the school holidays, but not the weekend.</p>	<p>C positions herself as not understanding 'You like what, sorry' or not hearing.</p>
<p>Clinician: Really? What do you do when you see them?</p>	<p>C positions herself as not understanding 'You like what, sorry' or not hearing.</p>
<p>P7: I don't know. I like go with them.</p>	<p>C positions herself as not understanding 'You like what, sorry' or not hearing.</p>
<p>Clinician: You like what, sorry?</p>	<p>C positions herself as not understanding 'You like what, sorry' or not hearing.</p>
<p>P7: How they play.</p>	<p>C positions herself as not understanding 'You like what, sorry' or not hearing.</p>
<p>Clinician: And what do you like to play when you're in school when you're seeing Charlie and Roman?</p>	<p>C positions herself as not understanding 'You like what, sorry' or not hearing.</p>

<p>P7: I don't know. I don't really know.</p> <p>Clinician: Okay. So this is a bit of a trickier question. What do you think is the difference between someone who just happens to go to the same school as you, and a really good friend?</p> <p>P7: I don't know that question.</p> <p>Clinician: Is there a difference between someone that you're really good friends with and someone who just happens to go to your school?</p> <p>P7: I don't know.</p> <p>Clinician: You're not sure. Are there people that go to your school that's you're not really good friends with?</p> <p>P7: I don't know.</p> <p>Clinician: Do you know anybody who has a boyfriend or a girlfriend?</p> <p>P7: No.</p> <p>Clinician: Do you think there's some people at your school that might have a boyfriend or a girlfriend?</p> <p>P7: I don't know.</p>	<p>P SP – puzzled – sliding hands over table. He does not really understand questions</p> <p>C SP – questioner/questioner – but trickster. Question implies there is a difference and there is a 'right answer'</p> <p>P SP – does not know 'right' answer. He is swift to answer I don't know and seems annoyed, shrugging his shoulders and looking in his hat. It feels like he wants to get away from the questions. UoL 'that question' implies he knows answers to others – but does not recognise what C is asking.</p> <p>C positions P as 'not sure', but keeps asking the same question. Repetitious.</p> <p>C SP – interrogator/interrogated – intrusive</p> <p>P NV – not interested. Direct and monosyllabic – keep OUT!</p> <p>P is NV looking intently inside his hat and not looking at C. Does he feel C wants to get inside him – probing him? C positions others as getting together in relationships</p> <p>P SP – not knowing/not telling. – wants to get rid of C</p>
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<p>Clinician: And do you know anybody who's married?</p>	
<p>P7: No.</p>	<p>P UoL – negate/ lots of don't know and No...he has NV completely disengaged – looking inside his hat. When he said No – it seemed he is puzzled and annoyed. SP – refuser</p>
<p>Clinician: Because some people, when they have a boyfriend or a girlfriend, and they get much older, sometimes they choose to live together. And maybe they choose to get married.</p>	<p>C UoL – closed questions yes or no answers – P does not really understand why he is being asked and what it means. C positions others as forming couples</p>
<p>P7: Yes.</p>	
<p>Clinician: Yes? Is there anyone like that that you know?</p>	
<p>P7: No!</p>	<p>Very emphatic high-pitched No. NV P eyebrows shoot up – like shock/ he is swift to answer</p>
<p>Clinician: Do you think one day you might get married?</p>	
<p>P7: Yes.</p>	<p>P SP – being married. But does not know who. P does not really understand the question and is not interested. UoL – forgotten name - P confused?</p>
<p>Clinician: You do?</p>	
<p>P7: Yes.</p>	
<p>Clinician: Who do you think you might get married to?</p>	
<p>P7: I've forgotten his name.</p>	
<p>Clinician: Is it somebody that you know now?</p>	
<p>P7: Yes.</p>	

<p>Clinician: So why do you think some people choose to get married?</p>	
<p>P7: I don't know.</p>	
<p>Clinician: You're not sure.</p>	
<p>P7: I think they want to get married because they want to have a baby or something. Like a child.</p>	<p>P SP – others getting married to have a baby/child. Implies sexual relationships. UoL – P says baby and then 'like a child' which suggests he did not think C would understand him.</p>
<p>Clinician: I think that's a good plan. Some people do get married so that they can have a child.</p>	
<p>P7: It's very hard work to have a child.</p>	<p>P voice is confident/ P SP children as 'hard work' – implication negative? Is he aware of him being hard work? Or is C hard work? P1?</p>
<p>Clinician: Do you think so?</p>	
<p>P7: Yes.</p>	
<p>Clinician: What might make it hard work?</p>	
<p>P7: Because some children are naughty. And they can't tell you which food they like _____. [0:58:12].</p>	<p>P SP – children as naughty and vulnerable/helpless 'can't tell you'/needy 'food'. P1 into other children – naughtiness/vulnerability. But also not being able to communicate what they need or mean – like him – lots of don't knows – helplessness?</p>
<p>Clinician: Yes?</p>	
<p>P7: Sometimes.</p>	
<p>Clinician: I think that's probably about right. I think some children can be hard work. But there might be</p>	<p>C positions some children – him – hard work. P1? C SP children as nice and hard</p>

<p>nice things about having children as well, do you think?</p>	
<p>P7: Yes. What might be nice about having children?</p>	
<p>Clinician: P7: I don't know.</p>	<p>P is not really listening now. He gives short monosyllabic responses in answer to C closed questions, firing off his answers.</p>
<p>Clinician: P7: No. Something that you can think of?</p>	
<p>Clinician: P7: No. Do you think there might be anything nice about being married?</p>	<p>P SP – marriage/children not nice.</p>
<p>Clinician: P7: No. And having a husband or a wife?</p>	
<p>Clinician: P7: Yes. Can you tell me, have you ever felt lonely before?</p>	<p>C SP – judge/judged. UoL – praising 'excellent', 'very, very good' – yet P is not wanting to answer all the questions. P NV puts his hat on the wrong way – backwards. Something does not make sense.</p>
<p>Clinician: P7: Yes. What was that like when you felt lonely?</p>	

<p>P7: Yes.</p>	<p>C SP 'first'/Authority. UoL – 'I will go first' x 3/ 'tell you a story', your turn after me...directive.</p>
<p>Clinician: I'm going to go first and then it will be your turn. I will go first and I'm going to pick out five things from the bag. Okay? And with my five things I'm going to make up a story and tell you a story. And then it's your turn after me. And you can pick a different five things from the bag and make up a different story. Okay? I will go first. I'm picking out five things. One, two, three, four, five. So the other five are yours. So in my story, I'm just going to make something up.</p>	<p>C picks five items from a non-see through bag randomly. They are small non-representative objects. C selects: pen, yellow sponge, string, green feather, lollipop stick.</p>
<p>P7: Pen not got a lid. [1:03:15].</p>	<p>P SP – points out what's missing (like playtime?) UoL – no 'the' and ungrammatical 'not got'</p>
<p>Clinician: What, sorry?</p>	<p>C SP – misunderstanding/not hearing. Short and sharp UoL – what?</p>
<p>P7: Why is the pen without a lid. [1:03:19].</p>	<p>P SP – what's missing/absent – he is confused. 2 things meant to be together. He is the questioner.</p>
<p>Clinician: Yes. I don't know where it is. Let me think of a brilliant story to tell you.</p>	<p>C SP – not knowing/ C tone offhand/dismissive – changes subject</p>
<p>P7: I can't think of one.</p>	<p>P SP – not knowing/helpless – as if he should know a story for C</p>
<p>Clinician: Neither can I. I'll make it up as I go along. This is Bobby. Bobby is a cowboy with his horse called Sparkles. Sparkles is the biggest, musciest horse in the world, and he's very, very tough and very, very strong.</p>	<p>C SP – not knowing/helpless – something is needed/wanted but not there (P1?) Bobby=lollipop stick/Sparkles horse= yellow sponge C SP Horse = Big/very tough/strong (against helplessness/absence/not knowing?) UoL – biggest/repetition of very x4/ musciest – emphasise strength.</p>

<p>P7: He must be the most skinniest horse in the world.</p>	<p>P SP – critical/contradictory. Positions horse exact opposite – weak.</p>
<p>Clinician: Musclest. He's got big muscles, bigger on his legs here. So muscly. So muscly. And Bobby has jumped onto Sparkles and they're going to go and have a ride around. He's a cowboy and that's what cowboys do.</p>	<p>C SP – horse as massive/strong/energetic. UoL – big muscles, repetition so muscly x 2. Strength/dominance emphasised. Rivalrous? C is talking in a voice which suits a very young child, not a 10 year-old.</p>
<p>P7: He's like 8.5 feet tall.</p>	<p>P SP – positions cowboy as huge/giant</p>
<p>Clinician: Point five feet tall? We're going to use our imagination and pretend that there's a big muscly horse here and a really cool cowboy. He's going to go bounding around in his cowboy neighbourhood. And doing some good cantering and jumps and things like that. And then he sees in the distance a very pretty green peacock.</p>	<p>C SP – misunderstanding/not hearing/ Big & small? P1? UoL size/strength emphasis UoL – energetic – bounding/cantering. NV the P is absolutely still C SP – cowboy/horse (couple) energetic/lively</p>
<p>He thinks, "I fancy peacock for my tea. I could have a peacock stew. I'm going to capture that peacock." So he gets out his rope and he makes a bit of a lasso. You know, a kind of throw. And then he tries to throw and it misses. He's thinking, "Oh no. I can't keep missing or it'll scare away the peacock. I need to get this the next time."</p>	<p>C SP – a third object (green feather). P grimaces – says it's a feather! Concrete C SP – cowboy as hungry C SP – predator (cowboy) Prey (peacock). Trapping 'capture' like previous story! P says 'peacock' then says 'Cock?' C SP cowboy as missing it/unable to do something – lacking potency? C SP – peacock as scared/helpless prey</p>
<p>So he's concentrating and Sparkles is standing very still so that Bobby can really concentrate. Whew. It goes over, and just as the peacock's about to fly away, he flies into a trap. And it tightens, and it's got him.</p>	<p>P says 'Oh no!' C SP – predator/trapper and prey/trapped. UoL – freedom 'fly away' – violent language 'tighten'/ trap. It's got him – triumphant</p>

<p>Bobby's cheering, "Yay, peacock for tea." And he pulls him in and he straps him to the back of the horse. He's trying to wriggle free, but it's no use.</p> <p>Then he gets home, that's his big pot of stew. He's about to chop up the peacock for tea when it wriggles free and it flaps around the house. Bobby's scared. It's flapping around and it pushes open the window and it flies out.</p>	<p>P says 'Oh no!'</p> <p>Predator/Prey – UoL – pulls him in/straps him – aggressive. Wriggle free – helpless prey 'no use'. NV P is absolutely still and unmoving.</p> <p>C SP – cowboy hungry/ UoL – violent 'chop up'</p> <p>C SP escaping peacock – freedom. SP scared/helpless cowboy. Reversal of power.</p>
<p>P7: Oh no! Oh no!</p> <p>Clinician: Poor Bobby only has carrots and potato in his stew. No peacock. But it's still tasty. And he even shares it with Sparkles, who ate the whole thing. The end.</p> <p>Could you pick out five items and make up a different story to mine? I think there only are five items, aren't there?</p>	<p>P is engaged in story – it's as if it is happening concretely</p> <p>C SP – deprived (like P of playtime?) but generous cowboy</p> <p>P selects a blue cocktail umbrella – he seems frightened when he opened it up!</p>
<p>P7: Yes. I'll probably even make up a story. Ah. I can't even make a story.</p> <p>Clinician: You can have a moment to think.</p>	<p>P SP – helpless & vulnerable/self-critical. UoL I can't even...Ah!</p>
<p>P7: I can't even think of one single story at all.</p> <p>Clinician: Maybe you could start with the car.</p>	<p>P SP – helpless/vulnerable/self-critical – 'even' 'one' 'at all' – emphasises lack</p> <p>C SP – lending him something potent – a car</p>
<p>P7: That goes like that. The car won't start. I don't know.</p>	<p>P SP – P1 – like he can't start/ the car can't – SP helpless/vulnerable. UoL 'I don't know'</p>

