SPACE FOR EMOTIONS
An Investigation into an Arts Therapy Service Working with At-risk Children within the School System in Limerick City

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Abstract

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This research, was undertaken to explore reasons why seventeen primary and secondary schools in Limerick city were accessing in-school therapeutic interventions from a non-statutory, arts therapy organisation. The Blue Box arts therapy organisation had grown with the needs of the schools to address the perceived emotional toll of community and environmental trauma that impinged on the development of a significant number of their students. A hermeneutic phenomenological methodology guided the research, which was framed within literature on the interrelated contexts from the macro to micro levels that contributed to the need for such an intervention to be accessed by the schools. Perceptions of principals, teachers, parents and therapists who engaged with this intervention were collected using semi-structured interviews and focus groups. These were analysed using a combination of thematic analysis and Interpretive Phenomenological Analysis to give a nuanced picture of the issues involved. The voices of participating children and young people were elicited through their self-drawings and words.

The results showed that the research participants regarded the arts therapy interventions provided by the Blue Box as an appropriate and effective way of addressing the emotional difficulties of at risk children in their schools. These results also indicate that the emotional impact on children living in marginalised sections of the community has not been fully recognised or addressed by current statutory interventions aiming at equalising education opportunities. This research contributes to the discussion about addressing inequalities in education by focussing on the traumatic and emotional aspects that affect inclusion. Recommendations are that more flexible schooling scenarios would allow the recognition of arts therapists and other professionals as partners in educational settings where emotional difficulties interfere with participation and learning.
Declaration

July 2015

The substance of this thesis is the original work of the author and due reference and acknowledgement has been made, when necessary, to the work of others. No part of this thesis has been accepted for any degree and is not being concurrently submitted for any other award.
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I would like to sincerely thank my supervisors, Jim Gleeson, Patricia Mannix McNamara and Ed Kuczaj who accepted the task of both assisting and educating me on this long journey. I have greatly valued their support and guidance and enjoyed our meetings.

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List of Abbreviations

ADHD – Attention Deficit Hyperactivity Disorder
CAMHS – Child and Adolescent Mental Health Service
CEDC – Centre for Early Childhood Development and Education
CPD – Continuing Professional Development
CSER – Centre for Social and Educational Research
DES – Department of Education and Skills
DEIS – Delivering Equality of Opportunity in Schools
EBD – Emotional and Behavioural Difficulties
EU – European Union
fMRI – Functional Magnetic Resonance Imaging
GP – General Practitioner
HSE – Health Service Executive
IACAT – Irish Association of Creative Arts Therapists
IY – Incredible Years
NCSE – National Council for Special Education
NEPS – National Educational Psychological Service
OECD – Organisation for Economic Co-operation and Development
ODD – Oppositional Defiant Disorder
OMC – Office of the Minister for Children
PISA – Programme for International Student Assessment
RTC – Randomised Controlled Trial
SCP – School Completion Programme
SDQ – Strengths and Difficulties Questionnaire
SEN – Special Educational Needs
SENO – Special Educational Needs Organiser
SESS – Special Education Support Service
SMART – Specific, Measurable, Attainable, Risk Informed, Timely
SNA – Special Needs Assistant
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Chapter 1
Introduction

Arts therapies, delivered by independent arts therapists, are being used in schools across Ireland to address the emotional and psychological needs of distressed children and young people. To date, in the Irish context, there has been no published research on why this type of therapy is being accessed by schools, what it entails, or how it is being received. The arts therapies including Art Therapy, Music Therapy, Drama Therapy and Dance and Movement Therapy, share the same basic premise of the power of creative expression to advance individual and interpersonal emotional development and promote self-realisation. Each arts therapy modality stresses the importance of the relationship with the client which is developed within the boundaries of consistent session space, time and confidentiality and is based on humanistic and psychotherapeutic principles.

Although a significant number of arts therapists work individually in schools in Ireland, it is extremely unusual to find an entire organisation, set up and run by arts therapists, that is dedicated to this work. The Blue Box is a unique arts therapy service that works within a number of primary and secondary schools in urban Limerick and as such, provides an opportunity to explore why arts therapy is being accessed by the schools, how it operates, and how it is perceived by those it serves. It also provides an opportunity to use an alternative lens to examine issues relating to the emotional difficulties of children and young people from marginalised areas, that interfere with their engagement in the current school system. This lens focuses on the emotional aspects underlying the behaviour of children and young people that teachers identify as struggling to negotiate school life. It also takes into account the emotional responses of the adults who are in a position of care in relation to these children and young people. Concentrating on emotions and care in education, which are difficult areas to capture in measurement terms, can present some challenges in a climate that favours empirical evidence based research. As O’Brien and Flynn have noted: ‘The significance of care and emotions in the field of education is an issue that has been marginalised in discourse and in practice, particularly as one advances through the formal education system’ (O’Brien and Flynn 2007 p 70). These authors suggest that care and emotions are of central importance in promoting equality in the education system.

Systemic tensions between economic and social pressures in the wider European political and economic contexts affect equality agendas in member states, and Ireland is
no exception. ‘Schools are major players in the determination of patterns of inequality in society’ (Lynch and Lodge 2002 p 5) and these tensions are also present in the Irish education system (Gleeson 2010). They have a particular bearing in the attitudes and policies that affect social inclusion agendas which attempt to equalise opportunities for more marginalised sections of the community. The leaning towards current political and economic ideologies that stress the importance of the entrepreneur and that privilege individual self-promotion and ‘positivity’ can negatively influence progress towards greater equality and will be explored in the following chapter. By implication, those sections of society that are not well placed to negotiate the prevailing meritocratic systems dictated by such ideologies, are regarded as failing through lack of effort (Kennedy and Power 2010, O’Connell 2011). Given that the starting line to begin this meritocratic climb is on the distant horizon for those born into economically and socially marginalised communities, it is not surprising that maintaining positivity, as it is defined by the prevailing economic model, is problematic for this group. This is exemplified in such communities by high levels of physical and mental illness, substance abuse, violent deaths and criminality (Irish Penal Reform Trust 2012). Writing on equality issues assumes a rational subject and gives little space to the affective inequalities experienced by marginalised individuals (Lynch and Lodge 2002), an aspect that is also reflected in educational discourse and which deserves further examination. In the absence of much needed systemic change, maintaining equality agendas in the current climate therefore also requires a reconsideration of attitudes towards manifestations of the emotional toll experienced by a section of society where ‘positivity’ is not easily achieved or maintained. This doctoral research explores ways in which schools are implicated in the contextual pressures that contribute to emotional difficulties amongst marginalised children and young people in Limerick and specifically looks at how accessing the Blue Box arts therapy service works in creating space for these emotions within the schools.

**Context of the Research**

Limerick city has above average levels of material inequality with a significant percentage of the population experiencing marginalisation:

Based on the Index of Relative Affluence/Deprivation 2006, over 50 per cent of the city’s Electoral Districts are classified as “disadvantaged” to “extremely disadvantaged” with over 18 per cent in the worst category of “extremely disadvantaged” compared with only one per cent in the latter category at national level (Humphreys, McCafferty and Higgins 2011).
In 2007 John Fitzgerald published his report outlining the seriousness and extent of the problem of crime and social exclusion in Limerick, recommending the setting up of the North side and Southside Regeneration Agencies:

…to drive economic and infrastructural development in the defined areas, and to direct and co-ordinate intensive action to deal with social and educational disadvantage (Limerick Regeneration Plan 2008).

Regeneration areas of Limerick score between 9 and 10 on a deprivation scale which ranges between 1 and 10 (Hourigan 2011, p 61). This extreme level of disadvantage had come about due to a number of historic factors including the moving of impoverished inner city populations to isolated and poorly planned housing estates with little or no infrastructural support, coupled with the decline of various industries that had provided jobs adjacent to these areas (Limerick Regeneration Plan 2008, Hourigan 2011). The resulting social problems which are seen to be extensive (Limerick Regeneration Plan 2008, Hourigan 2011) include the debilitating effects on the education and development of children from these areas. The rates of early school leaving range from 42 – 55.4% in two of the worst affected areas, compared to the national average of 17.9% for the total population (Limerick Health Promotion HSE 2008, Hourigan 2011). The negative impact of living in Regeneration areas can be seen in the high incidence of disabilities, serious cancers, young mothers, low birth weights, incidents of self-harm and drug and alcohol misuse (Limerick Health Promotion 2008). Hourigan (2011) highlights the effects of trauma and post-traumatic stress on children from some areas of Limerick where violence and a culture of fear are constant. This is also supported by the 2011 research report ‘How are Our Kids’ in which it was stated:

Children in regeneration areas, on average, experience more emotionally traumatic events in their lives (i.e. greater experience of multiple traumas) and have greater experience of specific traumatic events. These include higher rates of bereavement of a close family member and of separation from parents compared with the control areas (Humphreys, McCafferty and Higgins, 2011 p 17).

Humphreys et al (2011) used the Strengths and Difficulties Questionnaire to ascertain the levels of children’s difficulties in four areas: emotional symptoms, conduct problems, hyperactivity and peer problems scales; and their strengths based on a prosocial scale. The results indicated that 40% of children from Southside regeneration areas showed abnormal emotional symptoms, compared to 17% in the control group. Similar high scores were found on the other three difficulties scales with the strengths scale not showing any significant differences from the average. The aggregated total
difficulties scale showed that 33% of the children were in the abnormal range in Southside regeneration areas compared to 7% of children in the control group, and 7.4% of children in the US average. The researchers concluded: ‘it would seem that many children who have emotional and behavioural difficulties (based on proportions in the abnormal range) have not been diagnosed with such problems by health care or other professionals in primary care’ (Ibid 4.2.5 p 18). It is within this context that this present study was undertaken.

The Blue Box

Having worked as an art therapist and supervisor within the arts therapy organisation for a number of years I have insider knowledge and experience of the organisation and the work in schools which privileges me as a researcher, whilst also necessitating a constant awareness of my own biases. As an insider I am positioned to give a detailed description of the set up and operations of the organisation at the time when this research took place (2011-2012).

The Blue Box was founded in 1997 by Mary Carmel O’ Donoghue, a Limerick primary school teacher and member of the Salesian Sisters, who saw a need to address the emotional needs of children and young people who were failing to navigate the school system because they were from marginalised areas of the city and/or were contending with environmental difficulties beyond their control. O’Donoghue’s initial response had been the setting up of St Martin’s, a training centre, aimed at supporting these children, where the emphasis was focused on a practical rather than a knowledge based curriculum. Sensing that the emotional component was still an issue even in this setting, and was an essential element in the holding environment required with this population, O’Donoghue and her associate Austin Creaven, left St Martins and trained as art therapists at Goldsmiths College in London. Art therapy is essentially a psychotherapy based way of addressing psychological and emotional difficulties through the medium of creative arts, allowing for the expression and exploration of conscious and unconscious internal conflict.

Following this three-year training, O’Donoghue and Creaven set up “The Self Help project” working in schools with children with emotional difficulties through the medium of art therapy. In 1997 they began working from a blue freight container, nick-named the Blue Box by the young people who attended the sessions. The Blue Box Creative Learning Centre grew from these beginnings, expanding with the growing demand from both primary and secondary schools in Limerick so that at the time of this
research (2011-12) 12 primary and 5 secondary schools, drawing their intake from marginalised areas of the city, were accessing the service. By this time The Blue Box had become a registered charity with a Board of Directors, a Manager and a Director of Arts Therapies, and was based in rented premises within a community development building. Though the initial organisation was set up by art therapists as described above, both art and music therapists were recruited to work in schools on yearly contracts. In Ireland most arts therapists belong to the Irish Association of Arts Therapists (IACAT) a professional body that sets guidelines and a code of ethics for arts therapy practice. All of the arts therapists on contract to Blue Box were members of IACAT and held post graduate qualifications in art or music therapy. In line with IACAT code of ethics every arts therapist was required to attend external clinical supervision of their work with a qualified and experienced supervisor. At this time Blue Box required that the supervision ratio for working with children and young people, who are a particularly vulnerable client group, should be one hour of supervision for every 10 client contact hours. During 2011-2012 two qualified supervising therapists at Blue Box each supervised a group of four therapists in weekly two hour sessions which were timetabled as part of the work. Therapists were also expected to attend their own external supervision to achieve the one to ten ratio.

The organisation was based on a culture of care, so that the emotional well-being of each individual working for Blue Box was the core of the supervision system. This kind of emotional support, and the care of the supervising staff generally, enabled the individual therapists to take on the heavy emotional load of seeing distressed children and young people, and hearing about their often harrowing lives and traumatic experiences. Peer supervision and support were also an essential component of this culture so that no therapist felt isolated in dealing with their own and their client’s emotions. In addition, regular continuing professional development sessions took place for everyone working in the organisation, to share professional therapy issues and trainings in related areas such as child-protection. The supervising therapists attended weekly supervision of their supervision with the Director of Arts Therapies and the whole supervisory team had monthly external supervision as a group.

Figure 1 shows the organisational structure at the time the data for the research was being gathered.
Each of the contracted arts therapists in the bottom row spent between one to three days in schools, either in different schools on each day or in the same school for two days. The supervising therapists and the director of arts therapies also spent one day a week in schools. Each of the therapists in primary schools saw four children a day for weekly fifty minute sessions whilst therapists in secondary school saw five young people a day also for weekly fifty minute sessions.

The table below illustrates how this happened in practice at the time the research was taking place.

<table>
<thead>
<tr>
<th>Therapist</th>
<th>Primary</th>
<th>Secondary</th>
<th>Total</th>
<th>Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director AT</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Supervisor AT</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Supervisor AT</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Art Therapist</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Art Therapist</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Art Therapist</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Art Therapist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Art Therapist</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Music Therapist</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Music Therapist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Music Therapist</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>11 arts therapists</td>
<td>12 primary</td>
<td>5 secondary</td>
<td>23 days</td>
<td>93 clients</td>
</tr>
</tbody>
</table>

Table 1.
As can be seen the Blue Box service at this time was being accessed by seventeen primary and secondary schools in County Limerick, with sixteen of the schools situated within the Limerick City urban area.

**Operation of the Service**

In 2011-12 the practice was, that following a school's request for the service, the Director of Arts Therapies would assess the availability of an appropriate therapy room and facilities within the school that was applying. When an appropriate room was found and Blue Box conditions met, the school was assigned an art or music therapist from the Blue Box panel. The school was asked to designate one teacher as a link person between Blue Box and the school. In DEIS primary schools this was usually the Home School Community Liaison (HSCL) teacher who was in the best position to meet the families of children referred to the service. The HSCL usually had an established relationship with families and could provide background information and support whilst also being in the best position to give information about the Blue Box to parents and to obtain their consent for therapy with their child. This was essential as no therapy could commence with a child or young person unless Blue Box had a signed parental consent form and a referral form from the school.

A referral process was established in each school which varied according to the nature of the school organisation. In primary schools the school link person consulted with class teachers and the principal and a list was drawn up of children who were seen to need therapeutic intervention. In the secondary schools this function was usually carried out by the school care team which typically included the HSCL, the principal, the school guidance counsellor or chaplain, and sometimes a teacher from the Behaviour Support classroom.

The children and young people referred, and whose parents’ permission had already been sought, were asked if they wanted to attend arts therapy which was explained to them at an initial meeting. Where possible the initial meeting took place between the therapist, the child or young person and their parents. It was made clear that the sessions were confidential and the therapist would not reveal what might go on in them to parents and teachers unless there was a child protection issue. If the child or young person agreed to participate in the therapy they were given a set time each week for their session, and attended sessions for as long as they, the therapist and the school felt it was appropriate. Children sometimes attended the sessions on an on-going basis from one year to the next, though the duration of attendance of the therapy varied from child
to child. The arts therapist met with a link teacher, the principal, and the parents of the child or young person on a regular basis to discuss the progress of the child or young person and how they were getting on in a general sense, without talking about the actual content of the sessions.

Each arts therapist was given an induction to the organisation and a pack containing organisational protocols and expectations. Client records were written weekly at the Blue Box premises by every therapist and filed in a locked filing cabinet. These records consisted of short notes on attendance, general therapeutic themes, and observations made in the session and were brought to internal Blue Box supervision sessions so that every client was kept in view of the supervising team.

During the year and at the end of a course of therapy, meetings with parents and teachers were built in as much as possible, to exchange information and give support. At the end of the school year therapists met each parent to give an informal report on therapy outcomes for their child. Also at this time a brief written summary report for each child or young person who attended arts therapy sessions was given to the school.

**Rationale for the Research**

Research has shown that there is a much greater level of emotional need amongst children from marginalised areas of Limerick than in the general school population (Humphreys McCafferty and Higgins 2011). These children are deemed to have emotional and behavioural difficulties arising from living in areas of marginalisation. Definitions and usages of the term emotional and behavioural difficulties in the Irish education system at both governmental and practical levels appear problematic. Within the school system there has been a strong tendency to focus on surface behavioural aspects and cognition (Downes 2007, Cooper and Jacobs 2011) with little emphasis on the affective domain (Lynch and Lodge 2002). Though there is no agreed definition of the concept of emotion, its usage throughout this research reflects the definition supplied by Siegel (2012). He views emotion as an energy and information flow and, the term emotion as ‘an active verb reflecting the ever-changing states of integration within and between people (Siegel 2012 p 26)’. As such emotion is regarded here as embodied and, as ‘central to all that is the mind’ and as a linking component in individual, interpersonal and inter-cultural consciousness. This view reduces the emphasis on external behaviour and cognition and instead concentrates on internal visceral and emotional changes. From this position there is a recognition of the inseparability of cognition and emotion.
Though research in the related area of children’s well-being purports to take a holistic approach, which includes emotional well-being, there is a gap in the research in the Irish context on the qualitative aspects of children’s lives in areas such as ‘parent/child relations, a child’s social interaction with the environment and the general quality of children’s lives’ (CSER 2006 p 21). It is intended that this research will help to fill this gap. Similarly, there has been no investigation into how the schools in Limerick Regeneration areas are coping specifically with the underlying emotional aspects of children’s lives, which in this context includes trauma, affecting their students which is visible in their behaviour and impacting on their learning. In addition, on an international level, Gilroy (2006) has stated that there are significant gaps in research literature pertaining to non-behavioural methods of addressing child and adolescent mental health issues in the British and Irish contexts (Gilroy 2006 p 139).

To date there has been no investigation into why seventeen schools in Limerick have needed to bring in an arts therapy service to address their students’ emotional difficulties, nor why this arts therapy service has expanded in response to the demand from the schools. It is difficult to find evidence of significant research into the use of arts therapy within the Irish school system more generally. A one-to-one arts psychotherapy service is an unusual intervention in the Irish school system where interventions tend to be based on behavioural or cognitive behavioural theories. Typically, these interventions are directed at the whole school or small groups at the stage 1 and stage 2 levels of Sugai’s (2001) model, ‘Integration of Academic and Social Behaviour Three-Tiered Continuum of Behaviour Support’, and can be delivered by external agencies or teachers after a brief training period. In contrast, the Blue Box service is directed towards addressing the needs of children who are identified by the schools as having emotional needs that cannot be met within the classroom situation or by the existing behavioural/care structures within the school, but who also do not necessarily fall into the category of having a diagnosed disorder, (see following chapter). Research by Humphreys et al (2011) indicates that this is an extensive group in regeneration areas of Limerick. Sugai (2001) estimates that 1-5% of students might fall into the category needing intensive, individualised behaviour support. In a range of Irish studies, the percentages in this category ranged from 10 – 12% (Fleming and Gallagher 2002). Worryingly, an “Incredible Years” evaluation report carried out in Limerick schools the percentage of children with significant social emotional and
behavioural problems was estimated at 26% (McGilloway, Hyland, Ní Mhaille, Lodge, O’Neill, Kelly, Leckey, Bywater, Comiskey and Donnelly 2010).

There has been considerable research into social exclusion in the Limerick area (Fitzgerald 2007, Limerick Regeneration 2008, McGilloway et al 2010, Hourigan 2011, Humphreys, McCafferty and Higgins 2011) from a variety of disciplines and perspectives. All these publications discuss the impact of social exclusion on the behaviour, mental health and education of children and young people and advocate for a systemic approach to addressing these children’s needs. It is intended that the current research will add an affective dimension to research in this area, and have significant value for both the education system in the area of emotional well-being of students, and the arts therapy profession.

**Research Questions**

The overarching question that this research aimed to address therefore, was: Why do seventeen primary and secondary schools in Limerick access a non-statutory arts therapy service to help address the emotional and behavioural difficulties of their students from marginalised areas? To address this question four particular research questions were formulated:

1. What are the expressed needs of a sample of schools in Limerick in relation to children from socially disadvantaged areas with emotional difficulties that influence them accessing the Blue Box service?
2. What are the school and parental responses to the Blue Box arts therapy service?
3. What are the perceived effects of arts therapy with children in these schools?
4. How does the arts therapy service as an outside agency, interface with the culture of the schools?

**Outline of Thesis**

*Chapter two* will begin with a comprehensive literature review which aims to locate the emotional lives of the children at the centre of the research within a wider context. This entails taking into account current political, economic, social and psychological trends that impact on their development and well-being. It will include an exploration of European, national and local issues relating to the emotional needs of children and young people in the school system and draws on literature from areas such as emotional
and behavioural difficulties, well-being and mental health. The review will also include literature on psychological therapies, arts therapy and arts therapy in schools and necessarily draws from a number of sources and disciplines. The decision to ground the research in the widest possible literature was taken in line with the particular methodological stance taken. Within this hermeneutic phenomenological approach, the concept of a hermeneutic circle requires that there is a movement between the particulars of a phenomenon and the whole context it appears in, so that a nuanced understanding can emerge. One cannot be understood without the other. Neglecting to see the particular phenomenon without reference to the whole context within which it is embedded, might give a purely localised picture of what is happening, to the detriment of the whole picture. In line with this the research was also influenced by a systems and integrationist approach, as espoused by Bronfenbrenner (1995) which justifies drawing on interacting and overlapping literature from a number of disciplines in pursuit of a fuller picture.

**Chapter three** delineates the methodology and provides the philosophical background and rationale for the choice of a hermeneutical phenomenological approach which is taken throughout the study. This chapter also includes a detailed description of the particular research methods employed and discusses the importance of ethical considerations and questions of validity reliability and trustworthiness. Also included is a detailed description of the steps taken in the analysis of the data which will facilitate the reader to follow the analytic process from data collection and analysis to the research results.

**Chapter four** presents the results of the data analysis under the main emergent themes. This chapter is organised to give as full a picture as possible of the perceptions of the research participants and aims to provide responses to the four main research questions. In line with the methodological approach, where relevant, there are extensive quotes from the data so that the experiences of the participants are brought into direct focus. This approach is also reflected in the presentation of a selection of artwork drawn by the children and young people who participated in the research, with the aim of providing a vehicle for expressing their views.

**Chapter five** provides a discussion of the results with a consideration of the issues which arose. These issues were considered in terms of how they related to the literature
already presented, and in the light of new literature where this seemed appropriate. The
discussion chapter was structured under headings that aimed to address the main
research questions.

Chapter six includes a discussion of the results in the light of the literature presented,
and draws together some of the different strands that emerged in the process of the
research. An overall conclusion is given with implications for future policies and
indications of areas arising from this research where further research is required.
Chapter 2

Literature Review

Introduction

The focus of this chapter is to contextualise the research by examining current relevant literature in the field. This chapter will cover prevailing Western political and economic ideologies as they impinge on the areas of education, mental health, wellbeing, and social inclusion, in both the wider European and in the Irish contexts. It will also include literature related to social exclusion in the immediate context of the research and how this relates to emotional and behavioural difficulties in schools in Ireland, with examples of current interventions in this area. This will be followed by literature that has a bearing on children’s emotional development drawn from the areas of developmental neuroscience, attachment theory, trauma theory and arts psychotherapy. The final section of the review looks at literature about arts therapy theory and practice and arts therapy interventions in schools.

Central themes running through this literature review are concerns about equality and integration, concerns about promoting the optimal development of individual human potential, and concerns around cultures of emotional care for children and young people, especially in the current Irish education system.

Ecological Model of Individual Development

Bronfenbrenner (1996) stressed the importance of interdisciplinary research in the area of human development and eschewed a reductionist view that divided an individual’s life responses into separate units of biology or behaviour. Instead he advocated viewing the developing individual as ‘integrated and integrating units that are dynamic and change over time’ (Bronfenbrenner in Cairns Elder and Costello 1996 Preface xi). This model is in line with the definition of emotions given by Siegel (2012) who also stresses the integrational aspects within and between maturing individuals. Bronfenbrenner’s (1995) model (figure 2) is employed in this research because it takes account of the wider complexity of influences that lead to some individuals flourishing and others floundering, through accidents of history, political policy, place of birth and circumstance, rather than assuming that inequalities occur through lack of personal ability or effort. Using the model as a guide, this literature review will be ordered by starting from the wider world view, in this case the European political and social
climate, then focussing in through the Irish context, the local context, and finally to the core context which is the individual child, as shown in the diagram below.

![Bronfenbrenner’s Ecological Theory](image)

**Figure 2a**

In this literature review the various layers identified by Bronfenbrenner serve only as a means of tracing the driving and often conflicting ideologies that affect the opportunities and well-being of the children at the centre of this research. Consequently, following this introduction, the literature review will be divided into four parts corresponding to the different contexts shown in Bronfenbrenner’s model. Part 1, will begin with a short description of the Chronosystem followed by the ‘macrosystem’ which will include consideration of prevailing ideologies that affect current world views which in turn affect the life worlds of every individual. A short review of literature relating to the European context will also be included here in the area of education and well-being of children and young people.

In Part 2, the ‘exosystem’ within which are the systems that impact more immediately on families and children, the literature will reflect the Irish context and current thinking on political and ideological levels, crystallised in current policies and practices in children’s welfare, education and mental health. Consideration will be given in this section to education policies aimed at inclusion and views of children’s emotional well-being and mental health. There will also be a consideration of the concept of school cultures and how this is invoked in relation to creating inclusive school environments. The literature here will be drawn mainly from educational and sociological theories.
Part 3, the ‘mesosystem’ will include literature that reflects the more immediate environment of the participants with reference to relevant research from a broad sociological perspective. This section will also include the ‘microsystem’ with literature on families and children living in the communities where some of the research participants are located and will be drawn from the areas of physical and mental health research and educational and social research.

Part 4, is concerned with the innermost circle, the core of the model which represents the individual, developing child or young person who both influences and is influenced by all the interrelated systems above, over the course of time. This section will begin with a consideration of how emotions are perceived in this era of neuroscientific enquiry. Literature concerned with the child’s individual emotional development, drawing from attachment theory and developmental neurobiology, will be reviewed and will include the adverse effects of environmental and relational trauma on the emotional development of the child. Literature on arts psychotherapy as a way of addressing emotional problems arising from attachment and trauma issues will follow. The final section of the review will include literature concerning arts therapy as it is practiced within the school setting and how arts therapy’s culture interfaces with the culture of schools.

**Part 1.**

**Chronosystem**

In the model above, the outermost circle is called the chronosystem by Bronfenbrenner and is related to time. It is a reminder of the constant flux and change that is characteristic of all human experience and thought and permeates all the interrelated contexts of an individual’s development. Bronfenbrenner identified three aspects of chronology that influenced an individual’s developmental trajectory: the historical context in which an individual lives; the timing of an individual’s biological and social transition through age and role stages in relation to how their culture defines the appropriate timing of these stages; and because of the interdependence of family members - the way each member reacts to historical events and role transitions that will affect the other members development within and across generations (Bronfenbrenner 1995). The relevance of these chronological aspects will emerge through the literature examined.
Macrosystem Influences – Prevailing Ideologies

The material conditions under which the research participants live are affected at the macrosystem level by current world ideologies which should not be ignored when situating a particular piece of research (Malhotra Bentz and Shapiro 1998). Ideologies arise from ideas based on assumptions about reality which become more or less coherent systems through repeated patterns of choices and actions. They include a combination of often contradictory currents representing different interests that combine to form an uneasy unity (Hall 2012).

The centrality of the market, free trade and industrialisation has ultimately led to the global expansion of capitalist ideologies and an increasing world acceptance of democratic systems of government (Fulcher and Scott 2007). The term ‘globalisation’ is widely used to describe the acceleration of world trade and communications which has resulted in a global market economy based on capitalist free-market ideologies (Fulcher and Scott 2007, Treanor 2005, Malhotra Bentz 1998). Lehndorff (2010) states that globalisation has gone hand in hand with ‘Europeanisation’ which has consisted of the creation of an EU internal market with stabilisation rules where there is a free movements of capital, labour, goods and services. This has been accompanied by the privatisation of state owned companies and private services and the expansion of market based forms of governance across the public sector. Lehndorff sees these rules and processes as exerting huge economic and political influence on participating nation states, affecting the types of capitalism that they adopt, and the balance of state interventions towards economic or social needs. Earlier in the twentieth century, following the Second World War and based on Keynesian economic theory, controls on the market, state investment in infrastructure and provision of public services were seen as desirable (Rutherford 2007). In the intervening years, starting in the 1970s, the balance between strengthening economic forces and demands for social justice has been an on-going struggle for established and emerging democracies.

The liberation of the markets, privatisation and a greater emphasis on individual freedom of choice, plus expansion in world markets and the growth of consumerism have tipped the balance towards a form of capitalist ideology termed neoliberalism. Neoliberalism – new liberalism has been seen as influencing all areas of current life (Thorsen and Lie 2007). Neoliberal ideologies play ‘a key role in disseminating, legitimising and re-invigorating a regime of power, profit and privilege.’ (Hall, Massey and Rustin 2013). Treanor (2005) traces the development of neoliberalism from classic
liberalism which promoted the practice of free trade. He places belief in the market, and market forces at the heart of neoliberalism, coupled with a requirement for as little as possible state regulation (Treanor 2005 p10). Thorsen and Lie (2007) argue that there is no actual definition of neoliberalism and that it is a set of ideas rather than an ideology that has come to be used pejoratively by most writers. Hall (2012) notes that neoliberalism has many variants across different states, so that it is not one thing, but is something that grows and diversifies. He also traces this movement back to classic liberalism and identifies the deep seated ambiguities originally identified by Edmund Burke in the 18th century when he observed that the freedom of the liberal capitalists of the time was based on the slave trade - a combination of emancipation for one group and subjugation for another (ibid).

Treanor identifies the elevation of the entrepreneur in liberal democratic cultures and defines an entrepreneur as ‘a person whose profession is to respond to market forces’ (Treanor 2005) He goes further in suggesting that living the entrepreneurial lifestyle has been so highly valued that those who didn’t advance their employability and actively participate in the market economy have been seen as a non-market underclass condemned to a service function. Touraine notes that the powerful in society – here, those who demonstrate economic success – invoke ideologies as they pursue their own self-interest, but that these ideologies mostly serve to justify their own power by defining those who don’t succeed as ‘lazy creatures needing a carrot and stick’ (Touraine 2009). Bourdieu’s (1977) thesis is that the dominant class in capitalist society does not dominate by a self-interested manipulation of reality but is rather the beneficiary of economic and cultural capital which is embedded in the society’s institutions and practices and is reproduced by these (Lechte 1994, Tzanakis 2011).

From a Marxist perspective, Brosio (2011) also refers to the outcomes of capitalist ideologies which lead to the creation of people who are super-exploited by being excluded from the prevailing competitive economic system. He identifies some people living in the US ghettos as being trapped in this category which is regarded as ‘superfluous/redundant useless’ (Brosio 2011), and asserts that they do not have the opportunity to learn how to resist a system that has no use for them. Similarly, Rutherford (2007) sees the penetration of market relations into the social fabric of individual lives, with its accompanying insecurities and impermanence, as producing social problems such as:
widespread mental ill-health, systemic loneliness, growing numbers of psychologically damaged children, eating disorders, obesity, alcoholism, drug addiction, compulsions to shop, spend and accumulate things (Rutherford 2007 p 21).

The causes of these social problems, seen here as the inevitable outcomes of neoliberal policies (Hall, Massey and Rustin 2013), will be traced down through the following literature to their effects on the families at the centre of this research.

**Neo-Liberalism and the Pursuit of Happiness**

A number of writers (Touraine 2009, Rutherford 2007) observe that the marketization of every area of economic, cultural and social life has led to the cult of the individual, where pursuing individual entrepreneurial goals has become destructive to social cohesion. Timimi (2012) points out that freedom as a central ideal in neo-liberal ideology leads from freedom of the markets on a macro level to a kind of narcissism on an individual micro level. He proposes that this narcissism arises from the need of the individual to be free from authority and any restraint on the pursuit of personal gratification, promoting a competitive social system with a dog-eat-dog mentality.

Paradoxically, as Ferguson (2007) points out, the push for greater individual freedom in the pursuit of economic success and pleasure seeking has not led to greater human happiness and well-being as might be expected. He interrogates the notion of human happiness and well-being, noting that in the last two decades a ‘happiness industry’ based on popular self-help literature has emerged. This has been accompanied by an increase in academic enquiry into what constitutes happiness and well-being. More significantly, he asserts, Governments are commissioning research on happiness and well-being to inform policy making in areas such as health and safety, and mental health. Ferguson (2007) questions the relationship between neo-liberal ideologies and the influence of writers in this area, such as Seligman (2002) an American psychologist, who in line with individualistic principles, emphasises the individual’s responsibility to acquire positive thinking, which removes the impetus to examine the flaws in the larger system that might be causing negativity.

Jensen (2011) discusses the ways in which the ‘common sensorium’, or the kind of emotions people feel and the way they are experienced are subtly dictated by the prevailing neoliberal ideology. In this ideological paradigm it pays to be cheerful and optimistic, he contends, as employers are valuing positive attitudes in employees above actual skills or experience. Freeden (2013) agrees that ideologies are intimately involved with emotionality stating that:
When managed from the top-down, ideologies can manipulate emotions by eliciting some and attempting to suppress others, and ideologues in power can reward the display of some emotions while penalizing others (Freeden 2013 p 3).

In the light of this, the nature of individual and universal well-being is currently the centre of the emerging ‘science of happiness’ described above (Helliwell, Layard and Sachs 2012). This science seeks to define and quantify what makes different cultures happy in order to influence policy changes in favour of greater happiness and positivity. In the promotion of positivity evidenced above, difficulties arising from circumstances of birth environment and luck take second place to the emphasis on personal motivation and individual success. In a ‘World Happiness Report’, (Helliwell, Layard and Sachs 2012), the authors point out that greater wealth does not mean greater happiness.

The concepts of ‘happiness’ and ‘well-being’ are not the same thing though they are often used synonymously (van Hoorn 2007). Two broad dimensions of subjective happiness are identified by Helliwell, Layard and Sachs (2012), ‘affective happiness’ which refers to everyday emotional variations, and ‘evaluative happiness’ which refers to overall life satisfaction. This distinction divides the concept between its emotional aspects and its cognitive aspects with the affective part guided by feelings, and the evaluative part guided by information-based appraisals of how life lives up to aspired ideals. Similarly, Bornstein, Davidson, Keyes and Moore (2003) discussing the related concept of well-being, define two main dimensions of well-being as objective well-being and subjective well-being. Objective well-being includes such factors as good health, financial security and social status, whilst subjective well-being is about personal assessment of the feelings of life satisfaction. Objective well-being can be assessed using quantitative research methods which provide statistics for comparing different social and economic groups. Subjective well-being, because of its intrapersonal nature, requires different types of measurement including quantitative and qualitative methods. Questioning individuals about what constitutes their subjective well-being is deemed to be a democratic way of ascertaining their happiness as it allows for individual differences to be expressed (Diener 2000), and is at the heart of happiness and well-being research. In addition, researching subjective well-being is seen as a way of capturing the monetary value of more intangible areas of economic and social policy choices:

Using objective and subjective measures of well-being are therefore seen to provide governments with an additional evidence-based area to inform national policy in every area. This is also in operation in the area of children’s rights and well-being, though
collecting subjective measurements from children and young people creates more challenges.

**Children’s Wellbeing**
The UN Convention on the Rights of the Child is the most widely ratified human rights treaty in history. In it the rights of children to a voice in matters that affect them and their right to an identity is explicitly recognised (Hanafin and Brooks 2005). Timimi (2012) points out that the wording of this treaty appears to reinforce an individualistic agenda, in keeping with neo-liberal values, by championing the rights of ‘the child’ rather than the rights of ‘children’. Researching children’s well-being however, is problematic in that though there are numerous objective measures of children’s well-being indicators (Gabos and Toth 2011), measuring subjective well-being in children, especially in younger age ranges, demands different ways of giving them a voice and requires further research.

In education children’s well-being is often associated with healthcare programmes lacking recognition that it permeates every aspect of school life. It has been suggested (Konu and Rimpela 2002 O’Brien 2008) that Allardt’s (1993) sociological theory of welfare would serve as a suitable model for viewing and assessing well-being in education as it encompasses the concept of well-being as an entity in the school setting (Konu and Rimpela 2016). Using Allardt’s model, the indicators of well-being are divided into four categories: *having*, which includes tangible school conditions, *loving* which is concerned with social relationships and school climate, *being* which emphasises the personal characteristics and opportunities for fulfilment of each individual child’s potentials, and *health status* which covers each individual child’s physical and psychological health. Using these four categories, indicators of well-being would be derived from both objective and subjective sources as discussed earlier. Using these four categories across both subjective and objective dimensions would give a more holistic view of children’s well-being which would also take into account the impact of their homes and the surrounding community.

Kickbusch (2011), on behalf of the Learning for Well-being Consortium of Foundations in Europe, stated that the well-being of children and youth is a key dimension of sustainable development, which requires recognition as a central element of European Policy Agenda. In her report she takes a bioecological systems approach, in line with
Bronfenbrenner, viewing children’s well-being as a dynamic process in which a child’s socioeconomic background, family circumstances and physical surroundings interact with their individual characteristics to contribute to the psychological resources needed to deal with the world around them. Kickbusch advocates a strengths-based approach which changes the focus from a concentration on negative factors and labelling, to emphasising individuals’ strengths and resiliency, whilst recognising factors in the interrelated systems that adversely affect their self-realisation. The central importance of the developing child’s relationships to other people and the environment are recognised, with primary importance assigned to the relationship to the self ‘from which self-esteem, self-confidence and self-expression stem’ (Kickbusch 2011 p 164).

Kickbusch advises that:

Learning for well-being requires a central emphasis on the unfolding of each person's unique potential, the vital energy and qualities that provide meaning, purpose and direction to an individual’s life. We believe that for this unfolding to happen, we need to understand our inner processes –our way of being in the world and how we learn and develop (inner diversity). We need to cultivate the ways in which we communicate and express ourselves -- how to create qualitative relationships with ourselves, with others, with the environment in which we find ourselves (relationships/communication) (Kickbusch 2011 p 154).

In the area of children’s rights, stress is also laid on the importance of finding ways in which children’s opinions on the subject of their own well-being are solicited, listened to and acted upon by policy makers. It also requires openness to the diversity not only of different children’s opinions and ways of expressing them, but also of the different kinds of voices used (Thomson 2008).

**Education and Schooling**

In the area of education Kickbusch’s (2011) report calls for ‘a move from standardised education to child-centred education’ (Kickbusch 2011 p 141), with the recognition of the interdependence of cognitive, emotional, social and environmental factors in learning itself. She advocates a revision of education systems towards more holistic, learner centred and connected learning environments, where fragmented knowledge and rote learning give way to the integration of different learning styles and learning experiences. Kickbusch (2011) flags recent advances in neuroscience which highlight the importance of the emotions in learning. Managing emotions is seen as a key skill to social functioning, but also to learning, where it governs the ability to focus, solve problems and transfer what is learnt to different situations.

The difficulty in moving away from standardised education towards more flexible models of education and schooling needs some consideration. The model of schooling that arose in late nineteenth and early twentieth century in response to industrialisation
and the beginning of state education on a mass scale (Novoa 2013) has remained largely unchanged. Models of school organisations arising from this era were bureaucratic and ‘industrial’ and likened to a conveyor belt system (Istance 2003). Tyack and Cuban (1995) suggest that the underlying rules of this model have remained relatively unchanged in governing the basic framework of schooling internationally. They identify these rules as defining ways the schools: divide space and time; classify and group students; shape knowledge to be taught through school subjects; and structure progress and accreditation (Tyack and Cuban 1995). Novoa (2013) argues that the ‘school model’ based on these organisational rules ‘became the only system which was either possible or imaginable to educate children’ (Novoa 2013 p140). He traces the influence of the adoption of this model by state education systems internationally, to the rise of statistics as a means of organising information. The growth in the use of statistics was founded on the belief that numerical systems provided scientific facts rather than more ephemeral descriptions of perceived outcomes, and were therefore a reliable foundation for legislation. In the case of state education systems, power and control requires information and in return this information becomes the instrument of power and control (Novoa 2013 p 141). Gathering statistics went hand in hand with comparisons of progress with other nations and at the beginning of the twentieth century was influential in establishing a ‘scientific’ pedagogy embedded in scientific reasoning and the idea of the responsible citizen (Novoa 2013 Lawn 2014). To instrumentalise this scientific approach there was a need to count and classify every area of education, with a central focus on every aspect of the child, leading to new areas of expertise defining what was normal or abnormal within a given range of attributes. In more recent decades globalisation explains the proliferation of educational research based on the ‘scientific’ methods described. Educational data is disseminated and compared through various international organisations such as International Association for Educational Achievement (IEA), the Organisation for Economic Co-operation and Development (OECD), and PISA. As Novoa points out:

It is not simply a matter of collecting and organising data; rather, it is a process that constructs educational realities as much describing them. ‘Governing by data’ is a sound metaphor to address how educational policies are being defined in Europe and around the world (Novoa 2013 p 144).

The danger in privileging such methods of data production, Novoa contends, arises when this approach fills the entire space of educational thinking, preventing consideration of any other approaches and methods. He sees a compression of space and time taking place when those with the power to determine meaning lose the importance
of context by importing policies based on statistics compiled in different countries and regions. In so doing the complex interplay of individual contextual affiliations and belongings are lost behind the immediacy of the data.

Istance (2001, 2003) envisages how changes in standardised schooling system might look by proposing a number of scenarios of school development following prevailing trends to possible outcomes. Scenarios 1a and 1b envisage existing schools maintaining the status quo, where bureaucratic systems prevail and there is resistance to change. In scenarios 2a and 2b re-schooling is envisaged, which would require major investments with high priority given to equity and equality. 2a sees schools as social care centres providing an effective way of providing social family and community cohesion. In this scenario the school would be the centre of the community where professionals would interact to provide learning with a diversity of other activities. Networking and co-operation would characterise the governance of such a system. 2b imagines schools as learning organisations structured around a knowledge agenda where computerised learning media would be extensively used. Networking would again be strongly linked to learning, with professional leadership and quality assessment procedures. Scenarios 3a and 3b imagine the dismantling of schools as institutions, replaced by learning networks based on inexpensive ICT. In such a scenario interest groups would be influential and systems of accreditation would be devised internationally. Education providers would become part of a market economy and education would become a consumer product needed for competitive advantage. Given that elements of all these scenarios are already happening, planning for future directions for equitable education provision is imperative.

**Mental Health and Well-being Promotion in Schools**

Weare and Nind (2011) identify a paradigm shift in the European context regarding the role of mental health and well-being in schools insofar as the emphasis has shifted away from a negative perspective on mental health, such as focusing on those with problems, towards an emphasis on promoting positive mental health in everyone, somewhat in keeping with the ‘science of happiness’ described above. Where originally mental health and was seen to be the responsibility of the home and the mental health services, it has now become central to educational goals, learning and behaviour (Weare and Nind 2010). Weare and Nind (2011) conducted a systematic review of universal and targeted mental health interventions in schools in USA, UK, Netherlands, Germany, Canada, Australia, New Zealand and Norway. Fifty-two studies met the evidence-based
inclusion criteria. The results of the study indicated that the majority of programmes had a small to moderate impact on mental health, with the largest impact on higher risk children. In discussing the issues raised, the authors felt that programmes containing both targeted and universal elements were most beneficial, with programmes of longer duration (at least nine months) being more effective. They stated that many types of intervention can be effective but their effectiveness cannot be relied on. Weare and Nind identify the different approaches taken in American interventions and Australian and European interventions that affect the ‘robustness’ of the evaluative data generated. American programmes tend to be top down manualised and prescriptive with strict adherence to programme delivery, whilst Australian and European approaches were characterised by a bottom up principles of ‘empowerment, autonomy and democracy, emphasising the need for end-user involvement and the lay voice (Weare and Nind 2011 p 166). Though this second approach is seen in more favourable terms by the authors, they recognise the difficulties of it producing ‘hard’ evaluative outcomes. Mental health programmes based on the prescriptive approach will therefore be more visible to education policy makers on the grounds that their evaluation data appears robust.

Systemic Tensions

The issue of education systems as instrumental in addressing societal inequalities has provided a wealth of literature, and is an enduring concern of EU policymakers, active in the promotion of human rights and the rights of the child (O’Brien 2008). However, the influence of neo-liberal ideologies on the education system exerts different pressures than those identified in the mental health and well-being literature discussed above. Education is viewed by economists as one of the key ways of getting European countries out of the current economic crisis, whilst simultaneously being seen as a key player in attempting to equalise opportunities for less privileged sectors of society. As Noddings (2003) points out

It is short sighted and even arrogant to suppose that all people can escape these problems through better education, particularly if that education favors those with specific academic talents or resources (Noddings 2003 p 85)

In a recent EC report entitled ‘Education and Training in a smart, sustainable and inclusive Europe’ (2012/C 70/05), EU countries were advised to maintain investment in lifelong learning systems and to take account of the rising levels of early school leaving and youth unemployment. The report places emphasis on preventative measures and call for a co-ordinated approach that would include the support of related youth agencies, parents and the local community in non-curricular and out of school activities. At the
same time emphasis was also laid on the increasing need for highly skilled technical workers, along with a concurrent drop in requirements for low skill workers and a call to promote closer links between education and the labour market. With mixed messages such as this it is difficult to ascertain which agenda is leading the argument though the bias appears to be heavily in favour of economic concerns.

The Organisation for Economic Co-operation and Development (OECD), which set up in 1961 initiated a Programme for International Student Assessment (PISA) in 2000 to provide member states with 'international comparisons of the performance of education systems' (OECD, 2001, p. 27) in key subject areas such as reading, mathematics, and scientific literacy skills. The OECD was to provide a platform for its members to compare economic policy issues in the pursuit of best practice (Eivers, 2010). PISA reflects the economic concerns of the OECD which regards education as essential to economic advancement, reflecting the neo-liberal agenda. Lynch (2012) suggests that the OECD is a thinly disguised means of promoting market instrumentalism in European education systems whilst posing as an independent source of expertise. Eivers (2010) agrees that political interest in cross cultural comparisons in education are based on economic rather than educational concerns and affect the kind of subjects that are deemed necessary to advance economic growth. This would explain the emphasis on reading maths and science as key subject areas with a consequent diminution of importance in the areas of social sciences, the arts and foreign languages. This trend threatens to negate the ‘holistic’ education agenda advocated by Kickbusch (2011) above.

Education itself has become a commodity with a market value and teachers’ roles have been subsumed to this agenda. Compliance with this position has been insidiously influenced by strategic negative stereotyping of teachers in the public domain. Teachers are not only on the defensive in the neoliberal war on schools, they are also increasingly pressured to assume a more instrumental and mercenary role. Such approaches leave them with no time to be creative, use their imagination, work with other teachers or develop classroom practices that are not wedded to teaching for the test and other demeaning empirical measures. (Giroux 2012).

Ball (2012) also identifies these tendencies with regard to the English education system noting that performativity has become the main requirement of educators replacing experience and personal integrity. As education becomes increasingly commodified, and educators are pressurised to perform in measurable ways, he asserts that there is a
concomitant loss of meaning at both personal and social levels as well as a loss of professional autonomy. Lynch (2012) agrees with this critique of the importation of neoliberal ideas into education systems and also refers on the centrality of performativity. She talks about ‘New Managerialism’ as a management strategy of neoliberalism in which market principles are established to institutionalise the governance of all public and private organisations. This has resulted in a system which directs that only what can be measured, counted and ranked is of value (Lynch 2012).

As Fisher (2011) points out:

The imperative to raise achievements, based on the individualism associated with middle-class experience………., has to be reconciled with a discourse that identifies emotional well-being as central to social inclusion (Fisher 2011 p 49).

Fisher’s contention is that terms such as well-being arise in a cultural politics that introduces and legitimises certain ways of behaving in the world. She discusses the problems that arise when teachers are expected to fulfil roles of both educator and therapist in trying to promote well-being. She identifies an anomaly in educational directives to promote active citizenship based on emotional health when there is a hidden curriculum of citizenship based on performativity which detracts from the well-being of those who are systematically disadvantaged in these performance stakes. Fisher prefers to move the emphasis from the importance of self-esteem for well-being, to the importance of misrecognition. She proposes that that recognition of an individual’s independent worth across different spheres of life is required for individuals to achieve a positive sense of self. This would include awareness that informal networks of recognition also confer feelings of well-being and empowerment. Fisher suggests that marginalised groups that are not recognised in prevailing definitions of success based on competitiveness and performativity, will have their own networks of recognition that need to be included in the dialogue around well-being. Failing to include alternatives to networks of recognition based on competitive achievement, leads to further instances of marginalisation. As Fisher points out in relation to the education system:

If working-class parents fail to subscribe to a pro-school culture of individualised achievement, they are excluding themselves from dominant understandings of good parenting (Fisher 2011 p55).

The issue of social class also has a strong bearing on the consideration of children’s well-being. Given the contested nature of social class stratification and boundaries, Bourdieu’s (2013) analysis of different forms of capital available to individuals born into different social groups, provides a nuanced framework for considering access to advantages in children’s well-being stakes. Bourdieu identifies both objective and
subjective classifications of social position which he regards as interacting and inseparable. He criticises a purely objectivist view of social class which relies on measuring and comparing tangibly held assets, as ignoring the symbolic subjective experience in which one perceives one’s own social position. Rather than classifying homogenous social classes, he proposes that each individual can be seen to possesses different amounts of economic, social and cultural capital. Though economic capital can be tangible and quantifiable, social and cultural capitals are symbolic in nature and are construed by the feelings, perceptions and mores of both individuals and the cultures they are embedded in. Social position is viewed as a complex interaction of recognition and misrecognition of power, status and values based on societal presuppositions, the origins of which have become invisible, and have therefore come to be seen as the ‘natural order’. In Bourdieu’s words, ‘With natural distinction, privilege contains its own justification.’ (Bourdieu 2013 p 300). In viewing social class through this theoretical lens, it is possible to identify the unequal access to achieving well-being for children born into families that possess low economic, cultural and social capital. Where inequalities come to be seen as the natural order, those holding the fewest chips in a culturally accepted gambling game will have the greatest difficulty in advancing in society.

**Emotions in Education**

Extending the discussion on systemic tensions to an interpersonal level, Hargreaves (2000) contends that emotions permeate every level of education, though educational policy and research pays little attention to them. He states that.

> By focusing only on cognitive standards themselves, and the rational processes to achieve them, we may, ironically, be reinforcing structures and professional expectations that undermine the very emotional understanding that is foundational to achieving and sustaining those standards (Hargreaves 2000 p 825).

Hargreaves (2000) adopts a social constructionist and contextualised stance in relation to emotions. In agreement with Siegel he views emotions not only as discrete activities happening within the individual, but as interpersonal and inter-contextual events.

The affective dimensions of care in education have come into focus in recent literature arising from feminist and egalitarian concerns. The emotional activity of caring has been recognised as ethically basic (Noddings 2012). Care is seen as a relational activity that fosters mutual recognition, protection, empowerment, human community, culture,
and possibility (Gordon Benner and Noddings 1996). Concentration on the rational and intellectual aspects of education marginalises the emotional, relational and care aspects that are integral to teaching and learning (Nussbaum 2001). Ideally, caring in adult relationships is characterised by one person caring for another and receiving care in return. The reciprocity in certain types of caring relationships, such as those between mothers and children or teachers and pupils, are unequal due to developmental and power differentials. Inherent in such unequal relationships is the moral imperative for the adult to care for needs of the developing child.

Hochschild (1983, 2013) explores the commodification of emotions in prevailing neoliberal economies, where due to the pressures of employment, caring roles such as caring for children or elderly relatives, are increasingly outsourced to commercial agencies. She points out that care workers in such agencies must learn to manage their emotions, often suppressing their actual feelings to maintain acceptable outward appearances. Managing emotions is also required in service industries where workers must comply with company directives to display the kinds of emotions needed to satisfy customers. Hochschild refers to this process as emotional labour which she defines as ‘the management of feeling to create a publicly observable facial and bodily display’ (Hochschild, 1983 p7). Hochschild states that ‘Emotional labor implies directionality, intention and effort; it is, in that sense, real work.’ (Hochschild 2013 p27). She points out the classed and gendered nature of such emotional labour, observing that women possessing low social capital, are still in the majority in low paid caring jobs, in a continuation of the traditional economic undervaluation of feminine caring roles.

The roles of emotions as they permeate human phenomena and experience, are central to this research. In the previous section consideration was given to the ways in which the emotional aspects of societal and educational inequalities are obscured by ‘rationality, measurability and performativity’ (O’Brien 2008 (iii) p 137) and given little attention (Sayer 2005 Reay 2005 Skeggs 2005 2014). Reay (ii) (2005) contends that the affective dimension of belonging to a social class or group has been individualised and is viewed by sociologists as a micro concern and relegated to the realm of psychotherapy. She uses examples of systemic organisational practices in education, such as continuous standards testing and ability streaming, to illustrate the ways in which detrimental emotional experiences of failure are fixed into the working classes. Sayer (2005) points out that emotions should not be opposed to reason, facts and value. Though emotions may not always be accurate, they are not just subjective or irrational,
but are perceptive and reasonable judgements about life situations. He points out that emotions such as pride, shame, envy, resentment and contempt are not just feelings, they also involve judgements about what is valuable and desired for an individual’s well-being and are forms of emotional reason (Sayer 2005 p 948). Sayer discusses the prominence of the emotion of shame in relation to social class inequalities. Shame in response to real or imagined contempt is an instrument for social control, in that one is shamed by not living up to society’s values. For shame to be activated however, an individual has to buy into the values that are held by the group. In class inequalities, access to valued ways of living and accruing respect as a result, are limited or absent. Sayer states that where shame arises from lack of resources rather than from direct actions, it exists as ‘largely unarticulated feeling existing below the threshold of awareness – one that is difficult ‘to get in touch with’ – yet still capable of blighting one’s life.’ (Sayer 2005 p 954). Shame can promote conformity to mainstream values, but can also generate resistance. If what is valued by the advantaged in society is shared by the less advantaged, such as a good education, then the impetus is to conform to the prevailing system in order to try and share in this. Reay (ii) (2005) draws on research in schools to illustrate how a culture of standard testing in schools provokes anxiety in most children, but especially so amongst working class children who are systemically less advantaged. Their assessment of their own failure to thrive in a competitive system is that they will be seen as nothing or as people of no value. Persistent failure is therefore likely to produce negative feelings of shame, disillusionment and disconnection from education.