<p>Clinician: So is the car- maybe the car's going on a journey? Maybe it's going to-</p>	<p>C SP – positions P as potent car...doing something 'journeying'/ Tentative language – 'maybe' x 2 – C struggling – C can't quite get started P1?</p>
<p>P7: I know. Yes. And like, I don't know. I don't know what to do.</p>	<p>Its like the P cannot quite get started 'I know. Yes. And like' then I don't know...P1? P tone of voice panicked.</p>
<p>Clinician: Where could it be going to? It could be anywhere. There's no wrong answers here. It's entirely up to you.</p>	<p>C seems to pick up on panic/reassures no right or wrong</p>
<p>P7: It was raining and it suddenly _____. [1:08:35] crashed.</p>	<p>P positions car as damaged 'crashed' – aggressive act. He picks up the car ad crashes it into a green block. Bleak picture 'raining'</p>
<p>Clinician: Oh no.</p>	<p>THIS IS THE MOST THE P SPEAKS DURING THE ADOS ↓</p>
<p>P7: And a piece of engine went out. [1:08:47]. What can I use for the person? Wait. I'll use this.</p>	<p>P positions car as having something missing 'piece of engine went out' UoL – positions C as helpful 'what can I use' but his hand drops/body slumps. Then he has an idea himself – body upright. Needs time 'wait'</p>
<p>Clinician: Good thinking.</p>	<p>C SP – judge/helper</p>
<p>P7: Because it's holding on. And the person's like, "Get off." And the person gets out and tries to fix it. _____. [1:09:15].</p>	<p>P SP – wanting & not wanting. P positions car driver as not wanting the piece of the engine that has gone out, but is still holding on. 'Get off!' P SP driver as tentative fixer 'tries to' ambivalence.</p>
<p>Clinician: Oh no.</p>	
<p>P7: Twice they try to put it in. But it won't...but then it fitted in.</p>	<p>P positions 'engine piece' as ill-fitting. UoL 'they' who are they pushing something inside?...</p>
<p>Clinician: Good.</p>	

<p>P7: <u>[1:09:32]. And then suddenly it was too big so he had to take it out again. He looked at it and it was on the wrong speed. And then he put a little scrub. But it still didn't fit. And then he was missing a piece. And he looks everywhere, but he can't find it. Then he finds something and puts it in. And it still doesn't fit. "Why won't it fit?" He tries to squeeze it in and just leaves it like this. Then he drives away again. But he wasn't looking and then he crashed again.</u></p> <p>Clinician: Oh no, not again.</p> <p>P7: <u>And then the back broke off. And he says, "How can I fix it now?" Then he, he can't drive it to the fixing...</u> The car fixing area. And he pushes it along <u>[1:11:20]. He put it out here. So he pushed and pushed the car into it until he made it.</u></p> <p>Clinician: Very good.</p> <p>P7: <u>And then he put the car inside. So that's where the car is. And then it was all fixed but [1:11:48] had a little scratch on the side. And they said, "That's all right." Then he said, "You still can drive it. [1:12:10] then he couldn't get it [1:12:15] back out."</u></p> <p>Clinician: <u>He's trapped.</u></p>	<p>P positions the 'engine' part that 'went out' as too big/ wrong/unclean/ill-fitting</p> <p>P SP car as missing/losing something/needing something it has not got.</p> <p>P SP part that does not fit/car driver as puzzled 'why won't it fit' and then something being forced 'squeezed' into the car.</p> <p>P SP driver as careless 'not looking' and 'just leaves it like this', crashing the car.</p> <p>P SP car as broken/damaged/needing repair and driver as helpless 'how can I fix it now' 'can't drive'</p> <p>P positions driver as making a lot of effort – pushed and pushed (hard work) to get the car to the 'fixing area'</p> <p>P puts the little car into his woollen hat on the table (garage). P SP – safe inside garage (hat). P positions car as fixed, but not perfect – a bit damaged</p> <p>P pushes car out of hat/ then pushes it back in again (dark inside space)</p> <p>P SP car driver as helpless/ car as reluctant to come out? Is it because of the scratch?</p> <p>C positions car as stuck (trapped) – like earlier peacock and earlier play. P makes 'ei ei' sounds</p>
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<p>P7: He moved it. He drives out again. The end.</p> <p>Clinician: Excellent story.</p>	<p>P is making 'ei ei' sounds like a baby. P SP – car is free.</p>
<p>P7: I felt he hit it two times. And then the first time the engine blew up, and then the second time it was broken and it was trapped, but he pushed it and then the car was free. It was good. This is a very smooth car. [1:13:03].</p> <p>Clinician: You said at the start you couldn't think of any stories, and you've thought of a brilliant one. So very well done. Thanks. We've finished. Do you have any questions that you might want to ask me about what we've done today?</p> <p>P7: No.</p> <p>Clinician: Thank you very much.</p>	<p>P positions driver as aggressive and negligent 'hit it two times'. He positions the car as damaged 'blew up' violently and 'broken' and 'trapped'. The car is eventually positioned as 'free' but needing 'pushing'. It reminds me of pregnancy/birth...and intercourse. P uses his soft woollen hat as the garage/fixing area. UoL contrast of violent/rough language 'blew up/hit' and 'smooth'...sensual word.</p> <p>P NV moves car around the table</p>
<p>P7: Smooth car, this is.</p> <p>Clinician: It is a smooth car. If you put it down on the floor under the table and then pull it back... One of our cars, when you pull it back and let go, it shoots off. But I don't think it's that one. Oh well.</p> <p>P7: What is this supposed to be, anyway?</p>	<p>P preoccupied by texture of car - smooth</p>

Appendix EII - Transcript pages for Participant 9

<p>P9: I don't think it could but it might be able to, I don't know. I don't think it could.</p>	
<p>Clinician: Shall I show you?</p>	
<p>P9: Yes.</p>	
<p>Clinician: I mean you really do have to use your imagination for this one, so bear with me. If you kind of hold on to this bi there and that's the bit you hold on to and then this, it's a bit of a triangle is the umbrella.</p>	
<p>P9: Yes, I see that now. I see it, yes, an umbrella. That could be an umbrella.</p>	
<p>Clinician: Excellent, very good. Thank you very much. Next up you've brought someone with you, Riffy, and I've brought some toys as well. I was wondering if we could play with them.</p>	<p>MAKE BELIEVE PLAY AND INTERACTION</p> <p>C positions herself as possessor of toys 'I've brought some toys as well'. Childlike UoL 'if we could play with them'</p>
<p>P9: Okay.</p>	<p>P rubs her face and yawns – position uninterested</p>
<p>Clinician: Would that be okay?</p>	
<p>P9: Yes.</p>	
<p>Clinician: So here I have- Captain America</p>	<p>P interrupts</p>
<p>Clinician: You've spied them</p>	<p>C positions P as doing something furtive 'spied' – UoL negative 'spy' critical</p>
<p>P9: It's not a very hard though</p>	<p>P positions herself defensively – implying C made it easy – ward off criticism – Pl of critical other?</p>
<p>Clinician: Captain America, who could be this guy?</p>	

<p>P9: I feel it could be Spiderman for some reason.</p> <p>Clinician: Maybe. Maybe we can make up a name for him, what do you think?</p> <p>P9: Just going to call him Tommy, I don't know.</p> <p>Clinician: Tommy.</p> <p>P9: I think she's off Guardian of the Galaxy thing with them boots on.</p> <p>Clinician: What could she be called?</p> <p>P9: Elisa.</p> <p>Clinician: Elisa, Tommy and Captain America, and they have-</p> <p>P9: A dinosaur.</p> <p>Clinician: A pet dinosaur. What can the dinosaur be called?</p> <p>P9: Root</p> <p>Clinician: Root or Group?</p> <p>P9: Root</p> <p>Clinician: So they're our main characters.</p>	<p>P positions herself as dismissive 'for some reason'</p> <p>C invites P to make up a name – aware of her losing interest? 'what do you think?'</p> <p>P waves hand in air, like a shooing away – rubs face- position dismissive</p> <p>P interrupts again – position – taking charge/the lead – idea of 'boots' – big boots/taking charge – projection?</p> <p>C positions P as in charge of names</p> <p>P interrupts C again 'A dinosaur' – like one step ahead/in-charge – UoL Statement</p> <p>C positions P in-charge 'what can dinosaur be called?'</p> <p>P positions herself as in-charge of names – Root (beginning)</p> <p>C mishears 'Root or Group'. Position misunderstanding</p>
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<p>P9: No, no, no, no, no</p> <p>Clinician: You don't like that truck?</p> <p>P9: Don't like them ones.</p> <p>Clinician: What do you not like about the truck?</p> <p>P9: I just don't like them.</p> <p>Clinician: Do you want me to put it away?</p> <p>P9: Yes.</p> <p>Clinician: What about everything else that's in there?</p> <p>P9: That's alright.</p> <p>Clinician: Is that okay? So we have a plane.</p> <p>P9: Measuring cup. That's just a box.</p> <p>Clinician: It is a box.</p> <p>P9: A juggling ball.</p> <p>Clinician: Kay, what I would like you to do is see if you can use some of these items to make up a story.</p> <p>P9: Okay. So Captain America is playing basketball. Then he comes home and he's too</p>	<p>The C has got a 'fire engine' truck out of the bag of toys. The P reacts strongly to this 'No' x 5 – she becomes child-like (she is 13 years-old)</p> <p>The C positions P as not liking Truck. The P points at it and shakes, moving away in her seat</p> <p>P baby/toddler tone – no 'I' – very small/afraid child: P moves further away, shaking her head.</p> <p>C questioner/questioned</p> <p>P does not explore – shuts down – moves away. Symbolic Equation – PI</p> <p>C positions P as having a choice 'do you want me to put it way?'</p> <p>Simple/definitive – concrete</p> <p>C positions P as having power/control to decide what else to play with 'what about everything else?'</p> <p>P positions herself as being able to decide 'that's alright' – feels like she is giving permission and is adult – C child? – PI reversal of roles?</p> <p>P interrupts AGAIN 'measuring cup' and derogatory 'that's just a box' – UoL 'just' demeaning – adult-like/superior/vulnerability in C – PI?</p> <p>P interrupts again 'a juggling ball' – intrusive.../statement concrete UoL</p> <p>P positions CA as playing basketball</p>
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<p>Clinician: main. Then I have some boyfriends as well, not in that way.</p> <p>Clinician: Friends that are boys.</p> <p>P9: Yes. One of them I like, I'm not going to say which one it is. James, Charlie, Adam, Lewis, Ian and Joel and what's his name, I've forgotten his name. I haven't forgotten his name but I've just forgotten. Levy.</p> <p>Clinician: Sq. one of those is a boy that you like that you're not telling me.</p> <p>P9: No</p> <p>Clinician: That's fine. So out of all those friends, you've listed seven girls and seven guys, is there like a best friend?</p> <p>P9: Yes.</p> <p>Clinician: Who's the best?</p> <p>P9: Sadie.</p> <p>Clinician: What makes Sadie your best friend?</p> <p>P9: She's like me. She's got autism as well.</p> <p>Clinician: Really?</p>	<p>P positions herself as having 'boyfriends' but then anticipates C response of romantic involvement. Perhaps anticipates C disapproval – young age? Projects romantic/sexual feelings into C</p> <p>P positions C as excluded one 'one of them I like, I'm not going to say which one it is' – P NV looks at herself (upper body) in qbs window P positions one boy as missing/left out 'I've forgotten his name' x 3</p> <p>C positions herself as excluded 'a boy that you like that you're not telling me' – Pl of tantalised and left out feelings?</p> <p>Short declaration</p> <p>C positions herself as not bothered 'that's fine' = draws attention to 7 boys and 7 girls – same amount</p> <p>P NV pushes her fluffy toy into her face and then hugs – Pl Sadie as fluffy?</p> <p>P positions her friend as 'like her' – the same 'got autism as well' – P has not been diagnosed with Autism – this is the purpose of assessment</p>
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<p>P9: Yes.</p>	
<p>Clinician: In what way is she like you?</p>	
<p>P9: Everything really. She's only in my PE class and my maths class, if she starts coming to maths class, she'll be in my maths class, my PE class and we've just got really, really close over that. Then she came to my house a couple of Sundays ago and then I went to the Metro with her and then I went to her house. We got matching pyjamas and matching scarves. Then last Saturday we made Christmas theme slime and Christmas theme decorations. I love making slime.</p>	<p>P positions friend as same 'everything really' – no separation/difference. P lists reasons same 'in Math class' and 'only in P.E class' – difference avoided (no other classes mentioned). P puts strip NV around her fluffy toy's neck.</p> <p>P positions her best friend as identical 'matching pyjamas and matching scarves' and really close.</p> <p>Something turns to 'slime' – very young activity – she is 13 years-old</p> <p>P NV wraps strip around Fluffy toy's neck</p>
<p>Clinician: I've never made it.</p>	<p>P NV wraps strip around Fluffy toy's neck</p>
<p>P9: It's amazing.</p>	<p>P positions slime as enjoyable 'amazing'</p>
<p>Clinician: What do you think makes someone a good friend in your opinion?</p>	<p>P NV wraps strip around Fluffy toy's neck</p>
<p>P9: Someone who accepts you.</p>	<p>P positions others as 'good' if they accept you. Authoritative voice</p>
<p>Clinician: That's lovely.</p>	<p>P NV wraps strip around Fluffy toy's neck</p>
<p>P9: We were meant to be ice skating this weekend, I've got dance all weekend so we might be going next weekend ice skating.</p>	<p>P positions herself as missing out on Sadie because of other commitments 'we were meant to be ice-skating' ^{3:00} 'I've got dance all weekend' P NV wraps strip around Fluffy toy's neck</p>