Teaching has been identified as a profoundly emotional activity (Kinman Wray and Strange 2011) requiring the teacher to safeguard their own and their students’ emotional well-being, and requiring high levels of the emotional labour identified by Hochschild (1983). This form of emotional labour places great strain on teachers who are expected to remain calm in the face of stressful interactions and suppress any negative emotional responses to students. Teachers need recognition of this emotional aspect of their profession, with the provision of mutual support groups where they are supported to reflect on their practice and develop their knowledge, skills, attitudes and values (Kinman Wray and Strange 2011). Noddings (2012) describes caring relationships as grounded in the teacher’s ability to listen and respond to students’ expressed needs rather than just to assume their needs based on teaching requirements. She advises that receptive listening, which involves dialoguing and empathic involvement, should
become the basis for caring and trusting relationships. Noddings identifies the difficulties teachers have in responding to the expressed emotional needs of students when they also have to answer the demands of the curriculum. Balancing emotional involvement and teaching requirements can be a difficult task and Hargreaves warns against a pull towards sentimentality which reduces equity for more marginalised pupil by lowering expectations of their capacities by a ‘warm yet, “welfarist” culture’ (Hargreaves 2000 p 813). He states that

When the purposes of care are balanced with those of group management and instructional effectiveness, and when care is construed in social and moral terms as well as interpersonal ones, its contribution to quality in education can be exceptionally valuable (Hargreaves 1994 p 147)

The literature on the effects of neo-liberalism on teacher’s emotions, morale and relationships with each other and with students, suggests that maintaining positive interpersonal interactions is difficult where the emphasis is on performativity and achieving measurable results (Gleeson and O’Donnabhain 2009, Lynch 2012, Moonie Simmie 2013). Darmody (2007) argues that the quality of pupil teacher interactions has a profound influence on school climate and where interactions are negative, they affect absenteeism and drop-out rates (Darmody 2007 p 329).

Research shows that children need to experience a positive caring relationship with teachers that is characterised by high levels of warmth and trust and low levels of negativity (Noddings 2012 Baker Grant and Morlock 2008). Caring relationships with teachers foster children’s sense of belonging to the school community and the quality of such relationships:

predicted behavioral and academic indicators of school success during the formative elementary school-aged period, and seems comparably important for younger and older students at primary school level (Baker 2006)

In the early years of schooling where children experience one class teacher for a whole school year, relationships with teachers may reflect aspects of attachment relationships, the quality of which can influence children’s feelings of attachment to the schooling process (Cooper 2008 Baker 2006). Additionally, teachers provide an important source of emotional security that allows children to actively engage in the trial-and-error approach to tasks necessary for school learning (Baker Grant and Morlock 2008). The transition from primary to secondary schooling has been identified as a difficult emotional process for many children as they move from the structure and security of one teacher classes, to the diversity of the secondary school where they must establish new relationships with peers and subject teachers (Lester and Cross 2015). During this
period, relationships with teachers should be characterised by the provision of positive feedback and encouragement, active listening, belief in students’ abilities, and caring interactive teaching styles (Lester and Cross ibid). Research in the area of emotional and behavioural difficulties shows that children and young people who display their emotional needs by acting out in the classroom, are particularly in need of positive relationships with teachers throughout both primary and secondary schooling (Baker Grant and Morlock 2008 Cooper 2008 Baker 2006 Isenbarger and Zembylas 2006). There is a high proportion of children with emotional and behavioural difficulties coming from marginalised communities (Frazer and Devlin 2010 Barnardos 2009 Bynner 1998). Understandably, this group is considered by teachers to be the most challenging to teach and the least rewarding to the teacher (Hargreaves 2000 Scanlon and Barnes-Holmes 2013). This often results in poor teacher pupil relationships with more negative interaction patterns leading to low academic and social achievement (Sutherland Lewis-Palmer Stichter and Morgan 2008). Hargreaves’ (2000) research investigated teachers’ emotional responses to students at both primary and secondary level where he identified emotional geographies created by schools’ cultural and organisational expectations. He found that at primary level there was a greater intensity of emotional involvement by teachers, engendered by the time and involvement they had with children on a daily basis. Teachers identified as ‘creative’ at primary level formed close emotional bonds with children which allowed them to hold together the ‘cognitive scaffolding’ (Hargreaves 2000 p 817). The affection and regard of pupils formed teachers’ rewards for working in this way. Conversely, pupils who could not positively reciprocate the emotional efforts put in by the teacher were a cause of anger and frustration. This research indicated that due to the power differential between primary teachers and younger children, teachers’ anger towards non-compliant children was expressed by more teachers than at secondary level. At secondary level due to the organisation structures of secondary school and curricula demands, teachers were seen to be more emotionally aloof. Less contact with students meant that secondary teachers did not develop the same intensity of emotional involvement. Students emotions that were perceived to be outside the norm were experienced as threatening to the work that had to be done, and so had to be managed or responded to.

The language of some educational research in the area of behavioural problems in the classroom, is itself problematic, as it eschews the affective domain in favour of cognitive, behavioural and psychological terms that decontextualize the emotional
difficulties of children in schools, framing the problem in technical terms of behaviour management and teacher stress reduction training (Scanlon and Barnes-Holmes 2013).

Summary of Part 1
The first section of this chapter has been concerned with delineating the ideological context from which European economic and social concerns arise and how these affect policy and impact on children’s education and well-being. This has entailed defining what is meant by neoliberalism by drawing on current literature. This literature reveals that there is a tension between the ideals and practices of neoliberalism and the aspiration towards social inclusion, holistic education and the promotion of well-being in children and young people. The literature also shows that it serves the neoliberal agenda to encourage individualistic emotional attitudes such as positivity, happiness and self-promotion above emotions, such as empathy, respect and care that are essential for equality and social cohesion. The literature on emotions in education illuminated the need for an ethics of care in which teachers are supported to enter into caring relationships with the children and young people they teach in order to meet their emotional as well as their education needs. It was argued that this was particularly salient for children from areas of low economic social and cultural capital with emotional and behavioural difficulties who may require extra emotional labour on the part of the teacher to maintain positive relationships. The influence of neoliberalism is wide reaching and influential on educational policies and exerts pressure on schools as well as the professional and emotional lives of teachers and children. In the sections that follow the wider influences described above are explained in the Irish context and then traced further through relevant literature, to the immediate context of the research.
Part 2.

Exosystem – The Irish Context

Historical Influences

The unique history of Ireland with the emergence of the Irish state in the early 20th century has influenced the way in which global ideologies, such as neoliberalism, have impacted on Irish economic and social policies. In the 20th century when Europe was moving inexorably towards more right wing capitalist globalisation, Ireland was struggling to modernise and realign its own position as an independent republic. Philbin Bowman (2010) states that in this period Ireland moved from a lack of contested political ideologies to embracing just one ideology, which was the dominant global ideology characterised as neoliberal capitalism. Power O’Flynn Courtois and Kennedy (2013) point out that in the Irish context the particular policies and doctrines advanced are much less significant than the end goal, which is, always and everywhere, about facilitating capital accumulation, and preserving accumulated wealth thereafter (Power et al 2013 p 4).

In the decades following the emergence of the Free State, government attitudes to education were characterised by disinterest, low investment and a lack of planning. The education system was dedicated to preserving the existing social structure, with secondary schools and universities charging fees restricting entry to the comfortably off (Lee 1989). Succeeding governments took little initiative in relation to developing the provision of universal secondary education beyond giving financial aid to schools that were set up mainly by religious orders (O’Connor 2014). Moran contends that in the late eighties the partnership of church and state was replaced by the partnership of the state and the Social Partners. Governmental policy sharing with the Social Partners in effect neutralised their oppositional power and legitimised a new institutional approach (Moran 2012).

Following the recent economic crisis, Moran (2009) states that the social partnership, as we have known it, has ended and the government, which prioritises economic concerns, has now turned to external sources for its legitimisation. He proposes that previously government policy was based on the discourse with Social Partnership but now that language has been replaced by the language of external pressure, where instead of meeting the demands of social partnership on the state’s terms, it must now meet the more stringent demands of a plethora of international institutions on their terms (Moran 2009).

Historical factors, plus the education policies that since the 1960s have been directed towards instrumental and economic concerns, reveal a conflicting relationship with the
more altruistic aims of the education system as a protector of human rights which will be looked at below.

**Educational Policies**

The Investment in Education Paper (IIE) of 1965 has been described as ‘one of the foundation documents of modern Irish education’ (Coolahan 1981 p 165). Galvin (2009) asserts that this paper was based on the work of the OECD, as were a number of influential education policies in the intervening years. The paper which was based on wide ranging research of the existing education system (Hyland 2014) was seen as marking a turning point between the first half century of Irish independence, and the following 20\(^{th}\) century. During the first half of the twentieth century the education system had been characterised by a lack of vision and investment in education and an inward looking insularity. Following IIE there was a movement towards:

> a growing appreciation of Ireland’s interdependence and vulnerability in a world that was being transformed through the continual advancement of knowledge (O’Connor 2014 p 193).

Two main themes that arose from the IIE paper and that remain current in subsequent and current educational policy making are the ‘production of human capital and the promotion of social inclusion’ (Gleeson 2010 p 38). Issues concerned with the inequalities in the system that were raised in IIE led, at the end of the 1960s, to the provision of free secondary education for all, the provision of school buses and the raising of the school leaving age to 15. However, the oil crisis of the 1970s, and the economic difficulties of the eighties curtailed the movement towards greater educational equality envisaged in the 1965 report (Gleeson 2010). By the 1990s it was noted that there had been an attitudinal change from support for egalitarianism towards more instrumentalist and utilitarian thinking (Coolahan 1990 in Gleeson 2010). O’Connor (2014) states that though there was an increase in investment in education in the latter part of the twentieth and early twenty first centuries, there were no real changes in the system itself. This meant that extra programmes were added on to the existing system incrementally without an examination of the system’s underlying ideologies and this approach was also taken when it came to addressing educational disadvantage.

Lynch’s (2012) critique of the permeation of the Irish education system by the neoliberal agenda, points out how new expectations of productivity subvert concerns for the person in favour of what they produce. She terms this a culture of carelessness:

> that is highly gendered and antithetical to caring inside and outside school life; it is already well advanced in higher education in Ireland (Lynch 2012 p 99).
The gendered and classed nature of the Irish education system contributes to the problems of social inequality and the marginalisation of certain groups.

The aspect of relationships and cultures of care is also stressed in the Well-being and Post Primary Schooling Report (O’Brien (ii) 2008). Drawing on Noddings (2003) the report identifies the western bias towards an intellectualist, academic emphasis in education which perpetuates a divide between rational and emotional aspects of human understanding. In the report stress is laid on the importance of maintaining caring respectful relationships with young people in schools and emphasising their personal value so that a balance can be struck between the academic and caring aspects, allowing a holistic education to be maintained. Similarly, maintaining respectful and inclusive relationships and a culture of care are also at the heart of the Teaching Council’s Code of Professional Conduct (2012 p 6). It is stated in the code that the ethical model underpinning the code is based on respect; trust; care and integrity, values that cannot be realised without engaging the affective and relational aspects between teachers and learners. Therefore, teachers themselves are stressing the central importance of the affective realm in education.

Lynch (2006) agrees that under the influence of neoliberalism there was a disregard for the role of emotions in relationships and learning that are at the core of a culture of care, and essential to the definition of personal identity. In the same paper she identifies the neoliberal purposes of the education system as being defined along purely economic lines, requiring it to produce economic actors to participate in the labour market, by cultivating attitudes which encouraged people to be ‘highly individualised, self-regarding and consuming’ (Lynch 2006, P 3). It appears that the concerns for equality and social inclusion which arose from the Investment in Education paper of 1965 have been largely overtaken by concerns for human capital to fuel economic advancement.

**Equality Issues**

EU policies have been influential in Ireland in matters related to tackling poverty and social exclusion, and promoting the rights of the child. The two areas of social exclusion and children’s well-being have been closely linked (Frazer and Devlin 2011). Traditional political approaches to tackling poverty and social exclusion in the Irish context have led to the drawing up of the *National Action Plan for Social Inclusion* (2007–16). Officially, poverty and social exclusion are not regarded as the result of individuals failing, but instead are seen as arising from dynamic processes of the prevailing political and social system, that marginalise some people by excluding them.
from participation in normal political economic and social life (Frazer and Devlin 2011). Apart from low income, the definition of poverty here includes, unemployment, low levels of education, poor health and access to healthcare and difficulty in participating in the community (Borooah, Dineen and Lynch 2011).

The traditional approach taken to the concept of equality, Gilligan (1995) argues, is based in a patriarchal order. Within this tradition political theory has tended to attribute a public, autonomous and self-sufficient persona to human beings, with no mention of the need for relationships with others (Lynch 2010 Kittay 1999). Treating equality as a matter of justice, has been based on the rights of the individual to equal access to income, wealth, status and power (Lynch 2012). Solutions to inequality, in this paradigm, have been framed in terms of redistribution, recognition and power relations (Lynch 2010). Kittay (1999) points out that:

> Our dreams of equality are shaped by the norms and values of the society in which we live – values and norms fashioned in large measure by those in power (Kittay 1999 p 18)

Feminists discourse identifies the locus of power in masculine interests and definitions which privilege individualism, autonomy, reason and objectivity above the perceived feminine concerns about interdependency, love and care (Gilligan 1982 Kittay 1999 Lynch 2010).

A different sociological framework for considering equality issues is proposed that includes economic, cultural and political axes, but which also brings these back into relationship with the affective realm (Lynch 2010 Lynch and Lodge 2002 Gilligan 1982). Recognising the interdependency of individuals and their need for love, care and solidarity should permeate discourses in the political, economic and cultural spheres and illuminate areas where inequalities in care are apparent. As Lynch points out ‘Structural injustices exacerbate affective deprivations’ (Lynch 2010 p 10). The inclusion of affective considerations highlights the complexity of interrelationships in the formation of societal inequalities.

International research shows that there is a pervasive inter-generational aspect to poverty and social exclusion (Bynner 1998 TARKI 2010). Moran (2009) points out that a significant sentence in the first National Anti-Poverty Strategy (1997) stated that in order to address poverty in Ireland there was a need to change deep seated structural inequalities that create and perpetuate it. In his analysis this need has not been addressed by successive governments unwilling to make this fundamental change, with the result that inequalities continue. From a British perspective, Skeggs (2014) traces historical
gendered and classed legacies, where the emergence of ‘the economy’ as central in society was based in the masculine domain, characterised by rationality and public importance, while the emotional, the irrational, and the private were relegated to the feminine domain. The owning of property, both physically and symbolically, defined the notion of a valuable person, who also owned themselves, forming an inexorable link with individuality. Skeggs proposes ways in which the economy was divorced from the affective realm. Reviewing the slave trade, Skeggs traces the positioning of slaves as commercial objects, devoid of affects, with primitive and irrational natures. She suggests that these characterisations were also attributed to the working classes. Those without property, or the masses, could be positioned as primitive and irrational and lacking the internal resources that were inherent in the propertied classes and which justified their superior position. The ‘proper’ person could not be defined without identifying what constituted the ‘improper’ person. Therefore, making the improper symbolically recognisable is essential to maintaining what is valued by mainstream society and is a continuous process, exemplified by the circulation of images of improper individuals and communities characterised by ‘degradation, contagion, danger and primitivism’ (Skeggs 2014 p 10).

Frazer and Devlin (2011) carried out extensive research into Ireland’s approach to combating poverty and social exclusion particularly in the area of children. Though they recognised the commitment to combating poverty, evident in the setting up of various government departments and agencies with this remit, they state that

…. the Irish approach is dominated by a ‘silo’ mentality in which the main government departments and agencies concentrate on doing their own thing (Frazer and Devlin 2011 p 122).

They suggest that the lack of co-ordination in tackling poverty and social exclusion by government departments is reflected at local levels where delivery of services is ‘piecemeal and chaotic’. Frazer and Devlin, in the report of their research for the Combat Poverty Agency, also point out that current economic structures might increase the wealth of the country as a whole, whilst also increasing levels of poverty and social exclusion. The impact of poverty and social exclusion on the well-being of children and young people will be looked at below.

**Education and Social Exclusion**

The concept of inequality in education is often poorly defined and concentrated on economic inequalities (Lynch and Lodge 2002). Mooney Simmie (2013) points out that in the current climate, there is little time for concerns about social justice and the needs
of the socially excluded. Social exclusion is a concept that encapsulates the “multiple socio-economic difficulties encountered by disadvantaged young people” (MacDonald and Marsh 2005). There is general agreement that areas of social exclusion are identified by the prevailing problems of:

- poor acquisition of basic skills; early leaving from education without qualifications; early labour market entry problems; including jobs without training, casual work and unemployment, teenage pregnancy; trouble with the police; drug and alcohol abuse; criminal convictions; poor physical and, especially, mental health; lack of engagement with the social and political functions of citizenship (Bynner 1998 p 1).

Schools are ‘major players in the determination of patterns of inequalities in society’ (Lynch and Lodge 2002 p 5). Children from socially excluded groups are generally termed ‘educationally disadvantaged’ in Irish governmental papers. The use of the term, defined in the Education Act (1998) as ‘the impediments to education arising from social or economic disadvantage which prevents students from deriving appropriate benefit from education in schools.’ has been seen as problematic. Spring (2007) critiques the word ‘disadvantage’ as the prefix ‘dis’ placed before a word negates its positive value. Spring suggests that because of this deficit labelling, which promotes a distancing of such groups from mainstream society, teachers’ expectations of achievement in DEIS schools are lowered. Spring calls for a shift from focussing on disadvantage towards an equality based system with rights for all citizens to equal outcomes from the education system. Similarly, Torey (2010) points out that educational disadvantage is a contested concept and discusses the ways in which the term ‘educational disadvantage’ is used politically, as if there was an assumed consensus of its meaning. He suggests there is a phoney consensus on the meaning of the term educational disadvantage at government level, resulting in political approaches to tackling the problem that are based on out-put led measurements and targets arising from a conservative political perspective.

Current Irish government policies regarding children’s services espouse a “whole child” approach with a need for integrated service design and delivery within the whole system (OMC 2007). They advise that this requires SMART (specific, measurable, attainable relevant and time-based) planning and should be needs led and outcomes focused. Tormey (2010) criticises this approach, stating that the targets set for the education system preserved the interests of the middle classes. This is achieved by directing attention away from systemic inequalities and instead towards disadvantaged people themselves. Resources are then given to this labelled group in a way that doesn’t change
the current system or reduce the capacity of middle class parents to pass on their power and advantages to their children (Tormey 2010).

Frawley (2014) states that research has shown that educational disadvantage is both a result of and a cause of social and economic deprivation. Where issues of addressing social exclusion by promoting equality of education are concerned, Lynch and Lodge (2002) note that in international writing about equality, individuals are assumed to be equally free and autonomous. Approaches to the problem are therefore mostly seen from a redistributive perspective where solutions are framed in terms of supplying more material resources and extra services (Lynch and Baker 2005). Though other equality perspectives, such as the need for cultural recognition of diverse minorities, and the recognition of power differentials have entered the debate, the affective domains, which Lynch and Lodge see as an emerging perspective, still receive little recognition in educational solutions to inequality (Lynch and Lodge 2002 p 11). They point out a disregard of the affective domain of life, in teaching and learning, where a necessary emotional investment is required from both the teacher and the learner. Not only this, but the subject matter of education assumes a rational rather than an emotional learner which consistently disadvantages those individuals whose rationality has been undermined by poor attachment, lack of care, love or the impact of traumatic events.

In the report for the Centre for Early Childhood Development and Education (Hanlon and Hayes 2006) it is stated that

Similarly, research suggests that the causes of educational disadvantage are multiple and that any framework which attempts to assess the causes must adopt a multidimensional approach (Hanlon and Hayes 2006 P 100).

Arising from the incremental approach in providing extra programmes rather than restructuring the entire system (O’Connor 2014), the government plan Delivering Equality of Opportunity in Schools (DEIS) is an example of a solution arising mainly from the redistributive perspective. It is specifically aimed at tackling inequalities in education using eight programmes including schemes such as early start, home school liaison officers, and the school completion programme. O’Connor points out the difficulties in co-ordinating such a multitude of schemes and states that ‘these supplementary supports can never compensate for the extremely poor learning outcomes that arise where disadvantage and deprivation cluster in specific schools’ (O’Connor ibid p 203).
The DEIS scheme, has been criticised as being a piecemeal approach (Labour Youth 2010) which fails to address one of the central problems in the area of disadvantage. The DEIS document concentrates on structural and behavioural solutions and makes little mention of underlying mental health issues arising from the emotional impact of living in a socially excluded area (Fleming and Gallagher 2002, Bynner 1998). It has also been criticised as being a targeted rather than a systemic response to educational disadvantage, mostly benefiting the least disadvantaged within this group, whilst also distracting attention from the flaws in the system itself (Power, O’Flynn, Courtois & Kennedy 2013). Criticisms of this educational response have also been levelled by Hanafin and Lynch (2002) who see the majority of DEIS initiatives as directed at parents or individuals rather than directed at questioning the structure of the educational system itself.

More nuanced equality discourses in educational research include the dimension of emotional capital (Zembylas 2007, 2014 Reay 2004, 2005 (i)), implicit in Bourdieu’s framework of economic, social and cultural capitals. Yarrow (2015) suggests that the term emotional capital encompasses the view that emotions are not just something felt or performed, but are embodied as a form of capital that benefits those providing emotional care as well as those that receive it. From a feminist perspective Reay states that:

> Working-class women were often caught up in a spiral in which low levels of dominant cultural capital, economic capital and social capital all made it relatively difficult to provide their children with the benefits of emotional capital. (Reay 2004 p 65).

Research into the aspect of parental involvement in children’s education and what is perceived to be parental care based on this, explores a source of educational inequality based on middle class expectations and norms in education (Reay 2004 2005 (i) O’Brien (iii) 2008 Hanafin and Lynch 2002). Sayer (2005) points out that in a meritocratic education system where there is a commonly held belief that the individual is responsible for their success, ‘the shaming of those who fail is a structurally generated effect’ (Sayer 2005 p 959). He includes not only the structural inequalities but the inequalities of access to the social bases of respect and self-respect that working class and marginalised parents experience within an unequal education system. Within this system, parents are referred to as a homogenous body which fails to recognise the ‘gendered, racialized and classed’ (Reay (i) 2005 p 6) nature of this issue. In the Irish context, O’Brien (2007) points out that the concept of parental involvement implies that parents rather than the state, are held individually responsible for their children’s
participation and progress in the school. O’Brien (2007) notes that what is also overlooked in such an over rationalistic approach is the love and care aspects of parental involvement. The gendered nature of parental involvement is also obscured as research shows that proportionately, mothers are much more involved with their children’s schooling and at a more emotional level than fathers (O’Brien iii) 2008 Gillies 2005 Reay 2004). Research into the effects of differing emotional capital in mothers on their children’s schooling, reflected the influences of gender and class previously noted. Women across classes were seen to invest huge emotional effort in supporting their children’s schooling, often with detrimental personal costs. The efforts of women with lower levels of economic social and cultural capital, which had depleted their emotional resources, often went unrecognised, or was misrecognised as a lack of concern for their children’s education (O’Brien iii) 2008 Hanafin and Lynch 2002).

Hanafin and Lynch researched the views of marginalised parents in relation to their children’s education. Results showed that the views of more marginalised parents were not being heard and assumptions were being made about their lack of interest in their children’s education. Similarly, the results of a study on teachers’ emotional perspectives on parental involvement indicated that teachers welcomed positive support from parents in the form of fundraising and acceptance of teacher initiatives. Though teachers at primary level had a closer relationship with parents, secondary teachers tended to keep relationships with parents on a more formal and structured basis. Teachers at both levels expressed difficulty with hearing any criticism from parents, which they felt undermined them professionally, and also had very negative views of parents who did not support their children’s attendance, behaviour and homework (Hargreaves and Lasky 2004). Lynch and Lodge (2002) researched the culture of schools and their internal relationships from an equality perspective and identified interacting systems of power relations and organisational systems within schools that contributed to the marginalisation of certain groups.

**School Culture**

Industrialisation at the start of the 20th century influenced the formation of education systems that were characterised by bureaucratic and industrial models of operation (Istance and Kobayashi 2003). Schools as organisations have evolved within the organisational structures of national education systems which in turn are influenced by the cultures of a particular country (Alexander 2009 Dussel 2013). The terms school culture, climate, ethos, atmosphere, are used to describe the ephemeral nature of the
feeling tone that permeates everyday interactions and processes in schools. These terms have often been used interchangeably and without clarity of definition (Prosser 1999). School cultures have been described as reflecting the underlying values and beliefs of individual schools organisation as manifested in the systems, traditions, norms, ideologies and practices present (MacNeil Prater and Busch 2009). Prosser (1999) suggests that school culture ‘is an unseen and unobservable force behind school activities, a unifying theme that provides meaning, direction and mobilisation for school members. It has both concrete representations in the form of artefacts and behavioural norms and sustained implicit jargon, metaphors and rites’ (Prosser 1999 p 14) School culture has been regarded as a holistic concept with the belief that it permeates the whole school and affects everyone equally. Alternatively, it has been viewed as a multiplicity of complex interactions between individuals, groups and sub-groups which in turn interact with the larger external culture (Prosser 1999 Dussel 2013). Dussel identifies the holistic homogenising view of school culture as a functionalist approach in which it seems possible to prescribe actions for cultural change (Fullan 2006). In contrast, she suggests, the approach taken by historians and anthropologists recognises the multiplicity and creativity of daily life and includes ‘spaces, actors, knowledge norms and behaviors’ (Dussel 2004 p 180).

Looking at these differing approaches in the Irish context Daly (2008) discussed the incongruities of a consensual and mono-cultural approach to Irish school culture which he regarded as influencing policy borrowing from international educational sources. This practice, he argued, ran the danger of failing to recognise the poly-cultural and contested nature of conceptualising school culture in differing national contexts. Daly identified examples of a naïve reformism that required Irish schools to formulate their school ethos as if this was an easily agreed on proposition (Education Act 1998). He pointed out the incongruities between school ethos formulation and actual school practices, and identified a ‘rhetoric reality disparity’ (Daly 2008). Daly recommended that instead, a critically pragmatic perspective was needed, rooted in Irish-based qualitative research findings in relation to school cultural studies. He proposed that regarding the school as a complex system taking an ecological systems approach would help understanding in this area (Daly 2008 p 25).
School Culture and Well-being

A simple description of school culture is ‘the way we get things done around here’ (Hopkins 2001 p 155) and yet this does not sum up the complexities of the multiplicity of unconscious influences and interactions that are also operating. The different organisational structures of schools dictates to a certain extent the parameters of individual school cultures (O’Brien (ii) 2008). Schools themselves have micro-cultures that differ from each other as they add to and interpret wider cultural norms.

In the Irish context, the importance of inclusive school cultures in promoting children’s well-being and maximising individual potential is well recognised (Lynch and Lodge 2002 Darmody 2007 O’Brien(ii) 2008 DES 2013).

Research has shown positive school climate is associated with improved academic achievement and performance, adaptive psychosocial adjustment, satisfaction with school, sense of belonging, academic value and self-concept, motivation to learn, decreased behavioural problems and overall positive health and wellbeing (Lester and Cross 2015 p 2).

Well-being literature includes recommendations for positive school cultures across five different domains: order and safety; discipline; academic outcomes; social relationships; school facilities; and school connectedness (Lester and Cross 2015). Positive school climates should support children and staff to feel socially, emotionally and physically safe (Cohen McCabe Michelle and Pickeral 2009). Fostering a climate of safety would imply the absence of violence and threats of violence, absence of intimidation and bullying, and a safe, fair and consistent discipline system that protected students and staff from the possibility of such negative factors (Thapa Cohen Guffey and Higgins-D’Alessandro 2013). Practices such as ability streaming detrimentally affect school climates and students’ well-being and contribute to a culture of low expectations and negative teacher pupil relationships (Byrne and Smyth 2010 Dunne and Gazeley 2008). A positive school climate promotes cooperative learning, group cohesion, respect, and mutual trust (Thapa et al 2013).

School Culture and Emotions

One of the factors contributing to an inclusive school climate is the quality of relationships within the school which are permeated at every level by emotional content. This applies to relationships at every level including staff relationships with each other, their relationships with children and with parents. Furthermore, positive student teacher relationships are central to engagement and learning (Byrne and Smyth 2010). Teacher’s relationship with their pupils should ideally be based on humanistic principles.
such as care, respect, patience, listening, compassion and unconditional regard (Lyons et al 2007). Positive interactions are characterised by ‘respect, trust, care, consideration and support for others’ (DES 2013 p 70). Darmody (2007) argues that the quality of pupil teacher interactions has a profound influence on school climate and where interactions are negative, they affect absenteeism and drop-out rates (Byrne and Smyth 2010 Darmody 2007). Zembylas (2007) explores how emotional capital is constructed within classrooms and schools in ways that produce emotional norms, or the institutionalised acceptability of proscribed ways of emotional relating. Emotional norms define the parameters of acceptable and non-acceptable emotions in the classroom and reflect power relations and discipline practices that affect teacher pupil relationships. Within such ‘affective economies’, Zembylas (2007) proposes, emotional resources between teachers and students confer different levels of emotional capital that can be converted to social and cultural capital such as stronger relationships and attachment to the school community. Studies show that classroom practices were most influential on resilience enhancement, in contrast to school or national-level practices (Cooper and Jacobs 2011). Research shows a strong correlation between teachers’ emotional communication styles and student engagement and feelings of positivity towards school and the learning process (Titsworth Quinlan and Mazer 2010 Mazer McKenna-Buchanan Quilan and Titsworth 2014). This research includes the non-verbal as well as the verbal communication processes between teachers and students that elicit positive emotional climates. Positive non-verbal communications are built through teacher immediacy, where the teacher makes eye-contact, moves amongst the students and uses vocal variety, which are all signs of emotional engagement. When coupled with listening to and conveying support and understanding of students’ needs, as well as clarity in instructional processes, students have a greater sense of well-being in class. (Mazer McKenna-Buchanan Quilan and Titsworth 2014).

**School Culture, Care and Social Class**

There is agreement that the social context from which the school draws its intake has an effect on the school climate (Power O’Flynn, Courtois and Kennedy 2013 Byrne and Smyth 2010 Smyth 1999). Research has shown that teacher pupil interaction and teachers’ expectations of their pupils are different in relation to pupils’ social class (Dunne and Gazeley 2008 Smyth 1999), with socially disadvantaged pupils experiencing less positive interactions with their teachers (Darmody 2007). Research by Dunne and Gazeley (2008) found that teachers held lower educational and occupational
aspirations for working-class pupils, which contributed to different attainment levels between middle and working class pupils. In addition, teachers also tended to attribute the causes of underachievement in working class pupils to their home backgrounds. Early school leavers, predominantly from low socio-economic backgrounds, reported their negative interactions with teachers. They felt they were not listened to, did not receive support and help and were negatively labelled, leading them to feel rejected by the school (Byrne and Smyth 2010). Similarly, parents from low socioeconomic backgrounds reported difficulties in interactions with schools and teachers, reporting feelings of anxiety and intimidation when visiting class teachers. They felt unwelcome at school and did not feel consulted on decision making which affected them and their children personally and financially (Hanafin and Lynch 2002). Research points to the roles that positive school cultures can play in contributing to protective factors in the lives of children from socially excluded areas (Cooper and Jacobs 2011 p 43). Cooper (2008) suggests that children from socially disadvantaged backgrounds are more emotionally vulnerable and have the least satisfactory experiences in schools. In regard to school climate he stated that:

School regimes that were characterised by a mechanistic and impersonal approach to pupil management were associated with pupil disaffection, whereas regimes that pupils and staff experienced as being underpinned by values of respect and care for all persons were associated with positive challenges to disaffection and lower levels of exclusion (Cooper 2008 p 15).

Cooper points out that this vulnerable group require more caring school environments and climates to keep them attached and engaged in the schooling process. He advocates the use of nurture groups (Bennathan and Boxall 1998, Cooper and Ticnaz 2007) catering for small groups of children with emotional and behavioural difficulties (EBDs) in a caring supportive environment. It is claimed that Nurture Groups can provide valuable support, but their use has been criticised on the grounds that such singling out of marginalised children to modify them, in order to re-insert them into a system they have rejected, can be seen as a subtle form of oppression. Such action denies the responsibility of examining how the general classroom climate is not conducive to their inclusion and how the educational system as a whole influences the marginalisation process in the first place (Kaplan 2008).

**Emotional and Behavioural Difficulties in Children**

There is a well-established link between socio-economic disadvantage and emotional and behavioural difficulties (Barnardos 2009). Some of the extensive literature on Emotional and Behavioural difficulties (EBDs) or Social Emotional and Behavioural
Difficulties (SEBDs) will be briefly reviewed in this section. Evidence of the high levels of SEBDs can be seen in the research related to the high incidence of, non-attendance, exclusions and early school leaving, in areas designated as disadvantaged (Humphreys, McCafferty and Higgins 2011, Fleming and Gallagher 2002, Bynner 1998). Research shows that children from socially excluded areas do not thrive in the education system and are seen as educationally disadvantaged from the outset of their educational careers (Frazer and Devlin 2011 Barnardos 2009). In a recent report commissioned by National Council for Special Education (Cooper and Jacobs 2011) it was noted that a wide range of terminology is used to describe emotional and behavioural difficulties in schools internationally. Emotional and behavioural difficulties have been likened (David 2010) to other forms of special needs, in education, in that they cause interference with the learning process of the individual who experiences them, and have a knock-on effect on the learning of the class as a whole (Cooper 1999 David 2010). EBDs are manifest in both ‘acting out and acting in behaviours’, (Cooper and Jacobs 2011 p 9), though it is acting out behaviours that cause most concern to the schools (Bennathan and Boxall 1998, Lyons, Higgins, O’Connor, Howe, Bourke, and McD Sweeney 2007). While both types of behaviour may be forms of coping strategy based on unmet needs (Lyons et al 2007 Youell 1999), most of the focus is concentrated on acting out behaviours which teachers see a need to control in order to be able to teach a class (Lyons et al 2007). Since the 1960s a behavioural approach has risen and still dominates thinking in relation to emotional and behavioural difficulties. The behavioural solution is to train the individual to behave acceptably, using sanctions and rewards (Cooper and Jacobs 2011).

Programmed interventions to address EBDs in schools are characterised by a three tier approach. The three tiers identified are:

Level 1: whole-school positive behaviour support
Level 2: targeted intervention behaviour support
Level 3: intensive, individualised behaviour support (Cooper and Jacobs p 17).

One piloted Level 1 whole-school programme that has been introduced into Ireland is the Incredible Years (IY) Programme, a Parent, Teacher and Child Training Series, developed, over the last 30 years, by Professor Carolyn Webster-Stratton of the University of Washington, (US). This programme was designed to prevent and treat emotional and behavioural difficulties (EBD) in children aged 0-12 years (Archways 2011). The Incredible Years programme has been evaluated in an American context.
with positive results. A three-year study was undertaken by NUI Maynooth which was commissioned by Archway, an organisation that oversees the delivery of IY programmes in Ireland, to evaluate the Incredible Years programme in the Irish context. A further evaluation of the IY programme was carried out in a sample of schools in Limerick and therefore is significant to this study and will be discussed in the microsystem section. In the Maynooth evaluation of the IY Teacher Classroom Management programme positive results showed that following the training, teachers reported improved classroom management with more focus on positive reinforcement and higher levels of warmth and encouragement leading to a more settled classroom climate with less behavioural difficulties. There were also beneficial effects on “teacher-reported child behavioural difficulties; that is, children in the intervention group exhibited fewer behavioural problems and showed better emotional adjustment at follow-up than their peers in the control group” (McGilloway et al 2010 p 21).

The behavioural approach is also reflected in the tendency for educational psychology to split cognition and learning from emotional considerations (Pugh, 2010). Based on this approach, interventions in the school system tend to be along cognitive behavioural lines using checklists to ascertain behavioural methods and evaluation techniques. In contrast to the developmental affective neuroscience, and the psychodynamic approach, which see external behaviours as arising from inner emotional turmoil related to early attachment, the behavioural approach assumes that unacceptable behaviour is caused by failing to learn appropriate behaviour. For example, Pellegrini (2010) identifies a number of frameworks that psychologists in the UK draw on in their work in educational settings, and notes that psychodynamic theories appear to be missing from these. He hypothesises that in dealing with the messiness of real life situations it might be easier to operate from cognitive-behavioural evidence-based approaches that reduce the need for messier emotional responses to be taken into account. Ecclestone and Hayes (2009) argue that the therapeutic turn in education is ‘dangerous’, as it opens up the individual’s emotional world to assessment by the state. In addition, they believe it infantilises learners, reduces intellectual rigour and fuels an industry of therapeutic support workers. The aim to promote life skills such as persistence, resilience, assertiveness and happiness viewed in this light is seen as a form of social engineering, programming future citizens to be happy with their lot.

In the NCSE report (2011) Cooper and Jacobs trace the evolution of policies and systems employed to address emotional and behavioural difficulties, and the problems
in aligning definitions, causes and solutions across the various disciplines involved. In Ireland the Department of Education and Skills (DES) include the following categories under the umbrella of Special Educational Needs: emotional disturbance and/or behavioural problems and severe emotional disturbance and/or behaviour problems. The number of applications to the Department for Special Needs Assistants (SNAs) for children under the category of ‘behaviour is such that they are a danger to themselves or other students’ (DES 2011ii pp 58-60) would suggest that there is cause for concern in this area. Apart from the stigmatising aspect of this label, the SNA report commissioned by the DES (2011) raised concerns about the assumption of the schools that the provision of SNA support would substitute for the limited availability of therapeutic support (DES 2011ii p.60). Recommendations in this report note that special needs assistants should not be used by schools to control children with EBDs.

The National Educational Psychology Service (NEPS) has a role in assisting schools to identify and help children with emotional and behavioural needs. NEPS operates a three stage approach where different levels of need are assessed in conjunction with the class teacher. These stages are identified as:

Stage 1. Classroom support; the teacher identifies children with a level of need that can be supported by extra attention in the class room.

Stage 2. School support; classroom support above is extended and supplemented by the school through the use of extra resource teaching.

Stage 3 School support plus; when the first two stages are not sufficient the school, with parental consent, seeks external assessment by a relevant professional such as an educational or clinical psychologist.

This three stage intervention system in the area of mental health and well-being is based on the belief that assessment is essential when devising educational programmes for individual children (Banks Shevlin and McCoy 2012). Teachers themselves make initial assessments based on their perceptions of deviations from the norms of general classroom learning and behaviour. The three stage system of identification of needs is regarded as an improvement on the former practice of seeking enough evidence of deficit in the child to warrant allocation of resources (Banks et al 2012).

However, at stage three referral for more severe cases of emotional or behavioural disturbance are passed on to external agencies such as CAMHS under the jurisdiction of the HSE (DEIS 2005 p.42). Schools are able to access further resources for children
with emotional and behavioural difficulties if the child has been assessed by a psychologist or a psychiatrist as having a recognised psychiatric or behavioural syndrome. This has been termed ‘an entirely within-student biomedical definition’ (Cooper and Jacobs 2011 p 15) in that it locates the problem in the child and not in the system that surrounds it. It should be noted that Attention Deficit Hyperactive Disorder (ADHD) accounts for 33% of presenting cases in this category (CAMHS 2009-2010). Timimi (2012) critiques this approach which he sees arising from neo-liberal agendas that divert attention from the system that creates the difficulties to individual children whose behaviours are pathologised and attributed to biological factors. He points out that in a narcissistic and consumerist culture with increasing surveillance of parents, children’s behaviour becomes another source of anxiety. This serves the neo-liberal agenda on a number of levels, the most insidious being what he terms the ‘McDonaldisation’ of children’s mental health, where providing medical diagnoses for children’s out of control behaviour removes the responsibility from adult caretakers for spending time and effort on children’s socialisation. Instead the problem becomes a medical one to be treated with drugs, a ‘quick fix’ approach which also reflects consumerist values and bolsters drug company revenues.

NEPS has a pivotal role in assisting schools in the area of special needs assessment, including the area of emotional and behavioural difficulties. In a survey of head teachers’ experience of NEPS, carried out in a sample of DEIS schools in 2005 (Ryan, and Downes, 2007), 73% of the responses indicated that the focus of the NEPS psychologists was on learning difficulties rather than on emotional and behavioural ones. Similarly, government policies, influenced by OECD international school achievement tables (Eivers 2010), see the problem of emotional and behavioural difficulties as it affects falling literacy and numeracy levels, most apparent in disadvantaged areas, and seeks to address it by increasing the time spent on maths and literacy skills in schools (DES 2011i). This again reflects the emphasis on splitting reason and emotion by making the assumption that more teaching equals more learning, when the evidence shows that emotional difficulties interfere with the attention and concentration needed for acquiring such skills. Also, the concentration on achieving set standards, that can be quantified and rated, deflects attention from the structural difficulties that maintain a system that privileges those most able to negotiate it.

Similarly, Tomlinson (2012) notes the rise of the Special Educational Needs industry which grew on the back of modern capitalist nations’ needs for a hugely expanded
education and training to service the new knowledge based economy. Tomlinson points out that the notion of education and training for all requires a vast army of SEN professional to address the increasing amount of young people who cannot compete in a system where higher standards are constantly being called for. In this atmosphere she accuses the UK government of ‘punitive ambivalence’ in their approach to ‘the education of working class, lower attainers and disabled students’ whose chances of succeeding in the global knowledge economy, despite SEN interventions, are extremely low (Tomlinson 2012 p 279).

Another aspect of this is that with the rise of SEN agencies and professional, there has been a proliferation of labels applied to children whose learning and behaviour has not fallen in line with mainstream educational requirements. Tomlinson notes that parents from both working and middle class background are looking for diagnoses of ADHD, autism, ODD, dyslexia and other recently discovered syndromes which medicalise children’s failure in the system, and attract extra help and resources. In this way she proposes that SEN provision may have been driven by civil rights and equality agendas, but may also have been driven by parents’ needs and professional vested interests (Tomlinson 2012 p 279). Tomlinson also advocates that concentrating on individual deficiency is a way of deflecting attention from the deficiencies of the system.

In Ireland, the current policy of medicalising severe emotional and behavioural problems and regarding them as a psychiatric matter, neatly removes the problem from the education system to the realm of mental health, and makes it the responsibility of the Child and Adolescent Mental Health Service (CAMHS). The official approach to EBDs and the responsibility for addressing them therefore, falls between the health service and the schools. In a service report published by CAMHS (2011-12), only 9% of referrals came from the education sector. Throughout the report, attention is drawn to shortfall in resources which is measured against the recommendations of the Vision for Change document on mental health (Government of Ireland 2006). This has led to waiting lists for treatment so that 20% of referrals to the service in 2011-2012 had to wait longer than 6 months to be seen.

**Children’s Well-being in the Irish Context**

Moving from a concentration on the negative aspects of emotional and behavioural difficulties to the more positive aspects of defining what constitutes well-being for children in the Irish context, has also produced a growing body of literature. This has influenced the production of a number of recent government research papers aimed at
reflecting an emphasis on a ‘strengths based’ approach (OMC 2007, Hanafin and Brooks 2005) which aims to identify positive well-being indicators. Well-being has been described as a ‘slippery concept’ (O’Brien (ii) 2008, p 58) with many theoretical and conceptual influences that deserve on-going consideration and reflection. The definition of well-being favoured by the National Children’s Office is as follows:

healthy and successful individual functioning (involving physiological, psychological and behavioural levels of organization), positive social relationships (with family members, peers, adult caregivers, and community and societal institutions, for instance, school and faith and civic organizations), and social ecology that provide safety (e.g. freedom from interpersonal violence, war and crime), human and civil rights, social justice and participation in civil society (Andrews et al 2002 in Hanafin and Brooks 2005).

In the comprehensive Well-being and Post Primary Schooling Report (2008) funded by the Health Service Executive and National Educational Psychology Service, the authors trace the philosophical arguments that support the concept of well-being comprising of more than just feeling happy in the present moment, which is what subjective measures of well-being are concerned with. They contend that well-being has more to do with individuals flourishing over a period of time which involves not only having basic material requirements, but is also to do with leading a good life, so that notions of quality and ethics are also included. The authors also note that as well as problems with well-being research methods, measurements of well-being may not be accurate for everybody in every context and therefore it is impossible to establish universal tenets of well-being. They propose that the means of achieving basic levels of well-being should be approached from an equality perspective, which takes into account the different contexts in society where inequalities are generated (O’Brien (ii) 2008 p 58). These contexts are identified as:

- the economic-inequalities of distribution
- the cultural-inequalities of recognition
- the political-inequalities of power
- the affective-inequalities of love, care and solidarity
- most recently: the context of working and learning.

O’Brien points out that the recognition of caring and loving relations are fundamental to well-being.

The concept of resilience is seen as integral to well-being and is defined as the capacity of the individual to overcome the damaging effects of adversity which are affected by the interplay of risk and protective factors in the internal, familial, environmental and societal systems of the child (Hanafin and Brooks 2005 p 17). In the Hanafin and
Brooks Report (2005) commissioned by the National Children’s Office, a table is given (p18 table 1) of the risk factors and protective factors mentioned in the definition in all the interrelated contexts of the child. What is evident in the table is the preponderance of risk factors that correlate with the prevailing problems in areas of social exclusion mentioned above. Given the weight of risk factors in areas of social exclusion, emphasising coping styles and children’s personal resilience levels runs the risk of shifting the focus from faults in the system that create marginalisation, to placing the emphasis on the individual’s resources. In effect, enhancing individual children’s resilience to enable them to put up with intolerable circumstances.

Low levels of resilience in the face of environmental social and familial stress have been strongly linked to poor mental health. As health is understood as physical, mental and social well-being, and is considered a human right (Kickbusch 2011 p148), the aspect of children’s mental health has entered into the well-being and education literature and will be explored below. Emotional well-being in children has been defined as referring to ‘children’s feelings and actions and includes their growing ability to adapt to change, to cope with stress and demonstrate self-control’ all of which will be affected by the nature and quality of the children’s early attachments and also by the temperament of the individual child (CECDE 2006 p14).

**Mental Health and Well-being Interventions in Schools**

Recent literature in the area of mental health and well-being promotion in Ireland follows European trends in that school is seen as the main area of contact with young people and therefore the appropriate place to deliver programmes and interventions (O’Brien (ii) 2008, Spotlight 2012). O’Brien looks at the level to which these interventions have been evaluated and can therefore be termed evidence-based. Studies given the highest status are those “using the most rigorous and exacting criteria” (Weare and Nind 2011), referring to studies such as random controlled trials with large sample size, control groups and follow ups over periods of time. Downes (2007) points out problems with this approach, particularly in the area of social disadvantage. Where outcomes are based on behavioural indicators he sees a danger of overlooking the emotional state of at-risk children. There is a dominant tendency to overlook emotional issues on the grounds that they are too subjective to be deemed as valid areas of consideration. In this climate, focusing on behavioural indicators of whether an intervention works may overlook emotional background factors which are negating the
work. Downes advocates a systemic, rather than a behavioural approach, that would lead to the intervention being assessed in terms of its relevance to the needs of the target group, rather than to more concretely specified aims that may have less relevance.

Three approaches to interventions in schools to address mental health issues have been identified, these are:

- Universal Programmes – aim to improve the mental health of the whole population of children
- Targeted Programmes – aim to improve the mental health of children at risk of mental health problems
- Indicated Programmes – aimed at children who are already manifesting signs of mental health problems (Spotlight 2012 p 7)

The current view is that interventions targeting individuals are most effective when they are part of a larger whole school systemic or universal approach (Cooper and Jacobs 2011 Weare and Nind 2011 Grogan Holland and O’Dea 2015). This view is also put forward in the literature on well-being and promoting mental health in schools produced by the Oireachtas Library and Research Service (Spotlight 2012). In this literature examples are given of 3 piloted universal programmes in the Irish context none of which have been extended county-wide. No examples were given in this literature of Targeted or Indicated Programmes in the Irish context, and no further mention was made of Targeted and Indicated approaches in the document after the quote above located on page 7.

Weare and Nind (2011) cite three studies that contradict the view that the universal approach is the most effective, one by Shucksmith et al (2007) who found whole school approaches to be expensive in relation to their modest rewards in terms of results, and two studies by Wilson and Lipsey (2007) and Durlak et al (2010) that did not find any significant effects using, multi-component interventions in comparison to individualised interventions (in Weare and Nind 2011). A recent evaluation of the SEAL (Social and Emotional Aspects of Learning) programme – a whole school secondary programme in the UK, to promote social and emotional skills, positive behaviour and enhanced well-being - found no significant impact in these areas (Humphrey Lendrum and Wigelsworth 2010). Another consideration is that of the varieties of relevant interventions available in programme form, many have been developed and tested in the American context. While these intervention programmes may be evidence-based, their
success is often contingent on the levels of training and expertise of those that deliver them (Cooper and Jacobs 2011).

An example of a universal approach to promoting positive mental health in secondary schools is explored by O’Brien (ii) (2008) and is based on the Australian Gatehouse Project. This project concentrates on the important aspect of school culture and is based in cross discipline theory including psychology, sociology and school effectiveness. O’Brien describes how the project’s aims are based on the work of Bowlby on attachment, claiming that good interpersonal attachment and relationships are essential to mental health and well-being (O’Brien (ii) 2008 3.13.2). Based on this, schools should be places where mental health is promoted through positive attachment relationships with teachers and staff, which are also essential to learning and a sense of involvement and belonging. In order to achieve their aim, the project uses a multidisciplinary team which includes personnel with educational, psychological, public health, welfare and psychiatric input. The steps taken to achieve the overall strategy include three aspects: establishing a positive school climate, the setting up of a school based health team, and the implementation of effective strategies.

Targeted programmes are directed at small groups for more intensive help. In general, this means identifying children or young people with emotional/behavioural problems and removing them to a different room or to smaller learning groups. The aim is usually to give more intensive educational attention in a more caring environment as in Nurture Groups (Cooper and Jacobs 2011). An example of this kind of targeted programme in the Irish context in secondary schools is the Behaviour Support Classroom scheme under the auspices of the National Behaviour Support Service which was set up in 2006 by the Department of Education and Science. Schools that apply for this scheme are funded to equip a classroom with two members of staff where small groups of students who are perceived as having behavioural difficulties are given more intensive attention for a short period of time. The intention of this targeted interventions is to remove students with behavioural problems for part of the school day and for limited periods of time to improve their behaviour enough for them to return to mainstream classes (Henefer 2010). A quantitative and qualitative evaluation of the first two years of the programme concluded that it had helped students and that: ‘Behaviour Support Classrooms are very much centres of “rigorous learning”’ (Henefer 2010 p 82).

Indicated Programmes target students with specific challenges on an individual basis, Cooper and Jacobs (2011) identify the use of external agencies to help support the
school in managing more severe emotional and behavioural difficulties. They give an illustrative review of a number of small scale Indicated programmes, which are multi-agency in nature but which do not include working with children on a one-to-one basis. In their summary they point out that they have endeavoured to prioritise programmes that have attracted the most research, and programmes that have empirical evidence of their generalizability. As a result, their report does not include any review of one-to-one psychotherapeutic interventions that would be comparable to the Blue Box intervention.

**The influence of Trauma**

Privileging research on emotional and behavioural difficulties from a behavioural perspective, on the ground of its empirical superiority, limits consideration of the broader contributory factors that might be harder to capture. Similarly, focusing on measurable aspects of visible behaviour and academic performance in schools runs the risk of overlooking other factors that may be affecting a child’s ability to participate in the school system. The assumption that behaviour is caused by bad learning, and that more teaching leads to more learning may not be the case in relation to children from socially excluded areas, where the effects of environmental and family trauma interfere. Trauma has been defined as an exposure to a situation in which a person is confronted with an event that involves actual or threatened death or serious injury, or a threat to self or others’ physical well-being (American Psychiatric Association, 2000). Examples of traumatic events include physical or sexual assault, natural disasters, domestic violence, school or work related violence and childhood sexual abuse. Trauma effects the capacity of the child to learn as Steele illustrates,

If a child/student who has been traumatized remains in an aroused state of fear and finds it difficult to process verbal information it then becomes difficult to follow directions, to recall what was heard, to make sense out of what is being said. Focusing, attending, retaining and recalling verbal information becomes very difficult. These are primary learning functions that can be altered during or immediately following traumatic exposure and for some continue unrecognized for long periods (Steele 2002 p 2).

Steele (2002) believes that school systems need to provide trauma specific interventions to help minimise the effects of trauma on learning and behaviour. Research into the effects of trauma on cognitive development and learning indicate that unless the state of arousal caused by traumatic events is discharged in sensory and somatic ways and made sense of, then the arousal state can lead to cognitive and behavioural dysfunction (Steele 2002). Talking about childhood trauma Sunderland (2009), states that

When children and young people suffer from relational poverty, it can result in underdeveloped brain systems badly affecting capacity for attention, learning, concentration, creativity, empathy and kindness (Sunderland 2009).
Literature on the study of trauma has been deeply influenced by the neurobiological advances in attachment studies which will be reviewed in the final section below. Early relational trauma causing severe attachment disorders have a profound effect on the hippocampus that is visible on fMRI scans (de Zuleta and Richman 2011 National Scientific Council on the Developing Child 2010) This is supported by research into the effects on children of witnessing family violence using fMRI brain scanning. This revealed that when children were shown images of angry faces, the bilateral AI brain areas and the amygdala lit up in a similar way to those of soldiers who had been exposed to combat. The researchers suggested that hyper-vigilance to threats of violence had three main effects on children:

i) inability to focus attention on acquiring age appropriate social and cognitive skills

ii) a vulnerability to later stressors, increasing anxiety levels

iii) a predisposition towards reactive aggression

(McCrory De Brito Sebastian Mechelli Bird Kelly and Viding 2011)

The effects of trauma can be inter-generational and research has shown that infants born to mothers who were traumatized in pregnancy have lower levels of cortisol than normal (De Zulueta 2010 quoting Yehuda 1997, 2002). The role of cortisol, which is released during stressful situations is to contain biological responses such as fight flight or freeze. If cortisol did not stop these reactions, there would be long-term damage to the body. However, if cortisol levels are high in early childhood through relational stress or abuse, research shows that to minimise bodily damage there is a blunting effect that takes place in cortisol release, so that in later childhood cortisol levels become abnormally low (Ruttle, Shirthcliff, Serbin, Fisher, Stack and Schwartzman 2011). This blunted response to stress mean that the child may not respond to normal stressors and as a result show less concern for their safety and for behavioural sanctions. van der Kolk also supports an intergenerational view and states that traumatic events such as

family and social violence, rapes and assaults, disasters, wars, accidents and predatory violence” affect people in such a way that” may temporarily or permanently alter their capacity to cope, their perception of biological threat, and their self-concepts (van der Kolk 2003, p168).