<p>Clinician: Ice skating, that's such a Christmassy activity, isn't it?</p>	
<p>P9: Then go to Pizza Hut.</p>	
<p>Clinician: So you've got pretty good friendship with Sadie it sounds like. You do a lot of things together.</p>	<p>C positions herself as judge of good friendship 'you've got pretty good friendship with Sadie'</p>
<p>P9: And we're each other every break time and lunchtime.</p>	<p>P positions herself with Sadie every breaktime and lunch time – no gaps – P NV wraps strip around fluffy toy's neck – like a leash</p>
<p>Clinician: What do you think is the difference between having a friend and having someone who just happens to go to your school? What's the difference?</p>	<p>C SP questioner/questioned P NV puts fluffy into her face and rubs it</p>
<p>P9: You talk to them more and you know that they're not talking behind your back or talking about behind your back or whatever.</p>	<p>P positions some people as trustworthy and others as untrustworthy 'not talking behind your back' – deceitful</p>
<p>Clinician: What do you think is the difference between having a friend and having like a boyfriend or a girlfriend?</p>	<p>P NV begins to look in the observation window again at her reflection – tucking her hair behind her ear. P looks at C writing</p>
<p>P9: You're closer to your boyfriend or girlfriend. You talk to them more.</p>	<p>P positions intimate relationships as closer 'talk to them more'.</p>
<p>Clinician: Yes, that could happen.</p>	<p>P NV looks at C writing</p>
<p>P9: Your friends start to get a little bit jealous.</p>	<p>P positions others as jealous of close boyfriend/girlfriend relationships 'your friends start to get a bit jealous' – exclusion – looks at reflection</p>

<p>Clinician: Do they?</p> <p>P9: Because my best friend- I have two best friends, Lucy and Sadie. Lucy went to my junior school and not infants, so we've known each for years. She's going out with this boy at the minute and they've been going with each other for nearly two months. Then she's then started to go down in his form for a little bit with my other friend, Beth. The girls are getting so jealous saying that she's ditching and everything. I'm like, "She's not ditching you, she just wants to be with her boyfriend for a little bit."</p>	<p>P positions her other friends as 'jealous' because Lucy, who P has 'known for years' is going out with a boy and goes down to his 'form for a little bit' – ie not spending time with her. These other girls are 'getting so jealous' – left out of friendship and Lucy positioned as having a boyfriend. P1</p> <p>Negative feelings are projected into other girls 'ditching' – use of language implies being used (x2) – difficult feelings reduced 'a little bit' – P puts herself in position of adult rational role P1</p> <p>P NV puts strip around Fluffy toy's neck</p>
<p>Clinician: What do you think about all that?</p> <p>P9: Realistically I just want to tell them to shut their faces because as soon as they get a lad or a lass they're going to be off and wanting to see them but then we could then just say that they're ditching us. So they won't like it. As soon as they get a boyfriend or a girlfriend, they're going to do the exact same things. I'm not but people would.</p>	<p>P1 P positions others as two-faced 'they're going to be off and wanting to see them' – sameness 'they're going to do exact same things' UOL – aggressive 'shut their faces' – something about what is seen...sense of them and us 'they're' and 'we could' – exclusion – her anger at exclusion projected into others/displaced? 'they're ditching us'.</p> <p>P positions herself as mature/not jealous – others have difficult feelings</p>
<p>Clinician: So do you think it would be different if you had a boyfriend?</p> <p>P9: No, because don't really want a boyfriend.</p>	<p>P tone is sad – her voice is slow – positions herself as not wanting a boyfriend – she is left out</p>

<p>P9: Are we allowed to use Fluffy.</p> <p>Clinician: If you can try not to. The challenge is to use only what's in the bag. So one, two, three, four, five. I'm going to make up a story. Don't give me any clues if you've got a good idea, save it. So one day there was a hedgehog and he seemed to be feeling pretty bored and he decides he wants an adventure. Hedgehogs don't go on many adventures because they're typically quite slow and too many adventures means they get run over. This is an adventurous hedgehog called Stan. He decides he's going to wait until it gets dark outside which is like now, it's really dark out there.</p> <p>P9: Oh... go home?... [01:01:09].</p> <p>Clinician: He's going to into the forest and have an adventure. So he takes his torch with him and he shines the light. He's going into the forest, he hears a noise. He dropped the torch because he's scared and it breaks. I didn't break that. That was already broken. I just knew it was already broken. It breaks. "No, now I'm really stuck and now it's a proper scary adventure." So he's looking around, thinking if there's anyone there to help him. He's in the middle of the forest in the middle of the night and it's dark and he's got no torch. He's only a little hedgehog so really not many people are going</p>	<p>P wants to use her own toy – what she has provided</p> <p>C anticipates P will interrupter/intrude</p> <p>C positions hedgehog – small, slow and adventurous</p> <p>P seems in touch with how dark it is and wants to go home. C ignores this</p> <p>C seems to notice an item is broken and then becomes defensive 'I didn't break that. That was already broken. I just knew it was already broken' Something critical around? Guilt of ignoring vulnerable P?</p> <p>C positions hedgehog as vulnerable and by himself</p>
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Appendix EIII - Transcript pages for Participant 11

<p>Clinician: So you've got a big sister, a little sister and a baby brother? Excellent. So why does your big sister not let you do her makeup?</p>	
<p>P11: She thinks I'm bad.</p>	
<p>Clinician: Really? What do you think about that?</p>	
<p>P11: I think I'm bad too.</p>	
<p>Clinician: That's how you get better though by practice isn't it. We don't have makeup to play with but we do have some toys. So these are the toys that I've brought that I wanted to show you. We've got three very special characters. I will introduce you to the characters first.</p>	<p>MAKE BELIEVE PLAY & INTERACTION C SP dolls as 'very special' / positions herself as in charge 'I will...first' UoI</p>
<p>P11: That is Ironman.</p>	<p>P SP doll as idealised superhero 'ironman' – building on C 'very special'. Also interrupts C by saying name first yet C was positioning herself as doing this. P SP – in-charge</p>
<p>Clinician: It's Ironman?</p>	
<p>P11: No, Captain America.</p>	<p>P SP doll as Captain America – idealised superhero. P SP as 'in-charge' – saying name</p>
<p>Clinician: Captain America. I'm just going to get him straight because they are a little bit wonky. So you are right, we've got Captain America, look at that leg, maybe you can sort that one out. So we've got this lady and this gentleman. How is the leg? Much better. So we have got three characters and...</p>	<p>C SP P as repairer/fixer of 'wonky' superheroes 'maybe you can sort that one out' ... 'much better'. UoI, 'wonky' – not straight/less idealised/ill 'much better implies something ailing</p>
<p>P11: A dinosaur.</p>	<p>P SP In-charge – interrupts C 'a dinosaur' – usurps C role as 'introducer'</p>

<p>asleep, hahaha.” So he goes to another house and what is his naughty plan, why does he want to take over the street? What do you think?</p>	<p>C SP Monster as ‘naughty’/UoL – naughty implies child-like qualities P NV has moved CA to the furthest edge on the table – away from C (fear?) C SP questioner/questioned – P needs to think of a motive</p>
<p>P11: Because he’s a monster.</p>	<p>Emphasising monster quality – still a ‘he’ – limited explanation - Concrete</p>
<p>Clinician: Because he’s a monster, absolutely, he’s a bit of a baddy.</p>	<p>C SP monster as ‘baddie’ – UoL, ‘absolutely’ – black/white language – no room for grey. Concrete?</p>
<p>P11: Because nobody plays with him.</p>	<p>P SP monster as unwanted by others/alone/child ‘nobody plays with him’</p>
<p>Clinician: Is that why he’s taken over the street because no one plays with him?</p>	<p>C did not ask a question. P is holding a tiny box in her hand. P1? Feels like P could not bear the unequivocal monster</p>
<p>P11: Because he’s different.</p>	<p>P SP monster as ‘different’ – not the same as others/rejected</p>
<p>Clinician: I feel a bit sad now.</p>	<p>C SP as sad – PI (sadness in P?)</p>
<p>P11: No one is different.</p>	<p>P SP monster/others as not different – the same. UoL statement – no one</p>
<p>Clinician: Yes. That’s a really good point. So we need a good ending for our monster then, don’t we? What could the ending be?</p>	<p>C SP monster as needing a ‘good ending’ – happily ever after – something unbearably sad avoided?</p>
<p>P11: She could be his friend.</p>	<p>P SP ‘Ashley’ female doll as making friends with the monster/monster as needing friends</p>
<p>Clinician: Shall we do that as the ending? “So I’m walking down the street and I’m in charge of the street now. I don’t even care that I don’t have anyone to hang out with me. Oh hello.”</p>	<p>C SP monster as in control/tough/no needs P SP her doll as vulnerable/caring – making friends with a monster P is NV intently staring at the face of the female doll ‘Ashley’ (mum’s name). It feels like the doll is alive to her</p>
<p>P11: Do you want to be friends?</p>	

<p>P11: I've got four.</p>	<p>P positions self as possessing 'I've got' 4 best friends – in response to C doubt? Triumphant? Rivalous?</p>
<p>Clinician: Four best friends?</p>	<p>C is surprised – questions...</p>
<p>P11: Libby, Lexie, Courtney, Jessica.</p>	<p>P lists them as if to prove it true. P counts them on her hand – like a list and looks into the air as if trying to remember</p>
<p>Clinician: What makes these four girls your best friends?</p>	<p>C positions P as having to justify/prove her claim P1?</p>
<p>P11: We play together, we're always with each other when they need us. We've always never split up. We always made up group names for us.</p>	<p>P UoL – lists reasons – proving/justifying as if cannot imagine C believes her? Muddle 'we' – no separation 'always with each other' – grammatical error 'we're always with each other when they need us' P positions others as in need. 'always' 'never' argue/prove point</p>
<p>Clinician: Group names, what's your group name?</p>	<p>C SP – curious</p>
<p>P11: We don't have one yet but we're going to try and find one today.</p>	<p>P positions herself/friends as 'we' and as searching for something 'we don't have one'...try to find one today' – no separateness</p>
<p>Clinician: Excellent. What do you think makes somebody a good friend in your opinion?</p>	<p>P positions others as friends if they are 'nice', 'helpful', really nice, kind – lack of anything 'bad' – idealised – UoL gentle – opposite of anything forceful – P negates this 'not gentle' and then places 'very' next to nice</p>
<p>P11: If they're nice, helpful, gentle, not gentle but really nice, kind and just who they are.</p>	<p>C SP judge/judged – almost indulges in idealised version of people – P1?</p>
<p>Clinician: That's lovely. Excellent answer. What do you think is the difference between a good friend and someone your age who just happens to go to the same school as you?</p>	<p>Questioner/questioned – P NV looking at what C is writing</p>
<p>P11: My best friends trust me more than a friend from the school. I mean my best friends always stand there [00:54:58] and a random person</p>	<p>P NV looking at what C is writing. P cracks her knuckles together. P SP as needing defending 'best friends always stand there' and vulnerable 'when I need them' P SP as having no friends in school 'random person... school'</p>

<p>from my school is not really there when I need them.</p> <p>Clinician: Good answer. Do you know anybody your age that has a boyfriend or a girlfriend?</p> <p>P11: Yes! Libby and Lewis.</p> <p>Clinician: Are they are boyfriend and girlfriend with each other? Yes. What does it mean when somebody says they've got a boyfriend or when they say they've got a girlfriend?</p> <p>P11: They mean that they go out.</p> <p>Clinician: What does that mean do you think?</p> <p>P11: It means when somebody asks you out you say yes and then they just start dating.</p> <p>Clinician: Do you have to date or can you choose?</p> <p>P11: You can choose, you can say maybe yes, no.</p> <p>Clinician: So you get to choose when someone asks you to go out. So that means they are dating. So what does it mean if someone says they are dating?</p> <p>P11: I don't know, it's just like a word what my friends tell us. I don't have a boyfriend but I know everybody does.</p>	<p>'Random' UoL – dismissive – identityless. School portrayed negatively</p> <p>C SP judge/judged. P is looking at what C is writing</p> <p>P positions two people as couple.</p> <p>C SP assessor/assessed. P NV looks at what C is writing and rubs her eyes.</p> <p>Interrogative questions</p> <p>P SP not knowing/unsure. She NV puts her wrists together and palms and twists them together – as if knotted/intertwined</p> <p>Binary questions – either/or – not much choice – concrete language</p> <p>C UoL – concrete/logical/matter of fact – no emotions 'so' x 3 – absence of feelings. – Robotic – interrogator/interrogated</p> <p>P says 'I don't know' in a belligerent/annoyed way. Her tone becomes bored and frustrated when she positions others as in a couple and her as excluded outsider – left out 'I don't have a boyfriend but I know everyone else does' Perhaps P does not really understand relationships?</p>
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<p>P11: That could be like beauty and the beast, the candle. I know the cup is chipped.</p>	<p>P SP taking charge – suggests a <i>faux naïf</i> interpretation of C items. Beauty & the beast – good & bad theme. P positions one item (a candle) as damaged P NV covers her face with her hands – not wanting to see damage – PI – concrete?</p>
<p>Clinician: Is he called ... [01:00:23].</p>	<p>C SP unsure/not knowing 'is he...?' – affected by P's reaction?</p>
<p>P11: Yes.</p>	<p>C SP child-like – 'one of my favourites'</p>
<p>Clinician: That's one of my favourites.</p>	<p>C SP child-like – 'one of my favourites'</p>
<p>P11: Looks like a beach.</p>	<p>C puts the cocktail umbrella into the square sponge. P excitedly says what item represents for her – concrete – as if it is the beach? SP – interfering with C story (C emphasised earlier that it is her story p.45). Statement</p>
<p>Clinician: I'm going to make something up on the spot. So I've got five items and I need to tell you a story with my items.</p>	<p>C SP 'in-charge' – UoL 'I'm going to make' and 'I need to tell you' – positions P as needing to listen (irritation?)</p>
<p>P11: Looks like a lake.</p>	<p>P SP interfering/interrupter – In-charge (C has just made a circle with blue string). UoL stating – not prefaced with 'I think' Concrete?</p>
<p>Clinician: It could be, couldn't it? Okay, you have given me an idea. This is a lake and this...</p>	<p>C positions herself as receiving 'an idea' from P 'given' – C UoL 'could be, couldn't it' – implies possibility and some distance/separateness... but then she completely accepts the idea of a lake 'it is a lake' Concrete/SE? P putting something into C?</p>
<p>P11: A duck.</p>	<p>P SP interfering/interrupting/in-charge (not accepting C's story/ideas)</p>
<p>Clinician: ... This is my main character and she is called Sandra. Sandra is a lovely hot sunny day so Sandra is going to go for a swim in the pool. So she's in the car, and she's driving to the pool.</p>	<p>C SP in-charge refuting P's 'duck' – calling her item (a toy candle) Sandra. C's sentence becomes muddled 'Sandra is a lovely hot sunny day' – identifying person with a sunny day – P interfered with C's thinking – PI? UoL 'hot' – C irritation?</p>
<p>P11: How can she drive, she's got no hands?</p>	<p>P SP – challenge (Sandra is a toy candle) Concrete/SE – cannot imagine</p>
<p>Clinician: It's just pretend. To us she might look like a candle but to Sandra she's a woman with two</p>	<p>C SP defensive – challenge. C tone clipped. C UoL 'two arms/two legs' justifying/arguing. Concrete/SE 'she's a woman'... 'we'll' – lack of</p>

<p>she realises it's just a shark and sharks are creatures too. Yes, they might look scary but this one is actually quite friendly. So they are chatting, chatting and she has a bit of a ride which is quite fun and then she goes, "It is getting dark and I have to go but I might come and see you another day if it's warm weather." "Lovely, see you later Sandra, bye." Then he's gone again and she swims to the surface having had a great time.</p> <p>She gets herself dry, back in the car and back home having made a new friend. The end.</p>	<p>C SP Couple – shark and Sandra having fun 'ride' and also nearing night time – sexual?</p> <p>'Underneath water fun</p> <p>P NV Looks at C drying candle Sandra.</p>
<p>P11: The shark is a friend.</p> <p>Clinician: Can you pick out five different items from the bag and your story has to be different to mine. Did that give you a surprise?</p>	<p>P SP Shark (aggression/predator) as friendly – something aggressive between them or intrusive?</p> <p>P is frightened/shocked and says 'Errrh' as she pulls out a spiky ball from the bag (cannot see through the bag) moves away from it – repetition from shark story – P now frightened by something she hasn't seen before...PI</p>
<p>P11: There's a car. Errrh!</p> <p>Clinician: Do you have a fifth item.</p>	<p>P does not like the spiky ball – fear/ Concrete/SE</p>
<p>P11: One, two, three, four and this stick.</p> <p>Clinician: Okay.</p>	<p>P NV stands up, away from C. UoL – binary either/or question</p>
<p>P11: Errrh! [01:03:51].</p> <p>Clinician: Do you want the glasses or are you happy with what you've got.</p>	<p>P UoL 'whatever' – dismissive – P is not near C (has C become shark figure?). P looks intently at C writing</p> <p>P SP item on a journey drive to the king's castle.</p>

Appendix EIV - Transcript pages for Participant 12

<p>Clinician: What do you like to play on the PlayStation?</p>	<p>C SP Questioner/questioned 'what do you like to play?'</p>
<p>P12: Fortnite.</p>	<p>Brief clipped response 'Fortnite' – not wanting to tell C? His arms and hands are tucked into his sleeves – hidden</p>
<p>Clinician: I've heard a lot about Fortnite but I've never actually played it before.</p>	<p>C positions herself as not interested, but also as someone who could play it 'never actually played it before'</p>
<p>P12: It's amazing.</p>	<p>P smiles as he says this – engaged – amazing</p>
<p>Clinician: It's amazing?</p>	<p>C repeats phrase 'it's amazing' to illicit more of a response</p>
<p>P12: I play it every day.</p>	<p>P positions himself as devoted player of Fortnite 'I play it every day' – UoL to demonstrate how amazing it is 'every day'</p>
<p>Clinician: Do you?</p>	<p>C UoL to develop P response 'Do you?'</p>
<p>P12: I like to play Roadblocks on the PC.</p>	<p>P begins to elaborate – keen player of computer games</p>
<p>Clinician: Does that mean you're pretty good at Fortnite if you play every day?</p>	<p>C positions P as 'pretty good at fortnite' – as he plays so much. Introduces a competitive/judgement/evaluative angle – she is adult judge/decider. P NV looks out window and at his hands. He is not interested now – bored?</p>
<p>P12: Yes.</p>	<p>P positions himself as good/agrees with C, but is not interested – his response monosyllabic</p>
<p>Clinician: I guess you would be. So with this, what we are going to see we can do is make up a bit of a story. We've got three main characters, maybe you can make up some names for them. That's our first character. Who could he be?</p>	<p>C positions herself and P together 'we' repeated x3 yet it is a task for P. P NV is looking at the toys under his eyebrows. C walks a robed-doll over to P – P just looks at it, reddens and moves away. C positions P as decider 'who could he be?'</p>
<p>P12: I don't know.</p>	<p>SP not knowing P says this quietly and then tucks his neck and mouth into the neck of his hoodie so his mouth cannot be seen. He zips up the neck</p>
<p>Clinician: You're not sure. What about her?</p>	