He cites research that links traumatised individuals not only with impaired psychological functioning but also with a far higher risk of developing alcoholism, depression, drug abuse and attempting suicide, (p168) than in the non-traumatised population. Siegel (2003), states that traumatic events block the communication between left and right brain functions causing incoherence. Coming from a dynamic
systems perspective, he argues that trauma blocks the inherent movement of the individual towards complexity and self-regulation.

Taking this research into consideration, it seems evident that there is need for much deeper interventions for children and young people’s emotional difficulties than the current levels of behavioural interventions offer. As Downes and Gilligan (2007) state:

> it is important to recognise the need for a further level of therapeutic intervention for children and youth experiencing a range of deep rooted emotional problems (Downes and Gilligan 2007 p 481).

They argue that the Irish education system simply does not have enough counselling psychologists to attend to the needs of vulnerable children and adolescents, especially at key stages in their development and advocate the need for multi-disciplinary teams, working either inside or outside schools, to cater for the emotional needs of this vulnerable group. Cooper and Jacobs (2011) highlight the tensions that exist between a “within child” approach and a social/biological approach and suggest that a bio-psycho-social model would be more fitting in that it takes into account all the external inter-related systems that affect the child whilst including inherited biological and intra-psychic elements.

**Vicarious Trauma**

In addition to the literature on the direct effects of trauma there is also burgeoning literature on the concept of vicarious trauma that may be experienced by professionals that work with traumatised individuals. Vicarious trauma, or Secondary Traumatic Stress, may develop in caring professionals such as social workers, counsellors, care workers and teachers arising from their empathic involvement with traumatised clients (Trippany White Kress and Wilcoxon 2004). This implies that by working with people who have experienced trauma and in trying to help them, professionals take on part of their client’s emotional trauma for themselves (NSPCC 2013). A study by Van Bergeijk and Sarmiento (2006) looked at teachers’ susceptibility to STS in an impoverished neighbourhood of San Ysidro California with a history of violence. Their research indicated that three quarters of the teachers interviewed showed signs of STS. The signs that were uncovered in the research included:

(a) intrusive or recurring images, suspiciousness, and hypervigilance;

(b) cognitive symptoms including a sense of powerlessness, avoidance of others, sense of isolation, sense of failure, doubt of own instincts;

(c) emotional symptoms of hyperarousal such as stress, anxiety, uncertainty, frustration, anger, guilt, and crying; and
Other physical symptoms such as sleeplessness, depression, headaches, neck and backaches, fatigue, and ulcers (Van Bergeijk and Sarmiento 2006 p 87).

Some of the effects of vicarious traumatisation have been identified as loss of self-esteem, loss of self-confidence, emotional numbing and cynicism (VanDeusen and Way 2006). Vicarious trauma brought on by listening to traumatic stories, especially in relation to children, can cause distortions in the world views of empathic carers. These may include seeing the world as an unsafe and unpredictable place and seeing the motives of others as untrustworthy (Knight 2013). In a study of teachers working with traumatised children in an urban setting in America, Hill (2011) noted that teachers talked about their intense feelings of powerlessness, frustration and isolation when working in a school with a large population of traumatised children. A small proportion of the teachers interviewed described ways in which they protected themselves from the overwhelming effects of listening to the traumas that children had suffered. They did this by distancing themselves from their pupils by not asking about their home lives and instead just concentrating on dealing with their behaviour. Other teachers who did remain empathically involved with their students wondered how long they could keep up their work due to its stressful nature. Some teachers experienced somatic and sleep disturbances and were frequently sick. The teachers in this study also discussed their difficulties in balancing academic expectations of traumatised students with empathic understanding. Teachers saw the need for flexibility with this student group in terms of pacing learning to suit their needs, and noted the detrimental influence of standardised tests. They felt the balance of addressing both educational and emotional needs took a toll on them professionally.

In the related area of teacher burnout, this syndrome is seen to have three distinct symptoms: exhaustion, cynicism and professional inadequacy (Pietarinen Pyhalto Soino and Salmela-Aro 2013). Exhaustion is characterised by, lack of emotional energy and feeling strained and tired at work. Cynicism on the other hand manifests as indifference and also as a disaffected or acerbic attitude towards students, parents or colleagues, as well as a lack of involvement in the organisation. Feelings of professional inadequacy, are related to not feeling competent, in their relationships with colleagues and students. It appears from the research given that emotional exhaustion precedes cynicism and is caused by feeling that one does not have enough resources to answer the demands of the job.
Summary of Part 2.

This section of the literature review has traced the tensions between economic and equality agendas that affect educational policies from the wider macrosystem to the Irish context. This has entailed identifying historical influences on the Irish education system arising from a colonial past where the quality of education and access to it was governed by social class and religion. Responses to addressing the inequalities in the current education system, which are a legacy of this history, were considered, with a widespread recognition that the system itself is in need of change. The classed and gendered nature of educational inequalities was considered with attention drawn to rationalistic and performative influences that militated against care concerns and inclusion. Concern was expressed that the emotional dimensions of education received little attention from policy makers. The multidimensional nature of school cultures was discussed, emphasising the importance of respectful caring relationships as central to inclusion. There was a review of literature on how emotional and behavioural difficulties are viewed in schools which included interventions to address this issue. This entailed looking at the related areas of mental health and well-being and which have become more recent educational concerns. Finally, the area of trauma which impacts on emotional development and learning was discussed and included the related area of vicarious trauma applied to teachers in the school setting.
Part 3.

Microsystem - The Particular Context of the Research

Social Exclusion in Limerick

Limerick city has above average levels of material inequality with a significant percentage of the population experiencing social exclusion.

Based on the Index of Relative Affluence / Deprivation 2006, over 50 per cent of the city’s EDs are classified as “disadvantaged” to “extremely disadvantaged” with over 18 per cent in the worst category of “extremely disadvantaged” compared with only one per cent in the latter category at national level (Humphreys, McCafferty and Higgins 2011).

In 2007 Fitzgerald published his report outlining the seriousness and extent of the problem of crime and social exclusion in Limerick, recommending the setting up of the North side and Southside Regeneration Agencies, ‘to drive economic and infrastructural development in the defined areas, and to direct and co-ordinate intensive action to deal with social and educational disadvantage’ (Limerick Regeneration Plan 2008).

Regeneration areas score between 9 and 10 on a deprivation scale which ranges between 1 and 10 (Hourigan 2011, p.61). This extreme level of disadvantage had come about due to a number of historic factors including the moving of impoverished inner city populations to isolated and badly planned housing estates, with little or no infrastructural support, coupled with the decline of various industries that had provided jobs adjacent to these areas (Limerick Regeneration Plan 2008, Hourigan 2011). The resulting social problems which are seen to be extensive (Limerick Regeneration Plan 2008, Hourigan 2011) include the debilitating effects on the education and development of children from these areas. The rates of early school leaving range from 42-55.4% in two of the worst affected areas, compared to the national average of 17.9% for the total population (Limerick Health Promotion HSE 2008, Hourigan 2011).

When damaging effects of internal, familial, environmental and societal systems are at a particularly high level, the child is said to be “at-risk”. The picture of life for some parts of regeneration areas in Limerick (Fitzgerald 2007, Limerick Regeneration 2008, Hourigan 2011) displays a high level of damaging effects in the lives of children, placing many of them in the at-risk category. A health impact assessment survey related to early school-leaving absenteeism and truancy, carried out by the Limerick Health Promotion Unit HSE in 2008, identified all the interrelated physical and mental health implications, both inherent in and caused by perceptions of belonging to a socially excluded section of society. The traumatic impact of intergenerational breakdown could
be seen in the high incidence of disabilities, serious cancers, young mothers, low birth weights, incidents of self-harm and drug and alcohol misuse (Limerick Health Promotion 2008). Hourigan (2011 p117) highlights the effects of trauma and post-traumatic stress on children from some areas of Limerick where violence and a culture of fear are constant. She writes about the visit by Stuart Shanker to affected housing estates and remarks on his response and his impressions, ‘he argued that some of the children he met there were as traumatised as those he encountered on the Gaza strip’ (Hourigan 2011 p.117).

Hourigan explores ‘regimes of fear’ created by a culture of violence and proposes that in the most marginalised areas of estates in Limerick, marginalised young men can only achieve status through being ‘hard men’ employing violence and threats to control their neighbourhoods. Her research showed that this behaviour was not confined to the male population but extended to women and girls so that showing toughness and strength earned status and was a protection against being victimised. Hourigan contrasts this phenomenon in Limerick with the American context where street gangs run socially excluded areas. She identifies similarities in the ‘code of the street’ but notes that in Limerick it is certain families that form powerful networks of fear whereas in the gang culture in America individuals rise to power within the gang. Hourigan links the regimes of fear in marginalised areas of Limerick to globalisation by exploring the economic power of the ‘hard men’ which is based on criminality centred on the international trade in drugs and guns. It is in the interests of those maintaining power in this way that people living in neighbourhoods where criminal activity is taking place should be terrorised and made to feel powerless to change their situations (Hourigan 2011).

In the research report ‘How are Our Kids’ (2011), Humphreys, McCafferty and Higgins also note the higher incidence of trauma experienced by children from regeneration areas. They discuss the impact of traumatic events on these children as being part of the complex influences on the high proportion of emotional and behavioural problems evident in children from regeneration areas. They link the mental health of parents to emotional and behavioural difficulties in children along with other social and environmental factors including experiencing traumatic events. This extensive research used the Strengths and Difficulties Questionnaire (SDQ) as one way of assessing the level of emotional and behavioural difficulties amongst the children involved in the survey. Their analysis of findings in this area when compared with the number in the
sample with diagnosed difficulties suggested, ‘that many children with behavioural
difficulties have not been diagnosed with such problems and that they are not being
“picked up” by the system in primary care and/or education’ (Humphreys, McCafferty
and Higgins 2011 p 84).

Interventions to address the negative effects of environmental issues that impact on the
well-being of children from regeneration areas in Limerick, are numerous and mainly
focus on providing diversionary activities such as sports and after school clubs. In the
school system the Incredible Years programme was introduced to address the
behavioural problems of children from some of the Regeneration areas in Limerick. An
evaluation of its effectiveness was carried out showing some positive results which
were derived from both quantitative and qualitative research techniques. The stated aims
of the programme were behavioural in that children’s behaviour and poor parenting
were targeted along with teacher’s classroom management skills. Training was provided
in all these areas as part of the overall programme. Underlying emotional issues that
might be driving these behaviours were not overtly considered. This might explain some
of the results of the Strengths and Difficulties Questionnaire (SDQ), an instrument used
to assess changes in children’s behaviour before and after the programme. While the
results showed there were significant statistical increases in the teacher-rated Total
Difficulty Scale and the Hyperactivity Subscale, no differences were shown in the
Emotional Symptoms or the Conduct Problems Subscales. Similarly, the only parent-
rated Subscale that showed up as statistically significant was the Peer Problems
Subscale. The researchers point out limitations in the study that may account for these
results, but given that the focus was on making children more manageable in the
classroom and the difficulty assessing emotional issues, perhaps these findings are not
surprising (O’Connor and Mahony 2010).

Many educational and behavioural problems are identified in relation to this vulnerable
group. Limerick Health Promotion Unit (2008) makes recommendations for
improvements including recommending that the context in which education for this
group is delivered, should be more nurturing with the emphasis on counselling,
therapeutic and emotional support (Limerick Health Promotion Unit 2008, p.60). This
view is also taken by Kelleher and O’Connor (2011) investigating the marginalisation
of men in regeneration areas. They state that almost all of the young men from these
areas interviewed hated school, with many lacking reading and writing skills. They
found the transition from primary to secondary school difficult, ‘it was clear that these
young men needed a more nurturing and supportive environment, which would help them to learn’ (Kelleher and O’Connor 2011, p.171).

The Limerick Health Impact Assessment reinforced the proposition that in the perception of the sample approached, the education system was dominated by prevailing middle-class culture, resulting in their feelings of being discriminated against. The survey also supported the view that, ‘a highly competitive and individualistic education system cannot embrace the nurturing and caring elements that are required by some’ (Limerick Health Promotion Unit HSE 2008 p 47).

In the following section of the literature review the focus moves from the external landscape to the internal landscape of a developing child and how the effects of marginalisation and trauma can impact their development.
Part 4.

Core - Intrapersonal and Interpersonal Development

Emotions

The role of emotions as it permeates human phenomena and experience, is central to this research. What follows is a brief overview of some of the literature pertaining to the term emotions as it is used throughout this thesis, which is applied to the field of children’s development of an integrated sense of self. In previous sections emotions in society and groups has been considered. The focus of this chapter is to review the literature on the inner aspects of emotional development and how this important area needs to be brought into relationship with the external influences on children’s flourishing and well-being. There are many definitions of emotion which span physiological, biological, cognitive, behavioural, psychological and motivational aspects of the concept (Bornstein Davidson Keyes and Moore 2003). Definitions of emotions differ from culture to culture and different cultures use different words and categories to explain what emotions are (Bentall, 2003; Nolen-Hoeksema, 2004). Emotions have also been differently viewed, in different historical eras, so that previously acceptable emotional behaviours have become unacceptable and vice-versa depending on the social mores of the time (Bentall 2003, Foucault 1967 p 260).

Bornstein et al (2003) identify two theoretical approaches to the study of emotions as structuralist and functionalist. Structuralists study discrete and distinct emotional responses using physiological measuring techniques and observations of behaviour, whereas functionalsists adopt an ecological and dynamic systems approach from which emotions are seen as arising from the individuals’ response and interaction with the environment. The approach to emotions taken in this study is grounded in the latter approach in keeping with the overall ontological position of the researcher. This ontological position is based in the belief that each individual’s experience arises from a temporal, lived embodied process, embedded in their particular physical, emotional, historical, cultural and relational world. Taking such a position precludes the existence of an objective reality that happens somewhere outside individually or shared human consciousness. In keeping with this position, the phenomenological and hermeneutic approach directs the focus away from reductionism and towards cognitive pluralism which allows the explanation of human behaviour through many “non-competing but convergent methods” (Midgley 2004). Hence, the following literature is drawn from a number of disciplinary areas. Current emotional theory has been deeply influenced by...
advances in technology that have allowed access to physiological brain events through processes such as Magnetic Resonance Imaging (MRI). A structuralist approach concentrates on cognition and seeks to understand the brain in computational and mechanistic terms. In contrast, a functionalist approach includes investigation into the nature of emotions in less mechanistic ways, drawing on interdisciplinary areas, with the intention of integrating separate lines of enquiry from different disciplines, as they affect human behaviour and society (NCCR 2013). This approach can take into account aspects of cognitive neuroscience whilst including considerations of observational and intuited approaches to apprehending the nature of emotions. In contrast to focusing on neuroscientific studies that fragment brain areas and activities into discrete functions, focusing on integrative disciplinary approaches can encompass a more inclusive picture of embodied brain/mind emotions (Bornstein et al 2003). Integrating disciplines such as developmental psychology, neuroscience, psychoanalysis and psychotherapy allows emotions to be viewed as having a number of subjective, cognitive, physiological and behavioural components which are embodied and are generated through numerous complex brain and body systems. This affective perspective integrates both cognitive and emotional aspects of thoughts and feelings, which are regarded as being bound inextricably, so that the traditional notion of a split between reason and emotion is called into question (Siegel 2003). From this integrationist perspective Siegel (2012) views emotions as permeating all of human consciousness and asserts that: ‘There is no separation of thought and cognition from feeling and emotion (p 60). Damasio (2000) proposes that emotions could be seen as ‘an embodiment of the logic of survival’ (p 42) in that in evolutionary terms emotions developed and are inseparable from ‘...the idea of reward or punishment, of pleasure or pain, of approach or withdrawal of personal advantage and disadvantage…’ and ultimately, he suggests, of good and evil (p 58). He makes a distinction between emotions – as outwardly directed and public, and feelings, which are inwardly directed and private. As such, he views feelings as being at the threshold of being, and knowing, and as having a privileged connection to consciousness.

In psychology, the distinctions between cognition and emotion remained more defined. Frijda suggests that emotion was neglected by psychology until the 1960s because of ‘the behaviourist distaste of subjective experience’ and the lack of a consensual definition (Frijda 2007). Panksepp (1998) attributes this dismissal of internal feeling states, by researchers in psychology, to the fact that these states could not be directly
observed. Bentall (2003) also identifies lack of discussion on the nature of emotions in psychology literature. He believes this is due to assumptions about the role of individual appraisal in apprehending emotional events. This assumption places cognitive appraisal of external circumstances as causal to emotional responses, leading to the belief that a phenomenon was passively received, cognitively assessed and then responded to emotionally. Ellis (1999) describes research into the neurobiology of perceptions which demonstrate that emotional responses happen prior to perception and prime the individual to respond to what is meaningful to itself in the environment. This supports an ‘enactive’ model of mind, rather than a model of mind as a passive receptor of incoming stimuli. Research in this area is important to child development and education, indicating that children need to be emotionally primed to pay attention to things in the environment that are important for their individual purposes. Unfortunately, for some children their environments are such that their emotional priming directs their attention towards purposes that run contra to societal and educational expectations. The role of emotion in how incoming stimuli are appraised is based on previous emotional experiences, so that, for example, if a child has experienced shouting and anger that caused fear, she may be emotionally primed to appraise any slightly raised voice or angry tone, as an important signal of threat and respond accordingly.

Other aspects of emotions cogent to this research, are considerations of conscious and unconscious emotions and how both of these affect the interpretation of incoming stimuli from the environment. Damasio (2000) talks about feeling an emotion, and consciously feeling an emotion, or what he terms ‘the feelings of feeling.’ He states that, there is no evidence that we are conscious of all our feelings and discusses unconscious background emotions that affect the internal milieu of the every individual, with emotions in general providing a fairly high level component in life regulation. In the area of consciousness, Damasio (2000) proposes that there are three levels of awareness that occur during the development of a sense of self. The first arises at an early infantile state of being aware of bodily sensations and feelings, which form what he terms ‘first –order’ neural maps. These maps form a ‘proto-self’ that is largely unconscious and emerges from dynamic interactions among signals from the numerous brain and body systems. Based on this proto-self, higher circuits of the brain form second order neural maps, that monitor the changes that occur as the developing body/mind interacts with its environment in the here and now, which creates a second
order core-self that is aware of itself as sensor. A third set of neural structures are essential for extending this core-self into extended consciousness. These more complex structures provide the developing individual with a way of tracking neural changes over time and include long term memory. These structures allow the formation of an individual’s autobiographical-self that link changes in the core self, over time, to create a fluidly changing coherent narrative of life events and feelings. Through optimal development of these embodied brain/mind systems an individual is able to maintain stability through making sense of the past and predicting possible directions in the future. Emotions are implicit in these neural maps and emotional stability resides, in part, on developing an autobiographical self that is based on the perception of reasonable stability in the environment and in the internal milieu.

Moving from a focus on intrapersonal to interpersonal considerations of emotion, Seigel (2012) looks for a concept that is present in all definitions of emotion. He finds that the concept of linking is a common thread. Emotion can be seen as a process in the individual involved with the linkage of separate things to one another, and in the interpersonal field, with the linking of individuals to one another, leading ideally to intrapersonal and interpersonal integration. Siegel proposes that successful linking leading to integration is based on honouring differences and making compassionate connections. His definition of ‘mind’ as ‘energy and information flow’, operates on internal, interpersonal and inter-cultural levels. Referencing Damasio’s work, Siegel states that a sense of self emerges directly from interaction with others. Interferences in emotional linking and integration are seen to be caused by environmental, relational and individual traumatic occurrences that cause a failure of the Central Nervous System, ‘to synthesise the sensations related to the traumatic memory into an integrated semantic memory’ (van der Kolk 2003 p 183), which equates with not being able to include these events in a coherent personal narrative (Damasio 2000). Research shows that this breakdown of the brain/mind’s natural ability to integrate experiences leaves sensory experiences of trauma isolated from any linking narrative, so that emotional reactions connected to traumatic events happen out of context and beyond the capacity of the individual to explain them.

Schore (2003) traces the effects of early relational traumas in the developing infant to later emotional dysregulation. His research investigates the neurological backing for Bowlby’s (1988) attachment theory that asserts the primacy of the mother/infant
attachment relationship to the development of emotional regulation and resilience. Difficulties in early attachment relationships have been shown to inhibit the development of the brain and prevent an emotionally stable sense of self. Schore (2003) states that the central thesis of his work is that:

...the early social environment, mediated by the primary caregiver, directly influences the final wiring of the circuits in the infant brain that are responsible for the future social and emotional coping capacities of the individual (Schore 2003 p 112).

Though early attachment experiences may set the trajectory of future emotional development, research in neural plasticity (Schwartz and Begley 2002, Siegel 2012) show that the brain is open to rewiring at every stage of an individual’s life. This suggests that subsequent sensitive and empathic relationships with caring others can help repair earlier neural and emotional damage arising from attachment difficulties. Such empathic relationships help individuals with emotional difficulties, by bringing awareness to their own power to overcome traumatic interferences to integration and to develop ways of relating to themselves and others that are more emotionally rewarding. When awareness is brought to an individual’s structuring and organisation of their own life’s narrative, as in a psychotherapeutic encounter, it allows them to make sense of their experiences, which is an essential component of well-being (Siegel 2012).

From these perspectives emotions are seen as an integral and inseparable property of mind/brain/body systems. Encompassing this view, Siegel (2012) extends the definition by proposing that mind is partly created by social interactions and relationships as well as experiences with the environment. He sees mind as both embodied, and embedded in the relational world (Siegel 2012). Siegel defines mind as ‘an emergent, self-organising process that shapes how energy and information move across time’ (Siegel 2012 p 16). Siegel states that an integrative process may be the core of what emotion does and is. If this is so, then trauma may interfere with this integrative function preventing the integration of information from different embodied processing systems. Siegel states that this can happen in an individual, or between individuals such as in an abusive family situation. The importance of this integration is in the formation of a sense of self. Individuals with a fully formed sense of self are able to give a coherent narrative of their lives, based on past information and reflection, which shows how they have made sense of things, how they function in the present, and how they will prepare for the future.
Early Emotional Development

In recent years the acceptance of the usefulness of attachment theory (Bowlby 1969, 1988) in understanding early emotional development in infants, has been supported by research in developmental neuroscience (Schore 1994 Panksepp 1998 Siegel 2003 Van Der Kolk 2003). The burgeoning of research in this area has increased understanding about the importance of early attachment relationships in setting later emotional patterns which affect emotional stability, self-organisation, openness to learning and resilience. Hence, the short review of literature in this area is pertinent to this research.

Brain research has shown that babies are programmed to seek out faces from birth and spend a lot of time gazing into the eyes of their mothers (Schore 1994 2003). The mother responds with facial gestures, sounds and touch, mirroring and modifying the infant’s emotional state, calming it when it becomes over excited and responding to its other emotional states appropriately. The emotional state of the infant is seen as primarily developing in the right brain structures such as the cerebral cortex through “sounds, images and pictures” (Schore 2003 p108). The right brain is considered to be the seat of non-verbal affective systems such as facial expressions, gestures and prosody and is also centrally involved in attachment. This is important when considering how to affect emotional difficulties which arise in non-verbal systems and which may not be open to verbal interventions. Schore (2003) draws on dynamic systems theory and proposes that a positive attachment experience with a primary care giver allows the infant to become resilient and adaptive in the face of adverse environmental influences. Elements of a positive attachment relationship may, therefore, be necessary in later interactions that aim to positively affect emotional difficulties that have arisen at an early stage in emotional development.

In developmental affective neuroscience the concept of resilience, discussed earlier in this review, is seen as being closely linked to successful early attachment. This is rooted in the mother/caregiver being attuned to the developing infant’s emotional states which she modifies and feeds back in a way that allows the infant to develop emotional stability and the capacity for self-regulation (Bowlby 1988, Schore 1994 Fonagy, Gergely Jurist and Target 2004). Positive attachment styles promote emotional resilience and conversely poor attachment experiences lower resilience to future emotional stressors and life experiences (Bowlby 1988 Schore 1994 Fonagy Gergely Jurist and Target 2004). Observations of well adjusted (securely attached) infants have shown that at around 18 months they can take into account their own and other’s mental
states showing the beginning of a ‘reflective self’. By 2 years these infant have
developed a capacity to generate a theory of mind in which they recognise their own
and other’s mental states and makes predictions about behaviour based on these
(Fonagy et al 2004). This is also the basis of empathy, where the developing infant is
able to imagine how another person might feel.

Traumatic interference with this development due to prolonged care-giver absence,
either physically or due to neglect, or environmental or relational abuse, can have a
profound effect on the developing infant’s right brain which in turn affects the
development of the left brain and the linking between the left and right hemispheres.
Studies in brain anatomy of abused children have identified areas of damage such as
smaller overall brain size, impairments in the corpus callosum - which is the area of
tissue that allows information exchange between the left and right hemispheres - and
shrinkage of the hippocampus which impairs explicit memory impacting on a sense of
self (Siegel 2003, p.16-17). Insecure attachment and early trauma in the right brain,
happening at a time before language is developed, can establish unconscious chaotic
feelings and engender a fragile and incomplete sense of self. From a systems theory
perspective, insecure attachment promotes an emotional system which becomes static
and closed, causing defensive behaviour aimed at guarding against interpersonal attacks
(or the mistaken perception of these) to protect the fragility of disorganised system.

The newly discovered extent of brain plasticity sheds new light on the appropriateness
of psychotherapeutic methods in responding to emotional and behavioural difficulties
and mental health issues. Schwartz and Begley (2002) explore the discoveries on the
extent of brain plasticity and point out the role of ‘attention’ in affecting change in
habitually fixed brain patterns that may be perceived as behavioural aberrations.
Sensory stimuli constantly impinge on the individual brain but only a very few are paid
attention to. In the visual field the eyes are bombarded with images from moment to
moment, but it would be impossible to take in every single image so the individual is
primed by experience to pay attention to only those images that are meaningful to itself
in some way. In a benign environment the developing individual will pay wide attention
to things that are interesting and will be open to learning and to directing attention
towards what others point out. In a threatening environment the resources of the
individual are necessarily directed towards paying attention to every possible threat,
staying in an alert state where attention cannot not stay on anything for long in the
scanning for danger. This alert state militates against giving adequate attention to
learning in the wider sense which schooling requires. By creating a trusting relationship, evoking aspects of early secure attachment, and promoting mindful attention towards internal states which in turn affect behaviour, psychotherapists and arts psychotherapists aim to help individuals move from unhelpful emotional and behaviourial patterns. In neurological terms these patterns are seen as habitual neural pathways that due to a new understanding of brain plasticity are seen to be open to change (Sewart and Begley 2002 Siegel 2003).

In this section a small example of the literature in the area of attachment theory and neuro-scientific research has been given to underpin the following section of the review that looks at the arts therapies and how they have integrated this research into their developing literature.