<p>P12: I'm not sure.</p>	<p>across his mouth and looks away. P feels persecuted? Concrete rep – won't talk?</p>
<p>Clinician: Do you want to make up some names for them? Who could they be?</p>	<p>C walks the female toy doll over to P. He seems embarrassed - reddening. C refuses to let him withdraw. Persistent/In-charge</p>
<p>P12: Don't know. I actually don't know.</p>	<p>P speaks through the zipped up neck of his hoodie. Mouth cannot be seen – his hands go behind his chair and he does not take the doll from C – positions himself as not knowing – but refusing. Don't know x 2</p>
<p>Clinician: We can name them after somebody that you know.</p>	<p>C positions P as needing help 'name them after someone you know' Persistent 'we' but he needs to do it.</p>
<p>P12: Bob.</p>	<p>P offhand – getting rid of C's persistence. Positions male doll as 'Bob' C judge 'excellent'. Commanding 'what's her name'</p>
<p>Clinician: Bob, excellent. What's her name?</p>	<p>P NV grimaces – looks in air. Words muddled 'much' instead of many – he seems to feel humiliated/belittled – not interested in Girls – C a woman? P1 of hostile/persistent object – C?</p>
<p>P12: I don't know much girls' names. Lilly.</p>	<p>C positions P as questioned – her questions are short/interrogative</p>
<p>Clinician: Bob, Lilly and who is that in the white robe?</p>	<p>Short clipped response. Puts neck hoodie up again and zip across mouth. He looks at the C writing things down.</p>
<p>P12: Geoff.</p>	<p>P NV puts his mouth into the neck of the hoodie – he intently looks at the C writing. Projection of persecutory object/judge? C questioner</p>
<p>Clinician: I'm going to write these names down so I don't forget. Bob, Lilly and Geoff, so they are our main characters and they have a dinosaur with them. What could the dinosaur be called?</p>	<p>P NV looks at C writing, then zips his mouth up again. Clipped response.</p>
<p>P12: Jefferson.</p>	<p>C positions herself as knowing 'Jefferson' name. P now covers not only his mouth but nose too with the neck of his hoodie. Concrete rep of being stifled? Cornered? Difficult to speak? P is positioned by C as needing to do something 'can you show me how you would play ...' Child/ in charge</p>
<p>Clinician: Jefferson, I know that name. They also have these items. Some big items, some little items like those, there we go. So Kevin, can you show me how you would play with some of</p>	<p></p>

	these or maybe make up a story using some of the items.	P points to each item laying on table but does not touch any. Once he has pointed, his hand flops to the side and he speaks through the zipped neck covering his mouth. P sits as far back from the table as possible. UoL – verbs ‘rides/puts/firefighters’ theme of flying ‘carpet/planes’ – getting away projected into dolls – firefighters – projection of danger/hostility?
P12:	Geoff has a magic flying carpet. Lilly rides dinosaurs and puts them on the planes [00:06:32]. Then Bob firefighters.	C positions herself as developer/questioner. Positions P as needing to do something – in-charge ‘what’s going to happen’
Clinician:	What’s going to happen in the story?	P NV does not touch the items (ensuring nothing happens) Concrete – he is very still, only pointing and then flopping hand to side. Intruded on? P1? P positions Bob as rescuer ‘put out fire’ but Dinosaur as ‘attacks people’ P of hostile feelings into Dinosaur?
P12:	Bob goes to put out a fire and the dinosaur attacks people.	C uninterested ‘oh dear’
Clinician:	Oh dear.	P NV puts his hands behind his back then sits on his hands. He glances at C. Positions toy dinosaur as destructive ‘destroys magic carpet/plane’ – means to get away. P1 of hostility/aggression into Dinosaur.
P12:	And destroys the magic carpet and the [plane 00:06:55].	C persistent – intrusive? Positions herself as in charge questioner
Clinician:	Then what’s going to happen?	P positions Lilly and Geoff as a couple who need to fight the attacking dinosaur (3 rd). They need protection ‘stuff around them’
P12:	Lilly and Geoff are going to have to get this stuff around them to fight off the dinosaur.	C positions P as needing to do something ‘show me how’ as he has not used his hands at all.
Clinician:	Can you show me how?	P still does not move his hands, but positions couple as attacking dinosaur – ‘whack’ – defensive, but violent – whack. Project hostile feelings into toys
Clinician:	They can whack the dinosaur.	C positions herself and P as ‘we’ but means P to do it – in charge/intrusive
Clinician:	So shall we do that then?	FIRST ACTION from P. P picks up toy pliers as says ‘yes’ and hits dinosaur, then drops pliers – over with. No real intent. Hand flops to side. ‘Dead’ is said with a challenge as he looks at C. Wanting her dead? Projection.
P12:	Yes. Dead.	C persistent questioner/in charge/intrusive ‘then what happens’
Clinician:	Oh dear. Then what happens?	

<p>P12: Bob comes home and then picks everything up and then the dinosaurs go extinct.</p>	<p>P positions Bob as responsible for killing dinosaur 'go extinct' – also as some sort of adult to sort out mess 'picks everything up'</p>
<p>Clinician: So that's how they got extinct.</p>	<p>C selects 'extinction' as focus (killed off?) P1 from P. Uol 'got' and not became – grammar muddle (though correct tense)</p>
<p>P12: Yes.</p>	<p>P NV sits on his hands and also puts his neck/mouth/nose in hoodie – monosyllabic. Positions himself as not wanting to do/say anything – hands and mouth/nose. Concrete. P NV sits back from the table.</p>
<p>Clinician: That's good. Am I alright to join in?</p>	<p>C positions herself as wanting to play 'join in'</p>
<p>P12: Yes.</p>	<p>P answers are said from behind zipped over mouth. Monosyllabic 'yes' 'her' – he NV points to female doll – dismissive – 'her' instead of Lily.</p>
<p>Clinician: Which character should I be?</p>	<p>P mouth and neck still zipped up. His shoulders are hunched</p>
<p>P12: Her.</p>	<p>C has become very serious. P female doll as vulnerable 'shaken up' and shocked at the extinction (P1 aggression from P?). Guilt 'bit bad that the dinosaur has died' – P1 of guilt from P who has sat on his hands/covered his mouth (no guilt?) – he DID nothing.</p>
<p>Clinician: So that's Lilly, isn't it?</p>	<p>C positions her doll as needing to make amends 'do something nice' and guilty 'she was a bit responsible' – repair damage 'paint a picture of the dinosaur in his memory'. Avoids attack/aggression.</p>
<p>P12: Yes.</p>	<p>C positions P as needing to be involved – she is in-charge, but NV leans on her hand as if hopeless – P1 of hopelessness from P – his floppy hands cannot resist demanding/intrusive obj? P points to a spoon and cotton wool – uninterested but being forced</p>
<p>Clinician: That and some of that.</p>	<p>P NV puts his mouth and neck in hoodie again. C becomes stern as Lily as P floppily picks up Bob when C says 'Bob'. P is 'Bob' being ordered by Lily.</p>
<p>Clinician: She recruits Bob to help because Bob really liked the dinosaur as well. "Bob, I'm going to</p>	<p></p>

<p>Clinician: Okay. He picks it up and he pops it on the wall. Look at that. What should we do now?</p>	<p>C places in the jug, but it falls out twice – something can't be held. When C says 'look at that' the P says nothing and does not look. Not compliant. C position in-charge 'what shall we do now?' and 'look at that' – P1 of aggression?</p>
<p>P12: I don't know.</p>	<p>P positions himself as not knowing 'I don't know; - he looks down and closes his eyes – intrusive C trying to keep out? P1</p>
<p>Clinician: Maybe we could go for a picnic in order to remember the dinosaur and have a really nice time.</p>	<p>C positions her doll Lily as making things nice/maternal 'go for a picnic' and 'have a nice time' – deflect aggression/apathy?</p>
<p>P12: Yes.</p>	<p>P says yes, but bored tone. Position compliant</p>
<p>Clinician: Is there anyone we should invite to our picnic? I can't remember his name _____. [00:10:43].</p>	<p>C positions herself as not remembering a doll's name 'I can't remember his name' – in-charge adult questioner 'anyone we should invite?'</p>
<p>P12: Geoff.</p>	<p>P NV picks up the robbed doll – it is interesting that this is the first time he has done something voluntarily without C prodding and it is after she forgets 'Geoff's' name. P positions himself as remembering. C vulnerable?</p>
<p>Clinician: Geoff should go for a picnic. So picnic blanket. What else do we need?</p>	<p>C positioned as questioner but positions P as in-charge 'what else do we need?' 'Should' implies some kind of authority/moral judgement</p>
<p>P12: What's this? Whatever that is.</p>	<p>P poses a question to C and expects a response. He waits but C does not respond. P tone is abrupt 'what's this?', 'whatever that is' said scornfully and then he uses his robbed doll 'Geoff' to kick food to the picnic. P1 of aggression into Geoff – feels humiliated by lack of response from C?</p>
<p>Clinician: I like to think it's a tiny hotdog. That sounds delicious. Sit down. She can't really. Have their picnic. Is that the end or does something happen?</p>	<p>C tone becomes hurried as if she wants it over with 'sit down' 'she can't really' 'have their picnic' – list like and broken up – like a checklist of things to do. – does C feel humiliated – brings it to an end. P1?</p>
<p>P12: That's the end.</p>	<p>P's mouth appears and he shakes his head from side to side. Tone is relief 'that's the end' – repetition of C's words. Repetition of P's words – perhaps both C & P relieved it's over! C positions herself as grateful 'thank you for playing with these with me'</p>
<p>Clinician: That's the end, okay. Excellent. Thank you for playing with these with me. So when was the last time you played with toys like this, was it a while ago?</p>	

<p>Clinician: I quite like them.</p>	
<p>P12: That's satisfying.</p>	
<p>Clinician: It's satisfying? I like _____. We'll pop these bits away. Are you able to put that back? Thank you. Bring that back over. All the different things we have _____. [00:51:39]. So some questions about friends. I know you've already spoken a little bit about the friend that you've got and how you walk home with them and last night you were out playing football. It sounds like you have got some friends and particularly him, maybe being a really good friend. Would you say you've got like a best friend?</p>	<p>FRIENDSHIPS/RELATIONSHIPS/MARRIAGE</p> <p>C positions P as having a close friend 'walk home with them' and 'play football' and 'particularly him, maybe being a really good friend'</p> <p>P NV is slumped – with both hands behind his back.</p>
<p>P12: Yes.</p>	<p>P is non-committal and does not elaborate – monosyllabic reply.</p>
<p>Clinician: Who was that?</p>	
<p>P12: That person I was talking about most.</p>	<p>'The person I was talking about most' Implication that C could work out who he talked about most? Is P annoyed? He is reluctant to name names – does he is the C intrusive?</p>
<p>Clinician: What's their name?</p>	<p>C position – persistent/intrusive 'what's their name?'</p>
<p>P12: [Colin 00:52:02].</p>	<p>P is reluctant to give details but is pressed into giving a name - compliant</p>
<p>Clinician: Any other friends other than Colin?</p>	<p>C positions herself as needing to know more 'any other friends...?' pressure</p>
<p>P12: Nathan</p>	<p>P monosyllabic reply – he is reluctantly compliant (position)</p>

<p>falls into the time machine and it gets turned on somehow, I don't know how, it gets turned on and she ends up going back in time 379 years. She goes back in time and she's all alone and very scared, 379 years in the past. She lands in a forest and she's trapped back in time. The only way to bring her back is if someone uses the time machine but the bird does not know how.</p> <p>So she spends the rest of her life in a forest many, many, many, many years ago all alone and she's got to try and invent her way back to the present day. The end.</p> <p>So we don't know if she managed it. Left you a der der der (cliffhanger)... [01:03:36]. So that was my story. Are you able to tell a story of your own?</p>	<p>P head is still not moving – but he flicks glances between the objects and the C. When C says 'she ends up going back in time 379 years', the P looks away and ahead. C positions Inventor as making a mistake 'I don't know how it gets turned on and she ends up going back in time 379 years' P1 – P not moving – concrete expression of wish not to travel?</p> <p>C positions Katie as trapped 'the only way to bring her back is if someone uses the time machine but the bird does not know how' and scared</p> <p>C positions Katie as isolated 'she spend the rest of her life in a forest many many many years ago all alone' Uol, 'many' repeated 4 times to emphasise isolation and gap between present and past</p> <p>C positions K as persevering 'she's got to try and invent her way back'. P NV shakes his head now and his expression suggests 'that was weird' – perhaps shaking it off?</p>
<p>P12: Probably.</p> <p>Clinician: Using five items from this bag. Start whenever you are ready.</p>	<p>P NV stretches and yawns – he does not seem interested. One word reply 'probably' – lifeless/flat after 'der der der'</p> <p>P picks all pink items: a box, car, stick, umbrella and ball. He puts car on top of box, inserts a stick between the car and box, balances an umbrella on top and demonstrates it can fly.</p>
<p>P12: There was a car and somebody decided to make a car like this but one that could fly. So they did something like this and then that and you could fly.</p>	<p>P positions his car as able 'to fly' – magic (a bit like travel time machine) – theme of moving/getting away like Make believe Play – P does not use I only 'they' and 'you'</p>
<p>Clinician: Wow.</p>	<p>C position impressed 'wow'</p>
<p>P12: Then one day it was flying around in the air and then a meteor comes down and crashes into</p>	<p>P positions car as flying but then a 'meteor comes down and crashes into it' and 'it all breaks'</p>