**Arts Therapies with Children**

Arts therapies have evolved over the last two centuries (Searle and Streng 2001) with literature drawing on aspects of the arts, psychotherapy, aesthetics, developmental psychology, and more recently neuroscience. Searle and Streng (2001) point out that many writers regard the arts as inextricably linked with the health of a society in that they carry unconscious emotional material and provide a way of expressing and transmitting cultural complexities and ambiguities. They state that the creative processes of art making as well as creative products have a healing aspect in that they allow expression of unconscious material that may not be accessible verbally. The creative process also involves elements of play and exploration. Searle and Streng note the use of the arts in mental health care from as early as the eighteenth century, mentioning such figures as Jung and Moreno who explored movement, dance and drama as well as visual art and music as giving form to the unconscious. Though arts therapy is not involved with promoting aesthetics on the level of taste, the notion of aesthetics in arts therapies has very much in common with the connective linking function of emotions in the brain proposed by Siegel. This can be seen in definitions of aesthetics such as: ‘the pattern which connects’ (Cox and Thielgaard, 1987 quoting Bateson 1979), ‘giving form to diffuse energy or ideas; breathing life into sterile communication’ (Robbins 1987). Aesthetics here is concerned with the life of feeling as it is manifested through creative artistic response.

During the twentieth century emotional healing through the arts was combined with ideas derived from the work of Freud and Jung and began to be termed arts therapy (Searle and Streng 2001 Waller 1992 Bunt and Hoskyns 2002). The evolution of the arts
therapies is an area too large to be dealt with here, and parallels and interacts with the evolution of psychotherapy. Psychodynamic psychotherapies, which evolved from the theories of Freud and Jung, are based on an acceptance of the existence of “unconscious” material which affects the behaviour of individuals in ways that are inexplicable to themselves. Huprich states ‘there is significant empirical support for the efficacy of psychoanalytic and psychodynamic therapy’ (Huprich 2009 p 137).

The theoretical influences favoured by arts therapists are wide ranging and include approaches that are person-centred (Rogerian), psycho-dynamically oriented, and draw on attachment theory (Bowlby), group theory (Foulkes Yalom), developmental psychology (Stern Trevarthen) and the work of Winnicott, Klein and Ericson, and other interpersonal therapies (Karkou 2010 Bunt and Hoskyns 2002). Searle and Streng state that arts therapies derive a lot from humanistic phenomenology when they write that ‘Within the humanistic tradition, therapists are phenomenological, existential, and person centred.’ (Serle and Streng 2001 p 7). As such they see this approach as digressing from a psychoanalytic approach in taking the perspective that individuals are influenced by immediate conscious experience and a desire for self-fulfilment, rather than being motivated primarily by sexual and aggressive drives. More recent developments in the arts therapies include the concept of mentalization (Fonagy et al 2004) which is based on the capacity to describe mental states in the self and others and draws from attachment theory and neuroscientific research whilst building on the work of Bion (1967) and Winnicott (1986), among others. The capacity for mentalization develops from the primary care-givers ability to help the child gain an image of themselves as a thinking, feeling being. If negotiated successfully, acquiring the capacity for mentalization allows the child to accurately assess possible motives and intentions in other individuals, leading to empathy and understanding and the development of a sense of self.

Parents who cannot reflect with understanding on their children’s inner experiences and respond accordingly, deprive their children of a core psychological structure, which they need to build a viable sense of self (Fonagy, Gergely, Jurist and Target, 2004 p28).

In a similar way to Fonagy et al, Betensky (1995) talks about the child’s need to be seen as a person in the eyes and minds of their parents and the wounding that takes place when this need has not been met. This need extends as the child develops, to include other significant adults in their lives, such as their teachers. Betensky proposes a phenomenological method of art therapy where the human experience of the subject emerges through their artwork, revealing the things in themselves that then become
open to reinterpretation with the help of the arts therapist. She states that in phenomenologically based art therapy

…the very mode of treatment of a client’s art production as a process of an inner experience and therefore a part of self, arouses trust in the artmaker-turned-beholder and eventually initiates a beginning of a sense of personhood in the course of the therapy (Betensky 1995 p 24).

In line with this she views the art therapist as a participant observer who comes to know their clients through silent apprehension and empathic consideration of their artwork. In doing this they are also sensing and addressing their client’s needs through their own visceral reactions in a way that gives the client a feeling of their own personhood. This is in line with literature on the central importance of relationship in both arts therapy and psychotherapy. Huprich states that, a strong therapeutic alliance is established by building up a sense of trust and safety in the therapist and the therapeutic setting. Characteristics of a good therapeutic alliance include the assumption of a non-judgemental stance by the therapist whilst still maintaining an appropriate psychological distance (Huprich 2009). In arts therapy literature there is also consensus on the importance of the therapeutic relationship (Searle and Streng 2002). The therapeutic relationship with children is influenced by attachment theory (Hass-Cohen 2008). It involves the therapist becoming attuned to the emotional tone of the child’s interactions manifest through the physical activity, imagery and sound arising in the session.

There is a growing body of literature that advocates the use of creative arts therapies in the treatment of trauma, particularly developmental trauma resulting from physical and sexual abuse, neglect and witnessing environmental or domestic violence (Malchiodi 2013 Malchiodi and Crenshaw 2014 Nicholson Irwin and Dwivedi 2010 O’Brien (i) 2008 King-West and Hass-Cohen 2008 Gantt and Tinnin 2008). Malchiodi describes trauma-informed expressive arts therapy as drawing on:

Neuro-science and neurodevelopment, somatic approaches, mindfulness practices, and resilience enhancement, using art making as the core approach (Malchiodi 2013).

She describes the ways in which neuroscience informs arts therapy practice, for instance the utilisation of sensory based activities and somatic approaches to self-regulation along with promoting a sense of safety through re-connection with positive attachment and self-soothing. O’Brien (i) advocates that the arts process is a right brained activity and that it accesses the right hemisphere’s emotional memory of abuse and neglect (O’Brien (i) 2008). Gantt and Tinnin (2009) contend that with traumatised clients, where possible, emotional states arising in arts therapy sessions should be verbalised. They draw on neuroscience research to propose that giving a coherent narrative to
traumatic right-brain experiences links them to left brain processing, including reasoning and expression, that can influence the release of habitual negative feelings, and often results in positive changes in behaviour.

The notion of holding and containing is a central theme in research in art therapy with traumatised children. There is often the creation of physical mess in arts therapy sessions, where materials are poured and spilt, or toys and instruments are left in a chaotic state. These manifestations and chaotic play are seen as expressions of children’s inner chaotic feelings arising from preverbal memories of trauma (Bunt and Hoskyns 2002). One of the central concerns of the therapist is to provide containment for the physical and psychological mess so that it can be tolerated and worked through until difficult feelings can be reintegrated in a less chaotic form and the initial trauma's affective impact reduced. In its physical aspects containment resides in holding to a set day, place and time for each client, keeping the same layout of the room and materials, safely storing the products of the session and actually containing the work within given boundaries decided by the therapist (Case and Dalley 2008 Darnley-Smith and Patey 2003). The strong holding of these therapeutic boundaries could be seen as providing frames of reference and continuity – such as should have been provided in the child’s early development (Bruce 2010 Shaverien and Case 2007). If, in primary relationships, initial boundaries and frameworks were inconsistent, then the early developing brain may not have achieved the underlying capacity to organise experience and form a secure base from which to explore possibilities (Schore 1994 Bowlby 1988).

Therefore, containment of the powerful feelings arising in the session (Winnicott 1971 Bion 1967) is a primary concern of the art therapist and is done through therapeutic boundaries, the therapeutic relationship and through containing aspects of the artwork (Schaverien 1992). There is also a need for containment of the therapist, who needs support in containing the intolerable feelings experienced by her clients and often projected onto her (Schaverien and Case 2007). This is done through regular clinical supervision, for which there is a mandatory requirement, and through the support from colleagues.

**Arts Therapies with Children in Schools**

The arts therapies include art therapy, music therapy, drama therapy and dance and movement therapy. The focus of this research has been on arts therapy with children, concentrating on art therapy and music therapy which were the two main creative therapies used by the Blue Box organisation while the research was taking place.
Though historically deriving from the same theoretical roots in child-centred art education and psychoanalysis (Waller 1992), current literature from the American and British contexts reflects different models of art therapy in educational settings. The American model is closely aligned to educational goals with a stated aim ‘to meet the individually assessed special needs of students in order for those students to access and benefit from education’ (American Art Therapy Association 2003). The UK model of art therapies in schools reflects an evolutionary history arising from an initial affiliation with art teaching, moving towards the current situation where art therapists are registered as health professionals regulated by the Health and Care Professions Council (HCPC). Though this move from its initial setting in education, to a closer affiliation with health, resulted in an initial decrease of art therapists in education settings, recent changes in the health system and calls for multi-sector collaboration in the area of mental health promotion have renewed recognition of the use of art therapy in schools in the UK (Karkou 2010).

Arts therapies in America can often be embedded in educational and social interventions and tend to be intensive and short-term. In contrast art therapy interventions in the UK context tend to be longer term and different in style (Gilroy 2006). The models of art and music therapy practiced in Ireland are primarily based on UK models. Irish Arts therapists working in schools in socially disadvantaged areas are less specific than American art therapists in their stated intentions to improve learning. Their stated focus is on the overall development of the child, enhancing protective factors and increasing resilience, which may also increase their ability to learn. ‘A Creative Arts Therapies intervention in the school provides the children/young people with an opportunity to resolve difficulties that may affect their future development’ (Sweeney and O’Donnell 2004, p5).

Arts therapists in the education system may find themselves working differently from arts therapist in the health service, social services or the community (Karkou 2010). The expectation from schools is that arts therapies interventions will in some way support the learning and behaviour of the children seen. This, in turn, will affect the orientation of the therapy with a leaning towards humanistic approaches (Karkou 2010). Arts therapists work on different levels with many areas of difficulties experienced by children in school settings, which makes the systematic identification and tracking of research a difficult task (Gilroy 2006). For example, areas of difficulty targeted – often under the general title of emotional and behavioural difficulties, include supporting
children in transition from primary to secondary school (Prokofiev 2010), attention
deficit problems, (Murphy Paisley and Pardoe 2004), trauma and bereavement, (Welsby
2008), autistic spectrum disorders (Patterson 2008), and many other emotional
problems.

Research studies have offered evidence for the efficacy of arts therapy with a number of
disadvantaged clients in a variety of settings (Waller et al 2004, Karkou 2010). Gilroy
(2006) conducted an extensive review of the evidence base for art therapy with children
and adolescents in schools, drawing on both the American and English models. She
identified a range of studies, some RTCs that focused on outcomes such as raised self-
estime and interpersonal skills, reduction of problem behaviours, improvements of
attitudes towards school, and reduction in school drop-out rates. She concluded that the
studies quoted had demonstrated art therapy’s positive outcomes mostly in the area of
education and mental health settings (Gilroy 2006 p 143). One of the issues that arose
was the importance of collaboration with parents and teachers, also recognised by
Karkou (2010). Another issue was recognition of the usefulness of demographic
information about the school setting, attendance records, behaviour and attainment
levels, to addressing outcomes.

Though the term arts therapies covers four modes, art therapy, music therapy, drama
therapy and dance and movement therapy, the individual therapies experience different
difficulties when it comes to evidence-based research. Difficulties in this area may be
arising from some of the points mentioned in the section above. The identification of
outcomes is particularly difficult in this area in view of the diffuse nature of the aims of
the arts therapy process. Also, given that one of the stated aims of arts therapies is to
reach people who cannot express themselves through language (Waller et al 2004,
Sweeney and O’Connell 2004), an obvious difficulty is that a lot of the accepted
measuring instruments used by psychologists to measure outcomes, are inappropriate
when trying to discover the effects of art therapy interventions. The majority of art
therapy studies therefore, do not use the most rigorous and exacting criteria attributed to
randomised controlled trials (Slayton D’Archer and Kaplan 2010).

Looking outside America and the UK, research on arts therapies in schools in Israel also
has relevance for this study. One hundred and thirteen art therapists working within the
Israeli school system were asked about their experiences of working with violent or
aggressive children in schools. Some of the issues that arose were concerned with the challenges of working as art therapists in the school system. Therapists reported that they felt working with parents and teachers would be beneficial to the child’s therapy, but often meeting parents and teachers was difficult and outside their paid hours (most art therapists are paid for their contact hours with clients only). A dilemma arose for these art therapists regarding their professional identities and how far they should align themselves with school staff. There was a pull between wanting to remain as neutral figures to their clients and not be seen as part of the authority structures of teachers. This brought up uncertainty about how far to integrate themselves into the schools. Therapists also encountered challenges in relation to getting parents and teachers on-board with assisting children in overcoming emotional problems such as aggression.

...therapists reported that they often encountered teachers and parents who lacked the willingness, knowledge, and skills for helping children overcome their problems and who often expressed anger, rejection, helplessness, and despair in relation to the aggressive child (Nissimov-Nahum 2008).

Wengrower (2001) identifies, examines and compares the culture of arts therapy and the culture of schools. She sees the ontological position of the art therapist as fundamentally different from that of the teacher. From this position which recognises the conflicted nature of unconscious processes, introspection is seen as important. Art therapy with the child is accomplished through the bond and the process. Wengrower goes on to explain what is required to facilitate this.

Each and every session is different, not only between patients but also during the course of the treatment of a single individual. Significance is attributed to privacy, respect for the process, and the patient’s personal time, and as a result, the need to provide freedom of expression and a secluded location (Wengrower 2001 p 112).

Within these sessions the process is led by the child and therapeutic interventions follow this lead. The emotional involvement of the therapist and the child are expected and because of this the therapist requires time, space and quiet following the session to process the interaction and to clear the emotional space for the next client. The art therapist also engages in clinical supervision, as a professional requirement, in order to examine the different aspects of their sessions with clients. The cultural climate of schools is very different in that the focus is on the universal and the collective where the individual is expected to meet common standards and to fit into pre-ordained conventions of behaviour and organisational compliance. The schools organisational style therefore is based on the group rather than the individual so that activities can be moved around to suit different groups and times, and venues within the school can be changed frequently. This kind of organisational style conflicts with the needs of the art
therapist for their client, as expressed above, and causes one of the main difficulties for art therapists in maintaining a consistent space in time and location which they see as essential to their task.

Because of issues such as this Wengrower views arts therapy in schools as ‘an intercultural encounter’ in which inevitable conflicts may arise (Wengrower 2001 p113). The arts therapist going into the school ‘is like a stranger entering a foreign land and constitutes a minority.’ (Wengrower 2001 p113) As such the majority culture – in this case the teaching staff – may feel their own identities are under threat and may regard the newcomer as an intruder. Wengrower (2001) gives examples of reactions to this intruder such as the school failing to provide a suitable room for the therapist, literally not making room for her. Conversely the therapist as outsider protecting her own professional identity, may give information to the school in a therapy jargon that teachers might not understand. Similarly, Wengrower points out the jealousies that sometimes arise when the teacher has built a relationship with the child and unconsciously feels that the therapist is taking ‘her’ child, or the teacher’s perception that the therapist has a privileged position in that she has individual children rather than whole classes to deal with. Despite these kinds of clashes between the cultures of arts therapy and schools, Wengrower advocates negotiation and discussion between the two cultures to build up collaboration between arts therapists and schools in the interests of at risk pupils.

**Arts Therapies in Ireland**

The situation of arts therapies in Ireland is unusual in that there is no state recognition of the arts therapies and in this respect it is lagging behind Europe. This in effect means that arts therapists in Ireland are often employed on a brief contractual basis and paid under the title of related services, such as occupational therapists, that are state recognized. The Blue Box organisation is also unusual in that no parallel organisation set up and run by arts therapists exists in Ireland. There are large organisations that use arts therapies in schools in Britain such as The Place2Be and Kids Company. They engage in activities and training, using professionals and volunteers to work in schools on a number of levels, including therapeutic interventions, to support the emotional well-being of children.

A comparable American organisation to Blue Box is the Miami-Dade Public County Schools clinical art therapy department which employs sixteen art therapists to work with five hundred children with emotional and behavioural difficulties across county
schools in Miami-Dade Florida (M-DCPS 2014). In addition to a Masters level qualification in art therapy, practitioners must also have a teaching certificate as there is no credentialing system in place for art therapy in the state of Florida (M-DCPS 2014). The addition of a teaching certificate allows the art therapists working in the Miami-Dade system to be paid out of public school funds. Their mission statement puts cognitive development before emotional and mentions knowledge implying that the service is oriented towards educational support.

The Miami-Dade County Public Schools (M-DCPS) Clinical Art Therapy Program is dedicated to helping at-risk students reach their maximum cognitive and emotional potential through the vehicle of creative expression. M-DCPS clinical art therapists develop and promote knowledge in the field of school art therapy and serve exceptional students through this dynamic approach (M-CCPS 2014).

Over its 30-year evolution, the art therapy programme has moved from its initial grounding in art teaching towards a more clinical orientation. Art therapists working within the programme work as a treatment team with school psychologists, family-therapists, social workers and teachers. This team provides counselling, art therapy, family support services and educational programming, and is structured more in line with clinical day treatment programmes found in psychiatric agencies and hospitals (Isis, Bush and Siegel and Ventura 2010). Students are referred by the treatment team where they are assessed by the art therapist using art therapy assessment tools which have been devised by American art therapists such as Levick (2009) and Silver (2007). Art therapists are also involved in constructing and monitoring the student’s individual educational plan (IEP). Art therapy interventions are often geared to the specific needs of the education system, such as emotionally supporting vulnerable students through standard state assessments. The clinical arts therapy department provides peer supervision, continuing professional development (CPD), and other supportive services, as well as providing courses to teachers and related professionals on the uses of art therapy.

There are a number of similarities and differences between the M-DCPS clinical art therapy programme and the Blue Box arts therapy service. Both organisations are similar in that they aim to address the emotional needs of vulnerable students within the school setting. The funding source which in the case of the M-DCPS clinical art therapy programme is mostly from the state accounts for the different orientations of the two organisations, with the American programme being firmly embedded in educational practices and professing their service as supporting education. The Blue Box service which is a not for profit organisation, states its aims in terms of addressing the
emotional needs of at risk children within the school setting. Both organisations work with teachers and parents, keep clinical notes and engage in supervision and Continuing Professional Development (CPD).

**Summary**

This literature review has been organised from an ecological systems approach in order to give wide ranging views on some of the contextual and interpersonal influences that affect the emotional needs of children and young people at the centre of this research. The literature illustrates that there is a tension in current educational policies between economic and egalitarian concerns. It was proposed that educational programmes aimed at addressing inequalities in an inherently unequal system, tend to address surface issues such as behaviour, that can be observed, quantified and measured. Ways in which less measurable emotional inequalities are affected by experiences of marginalisation are not considered in school policies and are often relegated to the realm of psychiatry. It was the aim of this review therefore, to integrate literature from outside mainstream educational discourse to bring external influences on educational inequalities back into relationship with the internal milieu of developing child. This involved including literature on developmental affective neuroscience, attachment theory and on the effects of trauma, on emotional development. This literature illuminates the ways that individual developmental trajectories are compromised by intergenerational experiences of societal marginalisation. Literature in this area also stresses the importance of caring relationships in both the constituting and reparation of emotional capital necessary for successful intra and inter-personal integration. Finally, literature on arts psychotherapy explored how this intervention drew on the preceding literature in providing a relational way of addressing children’s internal emotional difficulties arising from community and relational trauma.

The rationale underpinning this integrative approach will be given in the methodology chapter that follows, but the overall intention is to locate perceived problems in the larger system rather than seeing them as a product of particular social familial or individual dysfunction. Taking this position has meant covering a wide range of topics, ranging over a number of disciplines, in an attempt to provide an integrated account of the main factors that contextualise the particulars of the research. The Following model (Figure 3) illustrates how the literature has been connected.
Summary of Literature Review

Macro System (Global)
Current Issues affecting Education and Social Inclusion

Neoliberal Ideologies
Positivism, Individualism
Measurement and Statistics

Emphasis on
Behaviour Management
Individual Positivity and Resilience

Systemic Tensions

Exosystem (Ireland)
Historical Influences
Educational and Social Policies to Promote Inclusion

Systemic Educational Inequalities
Positivist and Behavioural Approach

Redistributive Solutions
DEIS and Whole School Approaches
Intensive Teaching Testing and Psychological Labelling
Promoting Positive School Culture
Behaviour Management Programmes

Microsystem (Limerick)
Historical Factors
Social Exclusion
Community Trauma

Internal Milieu of Child with Emotional Difficulties
Depleted Symbolic and Emotional Capital
Attachment Issues
Experiences of Trauma

Equality Concerns
Social Inclusion
Mental Health and Well-being

Emphasis on
Interdependency Care and Affective Realm

Critiques of Systemic Inequalities
Gender and Class Issues
School Culture

Solutions Based on Integrating Education and Community Care
Addressing Emotional Difficulties and Trauma
Supportive School Cultures
Inclusion of Arts Psychotherapy

Figure 2b
Chapter 3  
Methodology and Method  
Part 1.  
Research Methodology  

Introduction  
Denzin and Lincoln (2011) assert that the ‘shifting centre’ of the qualitative research project is ‘the avowed humanistic and social justice commitment to study the world from the perspective of the interacting individual’ (Denzin and Lincoln 2011 Preface). This doctoral research is undertaken in this spirit and is philosophically underpinned by hermeneutic phenomenology. This approach requires the researcher to examine and make explicit their own personal cultural and historic position in the world with in line with reflexive practice (Smith Flowers and Larkin 2009). The following methodology chapter will be divided into two parts. Part 1 will be concerned with the research methodology and will be structured under the following sub-headings: Personal Influences: Philosophical Approach: Aesthetics and the Arts; Insider Considerations; Validity Reliability and Trustworthiness; Ethical Issues; and Commitment, Rigour, Transparency and Coherence. Part 2 will give a comprehensive accounts of the research methods used under the headings: Introduction; Data Collection; School Principals and their Representatives; Home School Community Liaison Teachers; Children and Young People; Parents; Blue Box Therapists; and Data Analysis.  

Personal Influences  
As researcher my personal ontological and epistemological positions are influenced by my lived experiences, which in turn have affected my methodological choices. Therefore, some exploration of ways in which I see the world need to be made explicit and my personal biases taken into account. I was born in post-war London, growing up in the mid-1950s to early 1970s in an era when the zeitgeist was one of rebellion, change and fracture from the previous generation’s norms and values. From childhood, themes of duality and ambiguity permeated my perceptions of the way things were. From an early age, discrepancies arose for me between what was presented to me as true and what I actually perceived to be happening. My English and Irish heritage, influenced by my Dublin grandmother’s stories, led me to wonder if I must take sides, in a perceived conflict and assume either the historic guilt of the oppressor or the indignation of the oppressed. I had similar torn feelings about other polarised identities that were presented to me, such as being a catholic amongst protestants, being a girl
amongst brothers, and being framed as middle class when I had working class
grandparents. This engendered a pervasive feeling that I was floating somewhere
indistinct between identities so that the certainties of being ‘either this, or that’ were
alien to my sense making. In my perception of a lack of attachment to any fixed identity
or enough confidence to assert my own perception that things were not as I was being
told they were, my floating psyche sought expression through imagination,
daydreaming, philosophising and the arts. Throughout my early education I encountered
another polarity in that the visual arts, which constituted my emotional sustenance, were
considered less important than ‘academic’ areas such as maths and sciences, which I
was told were my path. This inevitably led to my teenage rebellion and a drop-out
position which the identity of ‘artist’ allowed. Having been an impressionable,
biddable, and sympathetic child, I was open to religious indoctrination advising guilt,
sacrifice and forgiveness. In retrospect, I can identify how these factors contributed to
my inability to be decisive and to judge or condemn the right or wrong of peoples’
actions. I empathically related to the injustices of being born into worse off
communities, excusing behaviour, no matter how extreme, on the grounds that
experiences of injustice provided mitigating circumstances. This way of being in the
world, led to difficulties in maintaining boundaries in my personal life, until I had
acquired greater maturity through negotiating difficult life experiences. My reluctance
to assume a judgemental stance was also based in early childhood perceptions of my
role in relationships. I felt compelled to understand the conflicting outlooks of those
close to me and habitually took on a mediating role. This drive to integrate differences
extended beyond relational experiences to permeate my approach to life both
ontologically and epistemologically. As a result, I pursued aesthetic integration through
art making, moving on to art teaching and eventually to art therapy, a profession that
unified my interests and allowed me to consciously consider my motivations and
driving forces.

Having examined some constituting aspects of my own ontological and epistemological
development, I have to be wary of perceiving complex issues in terms of dualities,
where I float between poles, attaching to neither position and finding difficulty in
drawing conclusions. On the other hand, fixing on one aspect of a polarity to exclude
another, though it may give the illusion of finding a positive truth, also runs the risk of
ignoring the subtle ambiguities that add real meaning to lived experience. Hence my
bias toward the language of the arts which can often portray existential ambiguities in a
way that the written word struggles to achieve. Also, in taking a habitual integrative stance, I should be aware that attempting to integrate ideas from too many different perspectives may result in losing valuable aspects of meaning, and in contrast, that what something is, may not be distinguishable unless one identifies what it is not.

**Philosophical Approach**

In the light of my personal ontological history, embarking on this research has required that I examine my fundamental assumptions about the nature of reality as it appears through my consciousness of the world. My consciousness has itself been shaped by my experiences of my life lived in particular historical cultural, social and psychological contexts. My capacity for understanding what I perceive as reality has also been shaped by my inherited dispositions, my family culture, my education and my life experiences. Given all the particularities that influence how I see and interpret the world I have come to realise that I must test my views of what seem to be truths about the nature of reality against the views of others from their own particular perspectives, and be open to changing mine in the light of these. In this way I am suggesting that what constitutes truth about reality is dialogical, co-constructed and historically and culturally situated and as such open to re-interpretation and change. Taking these views implies an epistemological stance which is broadly constructivist, though in taking this stance I am remaining open to other epistemological traditions where these can be integrated without diluting the overall methodological integrity. Denzin and Lincoln (2011) point out that at this time there is no one way to approach interpretive qualitative inquiry making the qualitative researcher a bricoleur drawing on a broad framework of ideologies and discourses. The bricoleur uses whatever is to hand in terms of their own trainings and experience, methods, and materials. This may also involve finding new techniques and ways of combining different methods to accommodate the questions asked which in turn arise from the context and what is available to the researcher. There is an aesthetic requirement of the qualitative research as bricoleur in that the assembly of all the different facets of the research should achieve an aesthetic unity in its presentation, much like a work of art.

In order to give coherence to methodological approaches it is necessary to identify some of the philosophical strands that underpin the research decisions taken. I will refer to how philosophical ideas have influenced and permeated the approach of the study, following the influences through to my choices of research methods and analysis. I have
explored my main ontological stance which allows me to state that this research is not seeking objective truths, but rather the presentation of different perspectives from which new meanings might emerge. For the most part my vehicle for presenting these perspectives is language, which never quite expresses what I want, and when it does, may not be picked up by the reader in the way I had intended. Meaning is then revealed and concealed in equal measure, and in different proportions depending on the history of the reader.

These ideas stem from a hermeneutic phenomenological approach and draw on the work of Husserl (1859-1938), Heidegger (1889-1976) and Gadamer (1900-2002), and to a lesser extent on Dilthey (1833-1911) and Merleau-Ponty (1908-1961). The phenomenological philosophy of Edmund Husserl is foundational, as Husserl’s innovation was to move the philosophical focus from what could be humanly known, as in the Kantian tradition, to the knower themselves. In moving to a subjective point of view Husserl moved into direct opposition to the Kantian view that the nature of the subjective knower was inaccessible to reason and therefore could not form the foundation of a logical philosophical system. In doing this Husserl positioned individual consciousness as the basis of appearances because, he reasoned, everything manifests itself through human consciousness. As consciousness is always conscious of something, intentionality is its central attribute. In this sense the researcher in this tradition focuses their conscious attention on a particular phenomenon with the intention of exploring its essential nature, or at least of seeing it whilst consciously putting aside previous assumptions.