<p>it and then it all breaks. The car flipped over on fire. The hover stuff is coming off, well, is on fire. The stick is going the wrong way and then the parachute thing is gone on the floor and then more meteors are coming. Then more meteors come and attack, blows it up. Then when the meteors stop coming it is because the whole car is destroyed. Scientists say that the car was attracting meteors.</p>	<p>P positions the car as being destroyed 'flipped over on fire' – P NV flips the car and mimics all the pieces coming off – he puts it back together but all the bits are in the wrong places. SP 'falling apart' UoL tense muddle 'is gone' (present past) – something internally destructive? P positions car being destroyed by meteors who attack it 'more meteors are coming. Then more meteors come and attack, blows it up' P positions the car as utterly destroyed – attacked until it is destroyed. P positions car as 'attracting meteors' – destruction. P NV has been bashing the car with a ball to mimic the meteor attack. All items are strewn across table – disarray. Pl 'scientist' C who will say that P attracted destruction/difficulties? Blame?</p>
<p>Clinician: Is that the end? P12: Yes.</p>	<p>THE P is NV looking at C writing and has been for a while. He has flicked glances to the other C who is also writing (P perceives C as attacking him?)</p>
<p>Clinician: Excellent story. I like the theory that the car was attracting meteors. I mean that would be terrifying. I hope my car never starts attracting meteors. Very good. So we have come to the end of all our jobs for today. Do you have any questions about what we've done or anything you want to know about?</p>	<p>C as judge 'excellent story'. UoL 'terrifying' to think something is attracting destruction. P Pl all his aggression into ball – destroying what C provided? C unconsciously aware of attack 'my car never starts attracting meteors'</p>
<p>P12: No.</p>	
<p>Clinician: It's been a real pleasure getting to know you, Kevin. Thank you for coming in. What do you want to go and do now? P12: Go home. Clinician: Go home? You've got your Greggs to eat on your way home.</p>	

Appendix EV - Transcript pages for Participant 13

<p>Clinician: Yes, that's a big challenge, even for experienced adults. (Laughter) So, you don't think there'd be any benefits to it? Anything nice?</p>	<p>C positions living alone/paying bills/being responsible adult as complex 'a big challenge, even for experienced adults'. Laughter contrasts with serious tone. Implication – being independent is difficult for everyone 'even experienced adults' in contrast to 15 year-old P. P NV leans in now towards C. C SP questioner – 'any benefits to it. Anything nice?' P NV leans back.</p>
<p>P13: Hopefully being able to buy stuff what I want and be able to do stuff that I want to do.</p>	<p>P SP independent 'being able to buy stuff what I want' – having resources to live – also choosing 'be able to do stuff that I want to do' implication dependent on others who buy things and do things he perhaps does not want to do – C – P rel (no freedom to choose?). NV sits further back. P1</p>
<p>Clinician: Do you imagine where you would live?</p>	<p>C SP questioner 'where you would live?' – closed question P SP wanting a nice place to live 'just somewhere nice' – P tone quite sad – C coughs – P touches something in his inside pocket and touches table. P1/concrete</p>
<p>P13: Er, not really, just somewhere nice.</p>	<p>C SP – questioner (intimate). P given choices but still binary 'would you live with...like a boyfriend or a girlfriend...OR and flatshare...OR would you live alone?'</p>
<p>Clinician: Would you live with a partner, like a boyfriend or a girlfriend, or a flat-share where you live with friends, or would you live alone?</p>	<p>P positions himself as not wanting to live with anyone 'I'd like to live alone' and as needing space 'have my own space'...closeness/relationships provoke anger 'I can't get mad at anyone for doing something I don't like' – separateness provoking anger 'mad', P speech robotic – touching his hair. P1 – C irritate him?</p>
<p>P13: I'd like to live alone because then I have my own space and I can't get mad at anyone for doing something that I don't like.</p>	<p>C Questioner 'do you imagine?' – closed question repeating P sense. P interrupts and says 'probablys' – C & P laugh. UQL 'shared' – implication P cannot?</p>
<p>Clinician: Do you imagine that might happen if you shared some space with someone?</p>	<p>P NV sucks lips in and looks down. P positions sharing space with others as provoking frustration 'I'd get frustrated' – intrusive/separation/difference/relationships hard to bear?</p>
<p>P13: Yes, I'd get frustrated.</p>	<p>P NV looks at what C writes. C positions P as enjoying friendships (contrast to living with another). UQL informal 'hanging out' – questioner P NV is holding his school tie now.</p>
<p>Clinician: Some questions here about what you like to do in your spare time. You've already said you quite like gaming with friends, and going out to their houses and hanging out. Anything else you like to do?</p>	<p></p>

<p>P13: It's kind of a best friend but a lot more of a long-term kind of thing. It's easy to speak to them, you can always have a laugh with them and, again, trust, you can always trust them.</p>	<p>P NV touches his jacket and smooths a piece of paper on the table. P positions couples as 'best friends' and lasting 'long term kind of thing' and also relaxed with 'easy to speak to' and 'have a laugh with' and trustworthy 'again, trust, you can always trust them' – P has laughed and spoken easily with C – P1?</p>
<p>Clinician: Has it ever been the case that you've had a boyfriend or a girlfriend? And what was that, if that's not a too personal question to ask? How did it feel to, sort of, be in that relationship?</p>	<p>C SP intimate questioner 'had a boyfriend or girlfriend. And what as that, if it's not a too personal question to ask?' – P NV goes red – he sits back and then leans nearer to C (never met C before). Uol 'how did it feel to, sort of, be in that relationship?' – implication romantically/sexually?</p>
<p>P13: Great! (Laughter)</p>	<p>P touches his jacket and then goes red again. He leans further in towards C – now having a laugh with C – intimate see above his definition of girlfriend. P1 – they are a couple?</p>
<p>Clinician: Yes? So, when I asked you a few moments ago if you might to live with someone, you said you might like to live alone and have your space, and that's quite important. Do you ever imagine being with someone quite long-term? Maybe living with someone, like a partner?</p>	<p>C highlights contrast to earlier comments and P desire for space C intimate questioner 'do you ever imagine...living with someone, like a partner' – couples P positions couples/relationships as potentially conflictual 'don'ts' – P speech has become robotic with gaps between words longer than normal. Dos and don'ts suggests a mechanistic/robotic view of relationships – simplistic 'be very easy to live with that person' – unaware he might be difficult to live with....</p>
<p>P13: Yes, hopefully we'd know our dos and don'ts. So, it would hopefully be very easy to live with that person.</p>	<p>C judge 'that's a lovely way of putting it' – repeating P words – 'we'd' implying them? P1? C touches her hair now, head leaning nearer to him and the next question is said softly 'why do you think.....maybe even marry them?' – P may misconstrue C interest – 15 year old male with young C.</p>
<p>Clinician: That's a lovely way of putting it, "We'd know each other's dos and don'ts." Why do you think some people do chose to move in with their long-term partner, and maybe even marry them?</p>	<p>P uses 'I' – personal and close 'every day'</p>
<p>P13: Just being able to see that person every day that I can.</p>	<p></p>

<p>Clinician: What might be nice about it _____. [0:55:45]?</p> <p>P13: Just always being able to spend time with them, always being able to relax with that person by your side.</p> <p>Clinician: Opposite question now, what might the challenges be?</p> <p>P13: If something bad happens in the relationship, like an argument or something, that can affect where you are living and then turn into a long-term problem.</p> <p>Clinician: That's it, er, I guess and that commitment is something then, isn't it? Thank you. You've got some lovely, lovely insights and ideas there. It's lovely to hear them. Right, a couple more questions and then _____. [0:56:31]. Would you say, Anthony, that you've ever felt lonely before? When would you say you're most vulnerable to feeling lonely?</p> <p>P13: If no one's kind of there to speak to, like open up to, it feels like you're closing in on yourself.</p> <p>Clinician: Have you ever had anyone professional to then speak to and input?</p>	<p>C tone is soft.</p> <p>P NV touches something in his inside jacket. P positions couples as being together always 'spend time with them' and 'always being able to relax with that person by your side' – UoL 'always' implies no space apart – 'your side' – C? When P says this, C says 'Oo' and 'Oh' – agreeing and liking what he says – it is very intimate. P1?</p> <p>C tone changes – harder edge 'challenges' – direct.</p> <p>P NV touches inside jacket again and his face & glasses. P positions conflict 'arguments' in a relationship as 'bad', affecting your position/place in the world 'can affect where you are living'. Sees conflict as long-lasting – not repairable 'long-term problem'</p> <p>C SP agrees with P 'that's it, er, I guess' and introduces the idea of 'commitment' – positions relationships as committed.</p> <p>C positions herself as grateful 'thank you' for P responses and judge of them 'lovely, lovely insights and ideas there. It's lovely to hear them' – positions herself as enjoying P – 3x 'lovely'</p>
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<p>Next question, and it's about things that you want to achieve in your life. You know, if you look to the future and, if so, what do you want to happen to yourself. You've already covered a little bit of that in terms of a career, it sounds like you've got some lovely ideas as to what you want to achieve as an operator for the police. Is there anything else that you want to achieve, life goals and things that are important to you?</p> <p>P13:</p> <p>The operator is something that I know if I put enough effort into if I will be able to succeed in the whole [Five 0:58:36] ____ thing. I'm hoping that will go well enough for me to, hopefully, make that into some what of a career, which has been a dream since I was a young boy.</p> <p>Clinician:</p> <p>People do that, people make it their careers, well, we all know that. But, it's not impossible to do. Good luck, good for you.</p> <p>So, there's that and then there's, obviously, the operator for the police.</p> <p>Shall do our final task and then we're finished? It's quite a nice one, ____ [0:59:11]. There you go. I've left the the most creative one to the end. In this bag, [you can have a sneak], we've got some random items. I'm going to go first and I'm going to pick out five, and then I'm going to use my five items to tell you a story that I'm just going to make up on the spot.</p> <p>Then it's going to be your turn. You'll have to</p>	<p>CREATE A STORY FROM 5 ITEMS</p> <p>P NV touches his badge on his blazer. C leans towards P and shows him what's in her bag of items – he leans in too and their heads are close together. He smiles at the contents of the bag and then looks at C fully in the face, smiling. 'You can have a sneak' – C positioning herself as granting P a forbidden pleasure 'sneak'. Positions task as 'creative' and herself as creative and spontaneous. 'I'm just going to make it up on the spot' – coupling up 'you can have a sneak'</p>
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<p>pick out a different five to me and make up a different story to mine. I'll go first... One, two, three, four... Five. So, this is a story about a party. We have a clown, who's been hired by the parents of this little kid. So, he's called Splodge the Clown. I've never met a clown to know what they're called, but this one's called Splodge and he comes to the little kid's house, 'ding dong', and he's got all of his kit with him. I don't know what clowns have, like never-ending handkerchiefs that come out of his top and magic tricks, and a big squiddy nose to get the laughs. So, 'ding dong', the mum opens the door and he goes in, out the back door and through the house and into the garden. There is a table that the kids are sat round, and there are 39 kids, so poor Splodge was a little bit overwhelmed because he's never been to such a big party before. Normally he does family parties where there are maybe up to eight people and the family is always very kind to him. He was nervous anyway, and then when he gets there and he sees all these six to eight Year olds, nearly forty, of them staring expectantly at him, he starts to shake and he gets a little bit nervous. So he takes some deep breaths and he has a little word with himself that he can do this. He introduces himself in a very happy manner and gets everyone laughing, does a few tricks and then he goes to his big bag, that he has</p>	<p>'You'll have to' – C SP in-charge and control. C positions a humorous story (thinking back to how P thinks intimate relationships mean having a laugh with someone). C positions clown with a funny name 'Splodge' – child-like. P NV laughs. C UoL informal/slang 'Kid' – trying to identify with P? P reddens as he laughs at C story. Positions couple as creative – 'little kid' C positions clown as doing tricks to get 'laughs' – as C saying 'never-ending handkerchiefs that come of his top' she gyrates and swirls her upper body and the P laughs, but sits back. P1? C positions clown as knowing where he is going 'out the back door and through the house' – intrusive/inside maternal space 'mum opens the door' like C let P see in bag 'sneak' – P1? C positions clown as anxious 'a little bit overwhelmed' as there are '39 kids' at the party – bit like P likes own space. Positions this party as new to the clown 'never been to such a big party' C positions clown (adult) as nervous of being with 39 children who expect something from him. Role reversal – adult nervous of child</p>
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Appendix EVI - Transcript pages for Participant 14

<p>P13: ____ [1:03:28]. Then you can start whenever you're ready. ____ [1:03:54] and he's come out for a nice dinner. He's come out for a date, with his parasol. This car pulls up, and so this car is his date ____, and so this man's very confused how's this car has rocked up with no driver or anything. So, he feels like he's been set up, so it's like, "I'm off." So, he starts to walk away, [he keeps walking 1:04:37] and then the car honks, turns round, no one there... Then honks like five or six times, he comes back and the car opens its door, and he hops in the back. Then it starts driving somewhere, to some mountain. He hops out, they've got a candle with them, and the car starts playing some nice romantic music and some Alexa robot voice starts talking to him, they start bonding under the parasol, and they have a very romantic evening. He hops in the car, he goes to a hotel, and they have a nice night together. They live happily ever after.</p> <p>Clinician: Wow, that's fantastic. That's very novel. I've never heard a story where the man falls in love and spends the night with the car. (Laughter) Excellent. What a lovely answer. Very good, thank you.</p>	<p>C positions P as needing time 'I'll give you a minute' and herself as in-charge 'I'll give you' – also positions the task as hard for herself, and by implication him 'it's not easy' – she has not said this across any participant P selects a toy sports car, a red block, a miniature pair of glasses, a cocktail umbrella and a little tower P red block as 'grandfather' who wears glasses – older man like older female C? Word muddle 'came out' – past tense. Positions grandfather as hungry 'come out for a nice dinner' P positions the grandfather as having a romantic evening 'date' with a car. P positions grandfather as feeling let down – not a person driving but just an empty sports car. Positions grandfather as confused by absence of driver and played tricks on 'set up' – like clown tricks? P1 – wants to leave P positions the sports car as interested and pursuing the man 'the car honks like five or six times' P positions man as getting inside the sports car 'hops in the back' P NV uses the small tower to be the candle – sexual? P positions grandfather and car as having a romantic evening 'some nice romantic music' and the car as female 'Alexa' and 'robotic'. P positions the female car as attracted to the grandfather 'Alexa starts talking to him, they start bonding under the parasol...very romantic evening' P positions grandfather and Alexa car as spending the night together (sexual) – but some mechanistic/empty non-human – why grandfather-older? P1 – UNC Phantasy with C? P has gone red, keeps touching himself – laughs. C positions P story as unique 'never heard a story where a man falls in love and spend the night with the car'</p>
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<p>Participant 14: Sometimes, if there's like a can or something, if there's anything decent to go out for, instead of just walking around like a homeless person.</p> <p>Clinician: Excellent. So there are some questions about friends. You've already chatted a bit about friends. I can't remember the name of your best friend.</p> <p>Participant 14: Kate.</p> <p>Clinician: Kate, that's it. And then you said the group chat that you've got. If I was to ask you a really open question to get us started, and that question is, can you tell me about any of your friends that you've got?</p>	<p>FRIENDSHIPS/RELATIONSHIPS/MARRIAGE</p> <p>C SP Remembering/Not remembering 'you've already chatted about' and 'I can't remember the name of your best friend' UoL 'chatted' informal/friendly. C positions herself as dependent when cannot remember. P NV kicks her foot</p> <p>UoL – short statement in response to C – though C did not ask a question</p> <p>C SP remembering 'you said the group chat' and 'Kate, that's it'</p>
<p>Participant 14: Well, Kate is Kate, and she's just her own mental self. As you can tell from my screensaver, she's her own mental self.</p>	<p>UoL 'Kate is Kate' said in dramatic tone with pauses. P SP 'judge' – distant/alooof – P gets her phone out. Positions Kate as 'mental self' – implication mad/unique (in derogatory way). UoL repetition of 'mental self' – projection of 'mad/mental' part of her (ADOS within a Child & Adolescent Mental health)</p>

<p>Participant 14: She's like a crackhead loony.</p>	<p>P SP Kate as 'crackhead loony' – madness/drugs/lunacy in another – being assessed by mental health professional. Pl of madness/wrongness/difference into Kate – P claims a 'normal' position – crackhead – addict/out of control</p>
<p>Clinician: Does she know you would say that about her?</p>	<p>C implies that <u>kate</u> might not know P says this – some kind of defence – there is an implication the P is talking behind K's back</p>
<p>Participant 14: Yes. If I said, "Kate, you're a crackhead loony," she'd be like, "So are you."</p>	<p>P positions K and herself as the same 'so are you' – no separation or difference – as if she knows K's mind</p>
<p>Clinician: Ah.</p>	
<p>Participant 14: She's a mental patient, I swear to God. She belongs in a mental asylum.</p>	<p>P positions herself as judge of K's mental health and positions Kate as 'mental patient' who belongs in a mental asylum – madness/mental ill-health is elsewhere (ADOS within CAMHS). <u>UoL</u> repetition – mental and invoking god – morality/identifying with moral rightness? Pl</p>
<p>Clinician: She sounds fun.</p>	<p>C positions K as 'fun' normal – lightness</p>
<p>Participant 14: Or a zoo.</p>	<p>P positions Kate as 'animal' in a zoo – to be looked at/watched/spectators – subhuman (there are two other</p>
<p>Clinician: (Laughter) So that's Kate. Are there other friends, as well?</p>	<p>Clinicians assessing in the room – Pl Both C & P laugh – there is something quite mocking about this – laughing at 'loony/crackhead Kate' – relieves tension/ C changes <u>subject</u> U o l – C says 'so that's <u>kate</u>' – as if set apart (said earlier too) – madness in Kate implies they are sane?</p>
<p>Participant 14: Taylor, who was the one I was telling you about, who spans the group chat all the time.</p>	<p>P positions C as remembering a shared experience/collapses separation? Pl – what is in P's mind also in C?</p>
<p>Clinician: Yes. Anyone else?</p>	

<p>Participant 14:</p> <p>There's Emma, who is just something else. Honest to God, I don't even know what that child is. One minute she's MC-ing, the next minute she's like running up and down the corridor in school, like going around telling everyone she's a genderless alien.</p>	<p>P positions her other friend, Emma, and positions herself as judge of character "Emma, who is just something else" – difference/abnormality is in others. Judgement implied by God – P telling the truth – positions herself in powerful/god-like way. Abnormality/inhumanity implied by 'I don't even know what that child is' – use of child sees P positioned as adult. P positions herself as neutral observer and Emma as chaotic child who does not know who she is 'genderless alien' – implication inhuman 'alien' and lacking identity 'genderless' – telling everyone implies others are spectating/watching – ADOS clinicians observing. P identifies with them? P?</p>
<p>Clinician:</p> <p>A genderless alien? I'm going to have to write that down. A genderless alien. She does sound fun.</p>	<p>The C leans back as P leans in. Repetitions of genderless alien – some kind of concrete statement echoing P words. C makes it more concrete by writing it down</p>
<p>Participant 14:</p> <p>She's honestly mental. She was one of the people who went to the <i>garra</i> with me, the other day. Her, Taylor and [Tasha 0:54:11].</p>	<p>P positions Emma as 'mental'. Uol 'honestly' – as if not believed and as if true/accurate/right concrete language. P positions herself as judge of mental health. P reflect ADOS situation P positions C as knowing '<i>garra</i>' and 'she was one of the people...the other day' as if the C knows this. Lack of separation? P?</p>
<p>Clinician:</p> <p>Okay, so there's Tina, as well. <i>Sq</i> are you like a big group of friends, or do you know each person through different means?</p>	<p>C Uol '<i>sq</i> you are like a big group of friends or do you know each person through different means' – mechanical language and muddled...plus binary oppositions 'or'.</p>

<p>Participant 14: There's a big group of us that knocks about with each other in school.</p>	<p>P positions herself as having many friends 'big group of us' in school</p>
<p>Clinician: Hummmmm.</p> <p>Participant 14: Tina, I only met the other day, because she went to the garra with us, but she seems like a nice lass.</p>	<p>P is NV looking at what the C is writing down. Her arms fold across her chest. P positions her newest friend 'only met the other day' as nice in contrast to two other friends emma and kate 'mental' – is ADOS C newest friend? Persecutory object – writing things down.</p>
<p>Clinician: What would you say makes somebody a good friend, then? In your opinion, what is important to you in a friend?</p>	<p>P is looking at C writing</p> <p>C positioned as questioner/questioned. P NV is looking at C writing. There are two other C in the room observing.</p>
<p>Participant 14: Like they're not sly, and they don't like... I want to say something that sounds really bad.</p>	<p>P is looking at C writing</p> <p>P positions others as nice if they are 'not sly'. Positions others as deceitful/doing something secretly without her knowledge and behind her back (like Clinicians writing things down she cannot see?) EXCLUSION - PI</p>
<p>Clinician: Go for it.</p>	<p>P positions herself as bad 'want to say something bad' and positions C as judgemental/god-like – thinking of her as bad – Projection onto C 'go for it' – badness is now with C. Guilt of saying bad things – PI</p>
<p>Participant 14: Like they don't slag you off to everyone.</p>	<p>P positions others as being critical of her behind her back 'slag you off to everyone' – sense again of being looked at</p>
<p>Clinician: Yes. Have you had experience of that before?</p>	<p>– observed by two clinicians and not knowing what they are writing. She frequently looks – arms crossed in protective way...PI/Sym Eq</p>
<p>Participant 14: Hummmmm.</p>	