Husserl looked for true essences within human consciousness through immediate individual apprehension of phenomena accompanied by bracketing personal presuppositions. He believed that to apprehend the essential nature of any phenomenon it was necessary to return to the immediately pre-given thing; that is the thing untainted by any habitual or theoretical interference by individual consciousness. He proposed that this attitude could only be achieved through direct intuition. Husserl believed it was possible to reach certainty about the essential nature of phenomena by using his philosophical method of exhaustive description, whilst cultivating a transcendental attitude by bracketing assumptions (McLeod 2007). Husserl’s system was transcendental in that he recognised the impossibility of actually perceiving a phenomenon, which was necessarily caught in the flow of time and could not be
humanly ‘seen’ in all its aspects because of the limitations of space, time, distance and perspective. As a result, to perceive the true nature of a phenomenon it had to transcend space and time in consciousness to reveal its essence. In this way reality in the here and now can never be established as there is no actual here and now, in that every moment has just passed or is just to come, caught in the ever flowing stream of time. Husserl was therefore not trying to establish an objective reality in an empirical manner but is rather trying to understand the nature of reality as construed by consciousness (Giorgi 2007).

My identification with Husserl’s ideas is echoed in my own artistic training. Applying phenomenological philosophy to the area of the visual arts, Dennett (1991) describes the difficulty most people have in drawing what they see before them, unless they can look at an object with different attention. This entails bypassing what the observer thinks they know about the nature of objects (that tables are square that vases are circular etc.) and allowing for the visual distortions created by distance, lighting and perspective. Often this is much harder to achieve than it sounds because the normal way of seeing – taking in the basic attributes that identify previously categorised objects - blinds the observer to the nuances of what is viewed. Trying to see things as they actually appear takes a suspension of the viewer’s habitual way of looking and challenges what they think they know about the nature of seeing. To achieve the suspension of habitual ways of seeing the viewer must have the intention of trying to see the essential thing, rather than the pre-conceived thing, so that intentionality becomes an integral part of the process (Betensky 1995). In this respect the artist too, is in some respects a phenomenological researcher, striving to free their vision from habitual ways of seeing in order to perceive and depict different interpretive layers of visual experience (Ellis 1999). As in all phenomenological enquiry artistic enquiry goes beyond the purely visual, pictorial, auditory or kinaesthetic, to explore what is meaningful in human existence. The nature of this meaning is rooted in the emotions as these are at the core of what drives attention towards perceiving what is important in the sensory field of a spatially and temporally located individual (Ellis 1999).

This is why good art can disturb us, agitate us, or make us weep, and need not be pretty or pleasant (Ellis 1999 p 163).

Merleau-Ponty disagreed with Husserl about the possibility of seeing phenomena in their essence untainted by the seer. Though personally, I must remain aware of my own
ontological influences as described previously, I acknowledge the impossibility of stepping outside the framework of my own sense-making influences. In agreement with Merleau-Ponty, there is an acceptance of the ambiguity of being and a recognition of the reversibility of concepts such as the visible and the invisible, the toucher and the touched, the seer and the seen, with an understanding that each works on the other in a reciprocal relationship without either being superposable. For Merleau-Ponty the relationship between the perceiver and the perceived was one where both depended on and worked on the other. In this relationship multi-perspectival possibilities were opened up in which the essential nature of things was always at a distant horizon that escaped a here and now immediacy. Despite the reciprocal nature of the seer and the seen, Merleau-Ponty pointed out that each individual experience belongs to the particular individual’s embodied position in the world such that though it may be possible to observe and empathise with the other’s experiences, these experiences can only be truly apprehended by the person who is having them (Smith, Flowers and Larkin 2009). In this way, Merleau-Ponty also argued that:

The perceived thing is not an ideal unity in the possession of the intellect, like a geometrical notion, for example; it is rather a totality open to a horizon of an indefinite number of perspectival views which blend with one another according to a given style, which defines the object in question (Merleau Ponty in Lechte 1994 p 30).

This has significance for the choice of methodology used in this research where the perspectival views of all the different participants have been solicited from their embodied positions, from which it is hoped a totality will emerge which will help define the phenomenon under review. The importance of empathic understanding in researching the experiences of others, links Merleau-Ponty’s work to the literature on empathy and care (Noddings 2003) explored in the literature review. Though empathic understanding is an essential attitude, the unique individual experiences of the participants can never be fully known, understood or portrayed by the researcher. In addition, the dialogical aspect Merleau-Ponty explored, necessitated that the data was collected in a way that honoured the embodied nature of the participants and the reciprocal nature of the interaction between them and myself as researcher. For this reason, interviews and focus groups were the main methods of data collection chosen, along with collecting drawings and words from the children in settings where they felt safe and in relationship to the researcher.
Based in the phenomenological tradition, I have chosen to challenge my preconceptions regarding what I expected to see when approaching the phenomenon under examination, by questioning my habitual ways of seeing. This has involved something similar to seeing an art object to be drawn by looking at it from new angles, new perspectives, new distances and through wide angle and close up lenses. Though I have chosen to find out how this phenomenon appears through the eyes of as many different participants as was possible within the confines of time and opportunity, and to present it through their eyes as well as mine, in doing this I am aware of the inevitability of my own acts of interpretation which are built into my choices of data selection and analysis though I have striven to honour the different perspectives and experiences of the participants.

The aspect of interpretation referred to above is drawn from the hermeneutic tradition which was originally concerned with the interpretations of historic texts. Wilhelm Dilthey argued that understanding was an outcome of empathy (Moses and Knutson 2007), which entailed the interpreter of a text attempting to imagine herself in the historical and cultural position of the person who had written the historic document. Dilthey distinguished the natural sciences, based on principles of cause and effect, from the human sciences which sought to understand social phenomena in terms of relationships. Dilthey proposed that understanding the whole text could only be done by understanding the individual propositions within it and their relationship to one another. At the same time understanding the individual propositions presupposes an understanding of the whole text. This led to the proposal that in hermeneutics there is a circular means of understanding between the parts and the whole, termed the hermeneutic circle. Dilthey’s ideas on the nature of empathic understanding and the importance of relationships form an important link to the literature on the ethics of care (Gilligan 1995 Kittay 1999) explored in the literature review. The need for a capacity for empathy was also espoused by Nussbaum (2001), a feminist, liberal philosopher, who believes this emotional attribute is an essential aspect of life in society that is learned in childhood and mediates tolerance and understanding of others’ differences. Empathy and relationship are also central to this research and the attitude taken by the researcher. Also, in keeping with the notion of the hermeneutic circle, the particulars of the individual experiences of the research participants as they relate to the understanding of the larger context, and the larger context as it influences the particular experiences are reflected in the literature review and discussion of this research. One
cannot be understood without the other and neglecting to see the particular phenomenon un-empathically, or without reference to the whole text it is embedded in, would be to give a purely localised picture to the detriment of the richness of the participants’ experiences.

Following on from Husserl and Dilthey, Heidegger reasoned that pure description of a phenomenon did not suffice to reveal its essential nature. He intuited that for everything that is immediately shown in a phenomenon something is also hidden or concealed, and finding its essence involves uncovering or revealing the hidden but intimately connected aspects of the phenomenon that are not accessible to cursory inspection (Giorgi 2007). Though Husserl had referred to interpretation in his philosophical system, Heidegger brought the hermeneutic interpretive aspect to the fore. He positioned understanding as a central way of being in the world and posited that pre-understanding was an organising structure of being (Laverty 2003). A central attribute of understanding is interpretation, with both aspects affected by the historical and cultural position of the individual being as she finds herself in the world. Interpretation requires constant consideration and checking on the historical and cultural influences of the interpreter who must work as in a hermeneutic circle, moving between the parts of textual information and whole body of the phenomenological text in uncovering and integrating meaning (Shinebourne 2011).

Gadamer, a pupil of Heidegger, based his ideas in Heidegger’s existential ontology whilst widening out the hermeneutic aspect into the process of understanding, which he believed was foundational to man’s being in the world. Gadamer considered Heidegger’s notion of pre-understanding or fore-structure that precedes the consideration of a phenomena and talks of this in terms of projecting meanings in attempting to understand texts. (Smith, Flowers and Larkin 2009). As the interpreter gets further into the text and understands more, his initial projection of meaning has to be revised and this revised version is then projected on the text again, and so the cycle continues. Gadamer states that this constant process ‘constitutes the movement of understanding and interpretation.’ (Gadamer 1990/1960: 267 quoted in Smith Flowers and Larkin 2009). In this way, as defined by Gadamer, understanding a text is a form of dialogue in which it is important for the interpreter to be aware of her own pre-understanding or bias to the point where the text can answer back and influence new understanding by its very otherness to her pre-conception. The governing attitude in
dialogue with a text is therefore, openness to what the text might bring and a willingness to see its strengths despite one’s pre-conceptions. That is also my proviso, kept in mind throughout the research that there is a reciprocal and dialogical interaction going on between myself and the participants of the research. I affect them as they affect me and vice versa so that my interaction with them in collecting the research data may well have affected how they responded to me. Similarly, how I responded to them may have dictated the following trajectory of the exchange, and so on. Knowing this allows me to consider the many different ways our interactions might have varied from what will become the final text.

Gadamer also emphasised the importance of the personal and cultural history of the interpreter which he regarded as the horizon of all understanding. Dialoguing with a text involves consideration of the history of the interpreter and the history of the writer of the text and of the text itself. Understanding arises from a fusion of horizons or the historic personal and cultural paradigms of the interpreter and text. One changes the other producing a multiplicity of meanings rather than one ultimate true meaning that was hidden in the text and waiting to be discovered. In agreement with this, I have attempted to provide an outline of my personal history and beliefs at the opening of this methodology chapter and to follow the philosophical stands that have influences my own ideas.

Aesthetics and the arts
Another aspect that has directed the choice of research methods employed here, arises in the area of aesthetics which has been another influential ideological strand in my experience. As the area of aesthetics is also a vast and contested area in philosophy, the term aesthetic as used here, is defined as ‘the pattern which connects’ (Bateson 1979) and avoids the equation with beauty and technique. Gadamer stated that:

> aesthetic experience is not one kind of experience amongst others, but the essence of experience per-se (Gadamer 1992 in Swayne Barthold 2010 p80).

In a similar way to moving from the particular to the whole context, as in the hermeneutic circle, aesthetics requires the withdrawal from the ordinary habitually lived context and a return to the particulars of the individual. Gadamer writes:

> The power of the work of art suddenly tears the person experiencing it out of the context of his life, and yet relates him back to the whole of his existence (Gadamer 1992 in Swayne and Barthold 2010 p 80).
In Gadamer’s view truth is conceived as the movement between the aesthetic withdrawal and individual embeddedness described in the quote, so that to stay solely in either position would constitute a failure of truth. This process also takes place in this research which requires its own aesthetic unity which can only be achieved by withdrawing to the universal and returning to the particular in a way that allows aspects of truth to emerge.

The reason for including the aesthetic aspect here is that throughout this research there is an attempt to integrate emotions and their cultural expression back into relationship with empirical knowledge drawn from behavioural observation, in order to intensify the emotional meaningfulness of the participants lived experience. Hence the decision to try to capture children’s emotional feelings underlying their observed behaviour through the aesthetic channel of expressive drawing. Philosophers such as Dilthry and Husserl warned about the loss of meaning that would occur if importance was only given to knowledge based on empirical facts. Similarly, the neo-Kantian philosopher Cassirer (1874-1945) recognised the imbalance that arose from privileging the empirical sciences as in Kant’s Critique of Pure Reason (1781). Cassirer referred to his philosophical endeavours as a phenomenology of human culture (Verene 2013). He stated that he was extending Kant’s emphasis on the cognitive and theoretical aspects of human spirit by incorporating the realms of linguistic thinking, mythical and religious thinking, and artistic perception so that, in his words, ‘the critique of reason becomes the critique of culture’. This enterprise, or systematic review as Cassirer termed it, whilst influenced by the Kantian endeavour to clarify discrete realms of knowledge, also attempted to include the more ephemeral realms of human experience, uniting science and the arts in a unique way (Verene 2013). Where Gadamer believed in the indissoluble unity between the individual and the world, Cassirer regarded consciousness as residing in the flowing of sensations and perceptions, governed by time, which was always changing through cycles of birth and death (Ferretti 1984). In his view this was divided from the world of things whose basic characteristics were identified as permanence, duration and being. He proposed that consciousness, caught in the flow of time can only make a connection with the things of nature through symbol formation which allows the possibility of transcending time, and establishing a form of durability. Symbols thus fix the objective world in a network of relationships that constitute its characteristics. He proposed that the world can only be known to consciousness through consciousness’ innate propensity for symbolizing and believed that the essence of being was this
spontaneous symbol making. Cassirer widened the focus from linguistic ways of knowing to all the symbolic forms employed by consciousness to capture meaning.

By “symbolic form” [is meant] that energy of the spirit through which a mental meaning-content is attached to a sensual sign and inwardly dedicated to this sign.... Our consciousness is not satisfied to receive impression from outside, but rather ... it permeates each impression with a free activity of expression. In what we call the objective reality of things we are thus confronted with a world of self-created signs and images (Cassirer 1923-29 quoted in Nirenberg 2011).

This quotation illustrates that in certain ways Cassirer agreed with the notion that the nature of human consciousness prevents the apprehension of an objective reality unworked upon by its spontaneous symbol making. As symbolic forms are never completely separated from the sensory but are connected to it through expression, the activity of consciousness as it changes through time is reflected in the changing meaning of symbols which cannot remain totally static. Despite the dynamic aspect of symbols, there is always something lost in the activity of symbol making which removes consciousness from the immediacy of the object. Cassirer, though working in the Kantian tradition, was in effect starting from the opposite position to Husserl by seeking a system that linked the ‘thing itself’ to consciousness rather than consciousness to the ‘thing itself’, whilst recognising similar difficulties (Luft 2004, Choi 2009).

From a related psychological perspective William James (1842-1910) also considered the difficulties in capturing the flow of human consciousness outside the crystalized moments that could be encapsulated in language (Dryden 2001). James felt that the moments that could be put into words were only a very small part of what went on in consciousness and were what psychology concentrated on. The much larger transient flow of consciousness, consisting of

…innumerable relations and forms of connection between the facts of the world …… Were [so] numberless, [that] no existing language is capable of doing justice to all their shades (James in Dryden 2001 p 273).

Suzanne Langer (1895-1985), influenced by Cassirer, also engaged with the elusive in the flow of consciousness and agreed with James that language was inadequate in capturing the essential nature of consciousness, and especially at capturing the subtle nuances of the affective areas of conscious life. She proposed that works of art, could capture aspects of this flow as their essential form expressed the dynamics of the flow of consciousness. She spoke about the visual arts, as artistic modes through which complex affective dynamic form is manifested. Langer proposed that though artworks can be seen as symbolic forms, they are not like discursive language, in which symbols refer to something outside themselves and can be translated into other signs without loss
of meaning. Instead the non-discursive symbols of art refer only to themselves and cannot be translated into any other symbol system without a loss of meaning (Langer 1957). The arts, she believed, convey ideas of feelings by artistically embodying them in such a way that they can be felt by any more or less adequate aesthetic response to them (Abbs 1989).

Gadamer refers to Heidegger’s ontological truth that is addressed in art by the revealing, un-concealing and manifesting on one hand, and the concealing and sheltering on the other. The shrouding and concealing that accompanies the un-concealing is tied to human finitude, moving us away from the idealistic notion that we can apprehend the totality of meaning (Gadamer 1986). The symbolic in the arts, therefore, does not just point towards a meaning, but allows a meaning to show through it by representing meaning itself. Art work for Gadamer, and also for Langer is not representation, but presentation. Gadamer likens art to a form of play in which there is a free movement between intention and possible goals which are outside the normal purposive activities of everyday life. Art like play invites a ‘playing along with’ from the spectator who is invited to join in the process from their own perspective. The work of art is not something that is independent of the spectator, but something that is offered to the spectator for his own consideration and reaction. This removes art further from subjectivity and is viewed by Gadamer as an event in which there is a dialogical aspect. Despite the intimacy of the aesthetic encounter, the artist and spectator, Gadamer suggests, are participating in something that moves beyond their personal experience to something shared and culturally understood. This idea is also reflected in the work of the psychoanalyst D.W. Winnicott (1986) who regarded this form of shared reality as arising initially in the ‘potential space’ between the mother and the infant, created through imaginative play. The importance of this shared reality in enhancing symbolic development, is foundational to working through arts therapy with children. The potential space that Winnicott described, is a psychic space within natural space, created within a trusting relationship through play, as in the arts therapy encounter. This space is opened up in the clients’ consciousness, between unconscious reactivity and their concretely perceived reality and is a space where the interplay of symbolic constructs become open to synthesis and meaning making (Winnicott 1986). When early relationships have not been optimal in providing this potential space, the symbolic sophistication needed for children’s engagement in the school system may not have been achieved. Bourdieu’s (2002) concept of ‘habitas’, as both a system of how
practices are produced, and a system of how these practices are perceived and valued, is cogent to these considerations. The constituents of ‘Habitas’ include socialization within the family and how the family is positioned in the social structure. Habitas is delineated by a symbolic network of value laden norms and practices based on the holding and acquisition of economic, social and cultural capital. Bourdieu and Passeron (1977) contend that education systems operate to maximise opportunities for those from middle class habitas, perpetuating the social order by only recognising and valuing middle class pursuits and interests. Non middle class communities, such as those explored in this research, are therefore at a disadvantage both actually and symbolically from the outset of their educational experiences. This initial disadvantage is compounded by the concentration on rational and linguistic knowledge favoured in the current education system. The emphasis on the rational, leaves little room for furthering symbolic development in the emotional aspects of being, which are achieved through relational and artistic opportunities.

Drawing on these ideas has influenced another methodological choice made in this research which is to collect the responses to arts therapy of the children and young people through their art-work. This allows for the expression of their emotional content, in the way proposed above, through a symbolic system that bypasses some of the difficulties explored in expressing the feeling content of experience in verbal language. As apprehension of the feeling content in art takes place through each individual’s emotional resonance with the image, each individual viewer is invited to respond to the images through their own intuitive feelings. As Merleau-Ponty has proposed, each person is embodied in the world not separate from it, and perception through the body is what constitutes consciousness (Letche 1996). These ideas emphasise the importance of bodily sensations, movements and feelings as the substrata of human consciousness and experience. The arts, allow for the capture and expression of that vast part of embodied human experience and feelings that cognitive and empirical knowledge systems cannot adequately net. Concentration on cognitivism and rationality in the education system therefore, fails to adequately convey the equally important feeling world of human culture. This makes the promise of a holistic education, espoused in educational policies, unrealisable, until recognition is given to the feeling aspects of human cultural expression. Arts therapy work is based in the world of feelings so that requesting a drawing of the self from the children and young people also reflects the belief that their embodied nature is the essence of their consciousness and that aspects of this may
emerge through their artwork. Recognition of the ambiguous nature of human existence, with its numerous paradoxes which cannot be reconciled through reason, is reflected and in some way satisfied through the aesthetic element of the arts as described above. The feelings which every individual experiences, in which two unconscious conflicting emotions are present in one instance, cannot be expressed in words, which are consecutive in nature. These feelings can, however, be simultaneously presented in an expressive art form in a way that is similar to the way they occur in the stream of consciousness. Through the arts therefore, paradoxical ideas and feelings, which may not be expressible in everyday language, can be expressed and metaphorically held outside the body, contained within the art piece, or apprehended in the art work of others.

**The Role of the Arts Therapist**

The transfer of sometimes conflicting and inexpressible internal emotions to an arena that can be apprehended and felt as an aspect of shared humanity, provides relief from the feeling of aloneness that our mortality brings up. Finished art pieces can be seen as holding paradoxical feelings and in art therapy terms, as containers for both positive and negative emotional content held in a form that satisfies some innate sense of resolution. This is particularly important when applied to working through arts therapy with children and young people who cannot find verbal ways of expressing the contradictions and paradoxes that have arisen from their experiences of trauma and disturbance. In considering art therapy work, the aesthetic element is not restricted solely to art products, but is also manifest in the processes of engaging in artistic activity. This kind of engagement in art activity between the arts therapist and the child opens up the symbolic ‘potential space’ from which cultural understanding can grow (Winnicott 1986). Artistic creation does not require an end product and often the aesthetic emerges through the use of movement, the creative and destructive use of materials within a period of time, the use of space and acoustics or the qualities of sound and silence. Aesthetic meaning can emerge from seemingly random objects and activities when they are held within a framework, such as an arts therapy session, which is designated as artistic, as Duchamp’s (1917) urinal has illustrated.

The nature of the work that is carried out by arts therapist draws on the philosophical and artistic influences explored above. Authenticity is an essential component of both artistic practice and the therapeutic relationship, both of which allow arts therapists to
apprehend the lived experience of their clients. This experience is manifested through a number of interrelated and complex interactions between the child, the arts materials and processes, and the relationship with the therapist, and has been well documented in arts therapy literature. The arts therapist in turn must remain open to all the nuances of these interactions whilst inevitably making sense of them through the filter of their personal histories and experiences. The arts therapist keeps journals consisting of notes and artwork that track possibilities and changes in the therapeutic process, as well as reviewing the artwork produced in the sessions, and in supervision, which assists in apprehending the essential nature and progress of the therapeutic endeavour. The position of the phenomenological hermeneutic researcher, therefore, is also very much in line with that of the arts therapist in that they must continually examine and re-examine their own interpretations arising from their own biases, brought into play by the interactions with research participants. The arts therapist, in common with the hermeneutic phenomenological researcher, recognises that they operate from a position based on their personal histories and experiences, with recognition that these aspects are also essential to the interpretive process.

Insider Considerations

In consideration of the insider nature of myself as art therapist and researcher, approaching the research from a phenomenological hermeneutic perspective allows for my own situatedness within the overlapping contexts of the research participants. I work within the situation I am researching and have intimate knowledge of the processes from my own position as art therapist within one of the schools using the Blue Box service. An awareness of the ways in which being an insider can compromise the validity of the research will also be a constant consideration. For that reason, I did not use my own therapy work at the Blue Box as part of the research though inevitably my own experience informed my selection, analysis and interpretation of the data collected. Though being an insider and a participant in the phenomenon being examined hold the potential of researcher bias, it also has the advantage of allowing a more intimate relationship with the experiences and expressions of the adults, young people and children involved. As well as this, when conducting interviews and focus groups, there is a certain trust placed in myself as enquirer as I am already known to many of the participants, though not on a personal therapeutic level. Conversely, this may affect the interviews and the focus groups on the level of participants wishing to please the interviewer, hoping to sustain the service, or not wanting to appear negative.
Validity, Reliability and Trustworthiness

Drawing on the philosophical section above, consideration will now be given to the areas of validity reliability and trustworthiness in relation to this research. McLeod states that questions of validity in qualitative research are far from simple, and hinge on whether the researcher is plausible and trustworthy (McLeod 2011). Smith Flowers and Larkin (2009) present four broad overlapping ways in which validity requirements can be satisfied in hermeneutic phenomenological research. These are, sensitivity to context; commitment and rigour; transparency and coherence; impact and importance. In the following section these issues will be considered in the context of this particular research.

Sensitivity to context: My insider position has been an advantage in being aware of the nuances of the cultural context and the necessity to maintain an empathic, open and non-judgemental stance in relation to all the participants. Given that I was enquiring about the emotional lives of children and young people in school settings, I was mindful that this could not be done in a detached and distant manner. Being known even distantly to many of the interviewees allowed a level of trust to be achieved within the relatively short time-span of each interview or focus group. This was easy to achieve in semi-structured interviews with principals and teachers as the power differential was small and in favour of the interviewees. For this reason, taping these interviews did not pose any difficulties or provoke any concern from the participants, once they had been informed of the anonymity of their contributions. Similarly focus groups carried out with teachers and therapists posed no significant power issues so taping these group conversations did not cause any concern from the participants.

With regard to the parents of the referred children and young people, issues of sensitivity were paramount as the power differential between them and myself became a matter for concern. I was aware that I held a position that they might perceive as one of authority and I was mindful that my approach would be similar to that of a therapist, in terms of being non-judgemental open and empathic. Awareness of contextual concerns about exposure, and in order not to inhibit what could be spoken about, I made the decision not to record these interviews but instead wrote notes about what had been said as soon as each interview ended.

Similarly, when it came to collecting the perceptions of the children and young people themselves, I wanted them to feel secure with a known adult. With this in mind, the
decision was taken that the person collecting the data should be their own therapist, who would collect the data by asking their clients for self-drawings and by recording in writing any accompanying comments or remarks their clients made about this process.

Sensitivity to the participants in the research also extended to the data collection storage and analysis, where confidentiality was paramount. Smith Flowers and Larkin suggest that the writing of the research report also has to show sensitivity to the contributions of the participants by cautiously presenting interpretations as possible readings, and using the participants’ words and images to keep them constantly present, which is the approach taken in this research.

**Ethical Issues**

The issues that arose above in regard to sensitivity are closely linked to the ethical considerations in this research. McLeod (2011) discusses two aspects of ethical considerations, ‘procedural ethics’, which are concerned with the ethical procedures required by research institutions, and ‘ethics in practice’ which are concerned with moment by moment ethical decisions in the relationship with research participants. As ethics in practice follows on from sensitivity to context this will be discussed first and ethical procedures will then be discussed under a separate heading.

**Ethics in Practice:** As a practicing art therapist working with children and young people, ethical issues are a matter of constant concern and there are a number of ways in which these issues are kept to the fore. I maintain membership of The Irish Association of Arts Therapists (IACAT) which was also required of every therapist working for the Blue Box at the time this study took place. All members of IACAT agree to abide by this professional body’s code of ethical practice which covers the areas of client confidentiality, non-exploitation of clients, safe storage of therapeutic material and requirement for supervision. Client confidentiality is of paramount importance to arts therapists as it is in any therapeutic profession which involve the emotional needs of vulnerable individuals. Not only this, but inherent in the therapeutic approach is respect for each individual regardless of their class, culture, ethnicity gender sexuality or age. In approaching this research, I came from this tradition, with some trepidation about how all these considerations could be honoured whilst asking questions that touched upon the raw emotional experiences of some the participants’ lives. I did not approach this area lightly, or with the aspect of an outside observer peering into people’s lives and then departing. This research is a continuation of my involvement with a community
whose emotional needs are of as much concern to me as the emotional needs of humanity in general of which I am a part, so in this regard the research participants and myself are not separate. Ethical considerations also dictated that the level of questioning with more emotionally vulnerable participants did not lead them into revisiting traumas in a manner that would re-traumatise them. For this reason, participants were met on the level they were willing to engage at and not probed for more information than they were willing to offer on their own terms.

Bearing this in mind my approach to interviewing has been described above and has been carried out with considerable ethical sensitivity. Similarly, knowing that the other therapists working with the Blue Box service were also bound by the same ethical code, I spent time exploring ethical issues with them as a group and my final decisions were affected by their views and reservations. These discussions culminated in an agreed approach to collecting the pictures and words from the children and young people they worked with, which included ensuring that the data collected was confidentially transported and stored.