<p>Clinician: Yes?</p>	<p>P UoL – immediacy of ‘other day’ NOW? A bit like new friend Tina – is C friend or foe? Who will look at what they write – everyone?</p>
<p>Participant 14: It happened the other day with this lad I know. He turned around to this other lad, who I absolutely hate now, because he broke my speaker on the bus, not last week but the weekend before- Because there was a school trip on for- Do you know the Duke of Edinburgh Awards?</p>	<p>P positions two lads as getting together ‘he turned around to this other lad’ she is an excluded 3rd ... (2 clinicians doing ADOS) P positions one lad as ‘hated’ by her – splitting P positions herself as justified to hate as ‘because he broke my speaker on the bus’. P positions lad as ‘aggressive’ – broke my speaker P positions herself as questioner and C as questioned</p>
<p>Clinician: Yes.</p>	<p>P seems to anticipate C thinking though C does not speak; anticipates C doubting her/not trusting her and so justifies ‘yes, it was in perfect condition’ idea of untrusting/unbelieving object and herself as untrustworthy/deceitful? P?</p>
<p>Participant 14: I went on that, brought my speaker, and- Yes, it was in perfect condition when I took it there. When I brought it back, it was knackered.</p>	<p>P something she possesses as broken/damaged/worn out</p>
<p>Clinician: Ah. Did he break it on purpose?</p>	<p>C positions damage as deliberate – idea of blame – aggression in ‘lad’ – critical – innocence/guilt</p>
<p>Participant 14: I don’t know, I had my air pods in. From what I’ve heard, apparently he was</p>	<p>P positions herself as innocent and unaware ‘I don’t know...from what I heard...’ responsibility lies elsewhere</p>

<p>smacking it on the back of a chair, so...</p>	<p>P reports this even though she does not know what happened 'apparently'. Positions lad as aggressive 'smacking'</p>
<p>Clinician: Oh. So yes, definitely on purpose, then.</p>	<p>C becomes concrete 'so, yes, definitely on purpose then' – judgement/criticism/condemnation is P1 into the C</p>
<p>Participant 14: That's only what I've heard, it doesn't mean it's true.</p>	<p>P positions herself as 'innocent' 'that's only what I heard' and also critical of 'it does not mean it's true' – reversal of adult/child positions?</p>
<p>Clinician: Yes, true. Okay, so it's important people aren't sly and that they don't slag you off. Anything else that makes somebody a good friend?</p>	<p>C echoes P thoughts about others – aren't sly or slag you off – P does not name positive qualities in others, but defines them based on them not being negative qualities – first in her mind. P perhaps feels persecuted by ADOS assessment and 2 assessing C – adults</p>
<p>Participant 14: You can tell them stuff and they won't spread it.</p> <p>Clinician: Excellent. And what would you say is the difference between a friend and someone who just happens to go to the same school that you go to?</p>	<p>P again positions herself as vulnerable to others and others as potentially doing things behind her back 'spreading it' – positions others as potentially untrustworthy. ADOS assessment she is telling C stuff – who sees it? Hears it?</p>
<p>Participant 14: Well, friends literally walk into my house – "Bryony, where's the food?"</p>	<p>P positions others as just walking in – no boundaries – and making demands 'where's the food?' she is position as having no boundaries and potentially being taken from.</p>

<p>Clinician: (Laughter)</p>	
<p>Participant 14: Kate. And people in school just walk straight past you, without turning their head.</p>	<p>P also positions friends as familiar 'walk into my house' and other people as not seeing her 'walk straight past you without turning their head' Contrast of being known and not known – ADOS C and assessment</p>
<p>Clinician: And do you know anyone that has a boyfriend or a girlfriend?</p>	
<p>Participant 14: I mean, Kate is on and off with loads of different people. That sounds really horrible, I probably shouldn't have said that. (the Clinician says 'that's ok) She gets with everyone, like all the lads.</p>	<p>Couples. P positions Kate as sexual 'is on and off with loads of different people' – again critical. Expects a judgemental and critical response from C 'that sounds horrible'; I probably should not have said that' UoL should – imperative/concrete – Projects criticism into clinician – imagines C thinks it's horrible – C becomes judge of what's ok 'that's ok' and then P is critical again 'she gets with everyone'. P is looking at C writing- sexuality projected into Kate 'she gets with everyone'... 'like all the lad' – judgmental...</p>
<p>Clinician: What would you say- So this is another question where it's about your opinion I'm interested in, your thoughts on this. What would you say makes somebody a boyfriend or a girlfriend? How do you know when you're in a relationship with someone?</p>	<p>Aspects of herself perhaps projected into her friends? C positions herself as interested in P opinion, 'your opinion' or 'your thoughts' – repetition...some sense of not getting a sense of who Bryony is? C positioned as questioner/questioned 'what would you say?' or 'how do you know'</p>

Participant 14:	Because they're not as serious as family.	P positions family relationships as 'serious' in contrast to romantic ones; implication not light or pleasurable?
Clinician:	Okay.	
Participant 14:	Like you can have a laugh with them without hearing, "Bryony, stop doing this, that and the other. Stop taking the mick, you're doing my head in." Stuff like that.	P positions her family relationships as critical/persecutory – like she is not free 'Bryony stop doing this...stop taking the mick' and she positions herself as irritating others/badly behaved 'stop' x 2 and 'you're doing my head in' Contrast of laugh and being told off
Clinician:	Do you ever imagine what it might be like to get married?	C SP questioner/questioned
Participant 14:	Not really.	P NV grimaces at this question and then sadly answers 'not really' P positions marriage as not something she thinks about – close relationships unappealing (couples)
Clinician:	What do you imagine are the reasons people do choose to get married?	
Participant 14:	Some sort of commitment.	P NV shakes her head and shrugs. Positions marriage as committing to another
Clinician:	Yes, absolutely.	C concrete use of language again 'absolutely'
Participant 14:	I just don't like the fact that, if you want to get divorced, you have to pay, and it takes forever.	P positions relationships as breaking up 'if you want to get divorced – not lasting' and costly 'you have to pay' and being stuck in relationships 'takes forever'. Closeness/intimacy felt to be too much persecutory—Pl – sees what's wrong/bad

<p>Clinician: Yes. What do you imagine might be the nice sides of being married or living with a boyfriend or a girlfriend?</p> <p>Participant 14: Like being- Like everything is different.</p> <p>Clinician: What might the negatives be, the challenges?</p> <p>Participant 14: If you argue with them or have some sort of falling-out.</p> <p>Clinician: Absolutely. Thank you for sharing that, it's really interesting to sort of learn your experience and your points of view. Would you say that you've ever felt lonely?</p> <p>Participant 14: Sometimes.</p> <p>Clinician: What are the situations or the times where you're more likely to be lonely?</p>	<p>C positions marriage/relationships as having some positive aspects 'nice sides of being married'</p> <p>P struggles to imagine anything positive – can only say different – as if she does not know what is good about close relationships/couples</p> <p>P is able to precisely say what the difficulties are but not the positives – positions marriage as conflictual 'argue' or 'falling out'</p> <p>C Concrete use of language 'absolutely' – interesting UoL – 'sort of learn your experience' – as if not quite and mechanical 'learn your experience' not learn about of get to know – robotic/wooden</p>
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<p>So he collects his certificate and they give him like a cap that you wear when you graduate. And he goes down and he goes to the party on the night, with all his clown friends. And there's a really good clown party and _____. [1:05:39]. The end.</p> <p>Now that wasn't my best story. I've done better.</p> <p>But do you want to give yours a go? I'm not sure how many are left, but there should be at least five.</p> <p>[Break in conversation 1:05:51 –1:06:06]</p> <p>Participant 14: Oh, this is random.</p> <p>Clinician: _____. [1:06:08]. So you can start whenever you're ready. Do you want to have a moment to think of a story? That's fine. [Break in conversation 1:06:20 –1:06:40]</p>	<p>P is looking at C as if this is all a bit strange/cannot quite make sense of it – she raises an eyebrow and is not smiling.</p> <p>C purses her lips and becomes censorious as if expecting P criticism – C criticises herself 'now that wasn't my best story. I've done better' – anticipating a critical other (P)</p> <p>The P NV selects items and takes 7 (not five) items. The C NV points to the two extra items. The P puts one away. The C points to the extra item and the P puts it away. This happens NV and it seems that the P took more than was allowed and the C acts in an authoritative/critical way, censorious – oxy pointing to the items.</p> <p>P positions task as strange 'random' - unknown</p>
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Appendix F: Final Discourse Clusters and Subject Positions

P(no.) = participant.

Table 1: Final Discourse Clusters and Subject Positions (and their aspects)

DC = Vulnerability	DC = Aggression & Destruction
<p>P2 – Vulnerable or In-Charge</p> <ul style="list-style-type: none"> - vulnerable or in-charge (YP & AC) <p>P7 – Trapped and Vulnerable (YP)</p> <ul style="list-style-type: none"> - vulnerable or in-charge (YP & AC) - trapped and vulnerable (YP & AC) 	<p>P7 – Aggressive (AC & YP)</p> <ul style="list-style-type: none"> - attacking and humiliated (AC/YP) - damaged and destroyed (YP) <p>P9 – Aggressive (YP)</p> <ul style="list-style-type: none"> - frightened and threatening (YP) <p>P11 – Aggressive (YP)</p> <ul style="list-style-type: none"> - frightened and threatening (YP) - damaged (YP) <p>P12 – Aggressive (YP & AC)</p> <ul style="list-style-type: none"> - attacking and humiliated (YP) - destroyed (YP)
DC = Criticism & Judgement	DC = Untrustworthiness & Unreliability
<p>P7 – Critical & Judging (YP)</p> <ul style="list-style-type: none"> - self-critical (YP) <p>P14 – Critical & Judging (YP & AC)</p> <ul style="list-style-type: none"> - critical judge (YP & AC) - self-critical (YP & AC) 	<p>P7 – Unreliable (YP & AC)</p> <ul style="list-style-type: none"> - misunderstanding (YP & AC) <p>P9 – Untrustworthy (YP)</p> <ul style="list-style-type: none"> - deceitful/taking advantage (YP) - provider (YP) <p>P14 – Deceitful/Untrustworthy & Untrusting (YP)</p>
DC = Intrusion	DC = Exclusion
<p>P9 – Intrusive (YP & AC)</p> <ul style="list-style-type: none"> - intrusive (YP) and critical (YP & AC) <p>P11 – Intrusive (YP & AC)</p> <ul style="list-style-type: none"> - intrusive and critical (YP & AC) <p>P12 – Intrusive (AC & YP)</p> <ul style="list-style-type: none"> - persistent (AC) and resistant/compliant/intruded upon (YP) 	<p>P9 – Excluded (YP & AC)</p> <ul style="list-style-type: none"> - left out and jealous (YP & AC) <p>P11 – Excluded (YP)</p> <ul style="list-style-type: none"> - left out (YP)

DC = Relationships	
<p>P7 – SP Others are the Same in appearance as Me (YP & AC)</p> <p>P9 – SP Others are the Same in appearance as Me (YP)</p> <p>P11 – SP Others have the Same mind as Me (YP & AC)</p> <p>P13 – SP Wanting Space and Wanting Closeness (YP & AC)</p> <ul style="list-style-type: none"> - others are the same as me (AC) - wanting space and wanting closeness (YP & AC) - SP tricked and seduced (YP & AC) <p>P14 – SP Others have the Same Mind as Me (YP & AC)</p>	

Appendix G: Tavistock Research and Ethics Committee Approval Letter

The Tavistock and Portman 
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
Fax: 020 7447 3837

Bridget Scott

By Email

24 January 2019

Re: Research Ethics Application

Title: How might a young person communicate their expectations of relationships during video-recorded ADOS assessments? A qualitative study.

Dear Ms Scott,

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Best regards,



Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
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