Another important way in which ethics in practice is maintained is through supervision. It is one of the tasks of the clinical supervisor to oversee the ethical practice of their supervisees and my own clinical supervision took place regularly throughout the research and included the ethics of this research. At the same time the research work I was involved with was regularly discussed with my research supervisor, the Blue Box director and colleagues who questioned every aspect of my research choices and methods and raised ethical questions that needed to be addressed.

**Procedural Ethics:** In the first stages of the research ethical approval was required and a detailed submission documenting the way the research was to be carried out, along with all the informed consent forms that would be used with research participants, was sent to the ethics committee. The submission was approved by the Education and Health Sciences Research Ethics Committee of University of Limerick on 23.06.2010 (EHSREC09- 128). Informed consent was obtained from every participant starting with school principals, in which permission was asked to carry out research in the school, as well as for the interview. Informed consent was also obtained from parents whose child was asked to participate in the research, and then a separate informed consent was obtained from each child who said they wanted to participate in drawing themselves.
The Blue Box arts therapists who collected consents from parents and children read the information, which was written at an age appropriate level, to smaller children or to other participants who were unable to read themselves. Therapists answered any questions this information raised before participants signed the consent forms. In the case of parent interviews, Blue Box arts therapists asked parents of their clients if they would be interested in talking to me about their child’s arts therapy. This was done in the final meeting with parents following their child’s course of arts therapy at the end of the school year. Information sheets were given and if the parents were willing to meet me, consent forms were signed and the parents gave contact numbers that I could phone to arrange a meeting.

If parents, children or young people did not want to participate in the research they were not pressured or asked again. All informed consents included the option of withdrawing consent at any time.

All consent forms and data were collected and stored in a locked filing cabinet and care was taken to use only initials of children on their drawings and to use a coding system to identify which therapist had collected the drawing. In writing up the research every attempt has been made to keep the anonymity of local areas, schools and participants.

**Commitment Rigour, Transparency and Coherence**

The ethical considerations discussed overlap with the area of commitment and rigour that should permeate the entire research. As researcher I was committed to ensuring the research participants were comfortable with the data collection processes and that at I attended closely to what they were saying. I also ensured that the therapists who collected the pictures and views of children and young people were well informed of the procedures expected and discussions took place in which their own concerns and questions were answered and ethical issues agreed. In relation to choosing research participants, in order to answer the research questions, all the schools using the service were approached and all the schools agreed to participate in the research. Within this larger pool of possible participants, individual children, young people and parents were given the choice to participate. Within this, every possible participant was approached so that no pre-ordained selection criteria were applied by the researcher. Commitment and rigour in the analysis of the data collected will be dealt with under the analysis section below. Selection of the data presented in the results section was also approached with commitment and rigour, and bearing in mind that as there were a large number of
participants, illustrations and quotes from the text were drawn from across the data. This was in respect of drawing on all the participants’ accounts ‘even handedly’ (Smith Flowers and Larkin 2009). During the analytic process there were periodic meetings between the researcher and her academic supervisors where critical reflections were given and received. In addition, the researcher’s clinical supervisors at Blue Box advised on professional and ethical issues and care aspects relating to the participants, as well as possible alternative interpretations of the data. Notes were made at these meetings with academic and clinical supervisors which modified and enhanced the researcher’s process whilst increasing awareness in the area of researcher bias.

The transparency and coherence of the research should also inhere in the clarity of description of how the research methods were employed and detailed description of the analytic process, both of which will follow under the headings research methods, and analysis.
Part 2. Research Methods

Introduction

Given the philosophical bases described above, this research is qualitative in nature and the methods described below are consistent with a hermeneutic phenomenological approach. Influenced by the philosophers discussed above, my approach in this research is based on my belief that each individual’s experience arises from a lived embodied process embedded in the physical emotional historical cultural and relational world. This is reflected in the choice of collecting, analysing and collating data from participants with different perspectives, and by using different research methods, exploring the phenomenon under research by seeing or hearing multiple instances of it from different sources by using different methods and by squaring the findings with others it needs to be squared with (Miles and Huberman 1994).

These methods included semi-structured interviews, focus groups, drawings of children and young people and journaling by therapists involved in the Blue Box. In addition, some of the data was collected by colleague arts therapists working in different schools, and these therapists were also consulted on the collection and interpretation of data, thus also providing investigator triangulation (Cohen, Manion and Morrison 2007). Initial findings were summarised and sent to the participants for checking.

The research methods chosen were selected to address the overall question: Why do 17 schools in Limerick need to access an arts therapy service that is not part of the statutory provision for children with emotional and behavioural difficulties? As the majority of the schools using the service had DEIS status and drew on areas of the city recognised as being socially disadvantaged, the four specific research questions that arose from the overall question are:

1. What are the expressed needs of a sample of schools in Limerick in relation to children from socially disadvantaged areas with emotional difficulties that influence them accessing the Blue Box service?
2. What are the school and parental responses to the Blue Box arts therapy service?
3. What are the perceived effects of arts therapy with children in these schools?
4. How does the culture of the arts therapy service as an outside agency, interface with the culture of the schools?
Data Collection

In order to gain as full a picture as possible in relation to these questions data was collected from all participants in the Blue Box service in schools. As 17 schools were using the service at the time when this research was undertaken, the principals of all 17 schools were approached to ask if their schools would take part. All 17 principals gave permission for their schools to participate in the research and also agreed to a semi-structured interview with the researcher at the outset of the research. Table 2 below shows the make-up of the 17 schools including whether they were national or secondary schools and whether they had DEIS or non-DEIS status. Table 3 shows the different groups of participants involved in the research, and the research methods used with each group.

<table>
<thead>
<tr>
<th>School Type</th>
<th>No</th>
<th>Urban Limerick</th>
<th>Regeneration area</th>
<th>Co Limerick</th>
<th>Boys</th>
<th>Girls</th>
<th>Mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Non-DEIS</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Primary - DEIS</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Secondary - DEIS</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
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<tr>
<td>Other</td>
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<td></td>
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<tr>
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<td>16</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>10</td>
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</tr>
</tbody>
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Table 2.

<table>
<thead>
<tr>
<th>Participants</th>
<th>No</th>
<th>Research Method</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Principal or representative</td>
<td>17</td>
<td>Semi-structured Interviews</td>
<td>Sept –Nov 2010</td>
</tr>
<tr>
<td>Home School Liaison Teachers</td>
<td>8</td>
<td>Focus Group</td>
<td>Feb - 2012</td>
</tr>
<tr>
<td>Children/Young People</td>
<td>50</td>
<td>Self-drawings (3 drawings - before, during, after therapy) plus words</td>
<td>Sept 2011- June 2012</td>
</tr>
<tr>
<td>Parents</td>
<td>18</td>
<td>Interviews</td>
<td>April – June 2012</td>
</tr>
<tr>
<td>Blue Box Therapists</td>
<td>9</td>
<td>Focus groups (2)</td>
<td>May - 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>journaling (4)</td>
<td>Sept 2011 – May 2012</td>
</tr>
<tr>
<td>Total Participants</td>
<td>102</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3

In keeping with the research methodology described, the intention was to examine the perceptions of all those involved in the service to build a comprehensive picture of what might be going on from the different participants’ perspectives. A full description of the
data collection methods will be described below under participant headings to aid transparency and coherence.

**School Principals or Representatives**

The first step necessitated interviewing the principals of the schools where the service was operating to find out their perceptions of the emotional needs of their pupils and their reasons for accessing the service. Semi-structured interviews were chosen as they enable a rapport to build between the researcher and the participant (Smith Flowers and Larkin 2009), allowing the participant the space to think, speak and to follow their own trains of thought whilst being heard by the researcher. In this way they are also valuable for illuminating background issues that are difficult to access, getting to the heart of the matter being researched (Tracy 2013).

I contacted the principals of the seventeen schools using the service, in writing (see appendix) and by phone, in September 2009 to explain the nature of the research and to ask if they would be willing to participate. All the principals agreed to allow their schools to participate in the research and 15 agreed to a taped interview to find out their views, with two further principals designating members of staff to attend the interview in their place (these two principals were newly appointed and felt they didn’t know enough about Blue Box to do justice to the interview.) This meant that all 17 schools responded to the request to participate and signed informed consents in line with ethical considerations which have been discussed.

Semi-structured interviews, with principals or their representative took place in a one-to-one private space and length of interview varying from 15 – 45 minutes. I asked 8 questions (see appendix) which were formulated to prompt discussion on the areas suggested by my research questions, whilst allowing flexibility (McLeod 2011). These questions were not rigidly adhered to, and though they guided the interviews, the respondents were free to follow their own particular trains of thought. The interviews were taped and transcribed and initial notes and summaries were written on each one.

**Home School Community Liaison Teachers**

The Home School Community Liaison scheme was started in 1990 and extended to all DEIS schools in 2005-6 (DES 2013). The purpose of the scheme was to appoint a teacher with the appropriate skills to liaise with the parents and communities of the children in the school to support their inclusion in the education system. The post was a non-teaching one to allow flexibility for home visits and other community activities. In
the DEIS schools where the Blue Box service operates, the HSCL teacher is usually the link person between the service and the school, due to their unique knowledge of, and access to the families and parents of the children referred to the service. The HSCL teacher is also actively involved in the referral of children and gives and receives feedback on the progress of the therapy to the therapist and the parents. Because of their close involvement with the Blue Box it seemed necessary to explore their perceptions of the needs of families and children who were referred to the service, and how they saw the service operating.

After some consideration, which included respecting the limited time HSCL teachers had available in their busy schedules, and also knowing that they regularly met as a group, a focus group appeared the most appropriate research method to explore their perceptions. As a result, I attended one of the HSCL area monthly meetings to ask if there were any members working with Blue Box in their schools willing to meet up for a focus group discussion on the work. Seven HSCL teachers, who worked within eight of the seventeen schools participating in the research, signed informed consent forms at this meeting and the focus group took place in February 2012. There were eight HSCL teachers present (one other HSCL arrived and signed consent) at the focus group representing four primary schools and four secondary schools where the service was taking place. I asked questions that were formulated after considering the thematic areas that arose from the interviews with school principals. Five questions were asked during the course of the group to start and focus the discussion (see appendix). The group discussed issues with each other and compare their experiences of the Blue Box service. The discussion was taped with prior agreement, transcribed and summarised and was returned to the group for comments. The transcribed discussion was analysed firstly under thematic analysis, comparing themes with those from the principal interviews, and secondly using Interpretive Phenomenological Analysis.

**Children and Young People**

The United Nations Convention on the Rights of the Child, Article 12, states that:

> … the child who is capable of forming his or her own views (shall be assured of) the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child (1989, para. 1).

Mindful that the children and young people at the centre of this research had this right, when the research was initially conceived (2009-2010) I intended to honour this by bringing their views on the phenomenon under study to the forefront. This would be in
keeping with recommendations from both educational (Ruddock and Flutter 2004), and arts therapy sources.

Initially, I looked into using an evaluative instrument with the children and young people to see if this would capture any changes of feeling they had before and after a series of therapy sessions. The instrument I chose was the Strengths and Difficulties Questionnaire (SDQ), a brief behavioural screening questionnaire about 3-16 year olds. I chose this because it had been used in other related studies conducted with children in the Limerick area (Humphries et al 2011). In 2010-11, I ran a short pilot project where four therapists used the questionnaires with some of their clients in order to decide if it would be feasible to use the SDQs with a larger sample the following year. This entailed meeting with the therapists, giving them SDQ packs with information and questionnaires and synchronising methods of collecting informed consents from parents and children, and standardising delivery collection and storage of the questionnaires. Discussions took place, both with the therapists involved and with my research supervisor, as to the appropriateness of using a behaviourally based instrument such as the SDQs. The therapists were concerned that the younger children didn’t get a say in the process and also pointed out difficulties in meeting some of the parents. Simultaneously I was re-thinking my own philosophical stance as I gained more understanding of the research process. As a result of all these factors I decided that the SDQs were not appropriate for use in this research, but I was anxious to keep the children and young people central to the process and give them some kind of voice.

As an art therapist I had been used to finding out more about the feelings of children and young people in their artwork rather than in what they were able to express verbally. This led me to explore the literature related to accessing children’s voices through creative means including artwork. I noted that in the research by Nic Gabhainn and Sixsmith (2005) creative methods were used to elicit the voices of children and young people on the subject of well-being. The scope and complexity of their methodology involved using cameras and holding discussion groups which were not appropriate in this research.

The use of drawing as a creative means of research has a long history. Betts (2005) conducted a meta-analysis of art therapy research tools. These research tools, based on psychological methods, seek to establish ways of collecting drawings from adults and
children giving specific instructions on what should be drawn for the purpose of further analysis. Analysing drawings using art assessment and evaluation tools is controversial as the interpretation and meaning of art works is partially based on individual apprehension as has already been discussed above. This brings up a number of problematic issues in these instruments such as inter-rater reliability and cultural bias. Betts concluded that, ‘When any form of artwork is used to gain insight about clients, art therapists need to be aware of the benefits and limitations of their approach and the tools they use (Betts 2005 p 77)’. Using such evaluative tools would not have fitted with the hermeneutic phenomenological approach of this research because they are based on formulas for interpretation which aim at establishing objective classifications of meaning based in an empirical methodology. Hence the decision was made not to utilise existing art therapy analytic tools or to analyse the drawings beyond giving a description of how they appeared to the researcher.

After research and discussion with other arts therapists in the service, in which ethical and therapeutic issues were uppermost, I decided that therapists involved with the children’s therapy would collect three drawings from each consenting child before, during and at the end of a course of therapy (usually lasting the school year from September to June). The therapists’ input was that this research element should be separated from the therapy, and that time would be allowed prior to the session starting, where the research drawing would be asked for. Also it would be made clear to each child and young person that this activity was voluntary, and that it was for me as the researcher and not a part of the therapy content. An informed consent was asked for from each child and young person which was explained to children and young people by their therapist in line with ethical considerations already discussed. A lot of discussion took place with the Blue Box arts therapists and supervisory team, prior to data collection, about what the children and young people would be asked to draw in order to capture their perceptions. It was felt by the therapists that one of the main concerns of arts therapy was to promote a sense of self. It followed that asking children and young people to draw themselves seemed most appropriate, with the proviso that they could represent themselves in any way they chose. Therapists were asked to record any comments made by children about this process, especially when the final drawing was collected. At the collection of the final drawing the therapists had short question sheets which they used to record children’s answers (see appendix 2). This part of the research took place in the 2011-12 school year and the table below gives the schedule
and procedures which were carried out by ten arts therapist (seven art therapists and three music therapists) with their clients.

Leitch and Rampal (2012) stated that when using the art-work of children and young people to research their views and feelings, no interpretation should be made independently of asking the producer of the work what they meant by it. Following this advice, I asked the arts therapist involved in collecting the pictures to talk to each child about their work and ask for their feelings at the end of the course of therapy sessions, and record what was said on a sheet provided. Some children were able to respond to these questions, and some were not and both kinds of reactions appear with the sets of pictures that follow in the results section. The main intention of this part of the research was to give a voice to the children and young people at the centre of the research. Thompson (2008) discusses the complexity of researching children’s voices and acknowledges that though voices imply language, there are also emotional and non-verbal ways of expressing opinions. Attempting to include the voices of children and young people demands awareness of, and vigilance in, adhering to ethical concerns.

In line with the methodological stance discussed in the methodology section above, there is an understanding here that the voices of the children as expressed through their artwork and words arise from a particular context and time in their developmental process and relationships that eludes a fixed interpretation of their reality. Though there are a number of ways that researchers can classify and analyse children’s art, given the proviso just stated, the choice I have made is in line with my methodological position. As such any interpretations made in the results section regarding the artwork will be tentative and discursive rather than systematically analytical. The inclusion of the drawings as part of the research report is based on the rationale that each person viewing the drawings will see them through the filter of their own particular experiences as well as viewing the tentative discussions of others. Ethical considerations therefore governed the decisions taken regarding the research methods used to explore the responses of children and young people.

From a total of ninety-three children who were attending the Blue Box service in schools, fifty consents to participate were received from parents and children. Three drawings from each client were requested by their arts therapist at the beginning, middle and end of their course of arts therapy. Complete sets of three drawings were required
for inclusion in the research. At the end of the data collection period there were thirty-one complete sets of three drawings in total. Table 4, gives a detailed summary of the data collection process in this area.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.09.11</td>
<td>Preliminary meeting with therapists</td>
<td>Research procedures and rationale explained to therapists\ Information and consent sheets for parents and children distributed\ Sets of colouring pencils and A4 card handed out\ Instructions on:\    - obtaining consents and returning to Blue Box\ - asking for first drawing before start of first session using colouring pencils on A4 white card\ - only initials of client and No 1 on back of card with any relevant comments from child (coding to ensure anonymity)\ Returning drawings in envelopes to Blue Box in to be filed securely by researcher</td>
</tr>
<tr>
<td>Sept-October 2011</td>
<td>Received consent forms (50/93) Received 50 first drawings from all therapists</td>
<td>Filed into folders in locked filing cabinet with coded identity of client, therapist and school</td>
</tr>
<tr>
<td>Dec 5 2011</td>
<td>Meeting with therapists to discuss collection of second drawing before last session of term</td>
<td>More A4 card distributed. Recap on consent – with children given the option not to participate if they choose not to.</td>
</tr>
<tr>
<td>Dec 10th-18th</td>
<td>Second drawings collected</td>
<td>Drawings returned to Blue Box, number and client coded and filed by researcher with 1st drawings</td>
</tr>
<tr>
<td>April 25th 2012</td>
<td>Meeting with therapists re final drawing</td>
<td>Instruction sheet handed out plus sheet for any verbal comments\ Instructions for collecting final drawing:\   - Ask for last drawing before final arts therapy session starts\ - When drawing is complete show client photocopies of previous 2 drawings\ - Ask if they remember drawing them and what they think of the three drawings\ - Ask how feeling at the end of their course of therapy</td>
</tr>
<tr>
<td>April-June 2012</td>
<td>Final drawings plus verbal comments returned 31/50 complete sets</td>
<td>Drawings and verbal comments identity coded and filed in sets for each client. Drawings sorted into partial and complete sets, scanned into computer, coded with comments added</td>
</tr>
<tr>
<td>July 2012</td>
<td>Initial review of drawings</td>
<td>By researcher</td>
</tr>
<tr>
<td>April 2013</td>
<td>Review of 31 sets of drawings by 3 senior Blue Box arts therapists</td>
<td>Review of pictures with discussion. 10 sets of drawings selected using criteria\ a. All three drawings completed\ b. Accompanying text or comment\ c. Corresponding Parent interview if possible</td>
</tr>
</tbody>
</table>

Table 4
Parents

Speaking to the parents of the children and young people involved in Blue Box arts therapy is a normal part of service protocol. As a result, Blue Box therapists aim to speak to parents at various times during the course of therapy but particularly at the end of a course of sessions. In keeping with research findings (O’Brien (iii) 2008 Reay 2004 2005), mothers, grandmothers and foster mothers represented the majority of parents who attended meetings with their children’s arts therapist, although fathers and couples were also represented. In April 2012, the researcher asked therapists to give out information and consent forms at their final meetings with parents, to ascertain if they would be willing to speak to me about their views of the Blue Box therapy service and their child’s therapy. Eighteen consent forms were completed and returned and the interviews were carried out in the formats described in the table below. I made a decision, based on my experience of talking to parents of children I had been seeing over the years, not to tape the conversations with parents, as I had done when collecting data from school principals, teachers and therapists. My feeling was that this would restrict what parents might be able to say and would be a barrier between what they had to say and me as listening feeling person. As a result, detailed notes on what was said by parents were made immediately after each interview along with separate journaling of other contextual aspects that were outside the actual verbal exchange.

<table>
<thead>
<tr>
<th>Relationship to client</th>
<th>Client Gender</th>
<th>Age</th>
<th>Face to face</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Male</td>
<td>10</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>8</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>9</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>17</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>14</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Male</td>
<td>13</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Male</td>
<td>15</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>8</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Male</td>
<td>6</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>10</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>13</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother (2)</td>
<td>Female</td>
<td>9</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>15</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Grandmother</td>
<td>Female</td>
<td>11</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>7</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Grandmother</td>
<td>Female</td>
<td>7</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Female</td>
<td>9</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Table 5.
As can be seen in Table 5, all the parents interviewed were female and included 1 foster mother and 2 grandmothers who were also guardians. Each carer was asked what they felt about their children going to arts therapy in the school; whether they had actively asked for therapy or whether the school had suggested it; and how they felt arts therapy sessions had affected their child. Interview times varied from ten minutes to 45 minutes depending on the length of time that carers were comfortable to engage.

**Blue Box Arts Therapists**

The views of the therapists were sought through two focus group sessions which took place in April-May 2012. The two groups were made up of different therapists so that 9 therapists in all took part. The discussion in the group centred around a set of pre-prepared questions (see appendix) which were designed to focus on different aspects of the work that related to the research questions. Group I was led by myself as researcher in which I asked the prepared questions whist giving no opinions of my own. Because I felt that this format may have been slightly restricting for the therapists who were trying to respond in ways that they thought were helpful to me, I asked a colleague to lead a second group of therapists. This second group was made up of therapists who had not attended the first group and the questions were asked by my colleague, a senior therapist who joined in the group discussion, resulting in richer responses.

<table>
<thead>
<tr>
<th>Make-up of Therapist’s Focus Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group 1</strong></td>
</tr>
<tr>
<td>Art therapist</td>
</tr>
<tr>
<td>Art therapist</td>
</tr>
<tr>
<td>Art therapist</td>
</tr>
<tr>
<td>Music therapist</td>
</tr>
<tr>
<td><strong>Group 2</strong></td>
</tr>
<tr>
<td>Art therapist</td>
</tr>
<tr>
<td>Art therapist</td>
</tr>
<tr>
<td>Art therapist</td>
</tr>
<tr>
<td>Music therapist</td>
</tr>
</tbody>
</table>

Table 6.

**Data Analysis**

There is agreement that issues of validity in qualitative research are addressed in part by making explicit the methods used to gather data, and by giving a detailed description of the analytic methods used (Smith Flowers and Larkin 2009, McLeod 2011). The diagram below shows the plan of analysis for this research.

As can be seen, two methods were used to analyse the data collected; thematic analysis and IPA. Both methods and their compatibility will be discussed below with a detailed
account of how they were used in this research. This is in line with the view that the researcher has the responsibility to describe their analytic path transparently for reasons of credibility (Tracy 2013).

**Plan of Analysis**

Interpretive Phenomenological Analysis (IPA) was developed by Johnathan Smith and based in hermeneutic phenomenology. The resultant analytic process using this method is aimed to be multi-directional and open to change so that the analysis only becomes fixed in the process of writing it up. This openness and flexibility allows for moving between the small segments of text and the whole text in a hermeneutic circle. Repeated reading of the text together with the journaling of early impressions, allows for deeper interpretations of the material to emerge. Smith Flowers and Larkin (2009) recommend

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Figure 3. Interpretive Phenomenological Analysis (IPA) was developed by Johnathan Smith and based in hermeneutic phenomenology. The resultant analytic process using this method is aimed to be multi-directional and open to change so that the analysis only becomes fixed in the process of writing it up. This openness and flexibility allows for moving between the small segments of text and the whole text in a hermeneutic circle. Repeated reading of the text together with the journaling of early impressions, allows for deeper interpretations of the material to emerge. Smith Flowers and Larkin (2009) recommend
that IPA is more appropriate for use with small numbers of participants (up to 10). For this reason, IPA was the method used to explore the emergent themes in the analysis of focus groups which were smaller in number.

**Thematic Analyses of Interviews with Principals and Parents**

The larger set of interviews with principals was analysed using thematic analysis which is compatible with IPA in that both methods are seeking emergent themes in the data, and involve an interpretive movement between the parts of the text and the whole. Similarly, as the interviews with parents were not taped and transcribed, thematic analysis was a more appropriate method of analysing the data gathered. Though the interviews with principals were primarily analysed using thematic analysis they were also analysed using the IPA method at a later stage to deepen the interpretive aspect and check validity. In this way the whole analysis was open to change until the final writing up took place. The 17 semi-structured interviews with principals were recorded on a computer, and the resulting recordings were then transcribed and stored under a numbering system to preserve anonymity. The data gathered was extensive and was read and re-read to obtain an overall idea of the main content and a feel for what further data was needed to add to its meaning. Given the amount of data to be analysed and the intention of the research to explore the phenomenon from a multitude of perceptions, rather than generate theory as in grounded theory analysis, the choice of thematic analysis was initially made. Thematic analysis is a systematic way of organising larger data sets moving from particular instances through interpretation, to wider themes and eventually to emergent overarching themes. Re-analysing using IPA allowed more nuanced interpretation, especially when looking at the emotional aspects of the interview responses.

The initial coding of the data yielded over 300 themes which were gathered under headings that related to the questions asked in the interviews. Each group covered a general area that related to answers made in the semi-structured interviews. The example given in Table 7 shows one aspect of the responses given to question 2 (What are the most prevalent issues arising among this group?) which gathered inferences about children’s feeling states. Each word or phrase was used in at least one interview, and if this word or phrase came up in an interview given by another principal the number assigned to that school was placed after it. This process aided data reduction by showing up issues that were common whilst also showing up instances that went against
the general trend (Table 7). Each school was given a number to ensure anonymity hence the numbers shown in the third column of the table each represent a school.

<table>
<thead>
<tr>
<th>Code number</th>
<th>Code Name</th>
<th>School Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2i</td>
<td>Somewhere else/not present/adrift</td>
<td>1, 2, 9, 10</td>
</tr>
<tr>
<td>2ii</td>
<td>Traumatised</td>
<td>3, 4, 6, 9, 12, 16</td>
</tr>
<tr>
<td>2iii</td>
<td>Anxious/Worried</td>
<td>9, 12</td>
</tr>
<tr>
<td>2iv</td>
<td>Sad/Unhappy</td>
<td>9, 13, 16</td>
</tr>
<tr>
<td>2v</td>
<td>Uncertain/Insecure/Low self-esteem</td>
<td>9, 12, 15</td>
</tr>
<tr>
<td>2vi</td>
<td>Angry</td>
<td>2, 7, 11, 16</td>
</tr>
<tr>
<td>2vii</td>
<td>Suffering Post-Traumatic Stress</td>
<td>3</td>
</tr>
<tr>
<td>2viii</td>
<td>Fear of School/Teachers/Failure</td>
<td>4</td>
</tr>
<tr>
<td>2ix</td>
<td>Ready to Explode</td>
<td>4, 17</td>
</tr>
</tbody>
</table>

Table 7. Sample of Early Coding

Working from these first lists, as in Table 7, a second coding system was devised using the main themes that arose from the initial listings. This time a code table was drawn up (Table 8) and the transcripts were re-coded using these themes. At this stage of the analysis the computer analysis programme NVivo 8 was used in order to code the transcripts efficiently, allowing relevant examples from each theme to be kept together, for easy retrieval and data management. A journal of possible connections and related interpretive thoughts were kept by the researcher throughout this process which itself was revised and changed up until the results were written up.

Parent interviews were analysed using the thematic analysis of notes made immediately after each interview which included interpretations of the nuances of the emotional content that arose. Parent interviews took place at the end of the data collection period.
The three Focus groups, one with HSCLs and two with Blue Box arts therapists, followed the initial analysis of the interviews with principals. This initial analysis enabled the tracing of similarities and differences in themes arising from the perceptions of principals, HSCLs and therapists. Because the focus groups generated smaller data sets, after the transcription of the audio tapes, Interpretive Phenomenological Analysis (IPA) was initially used to analyse this data. An example of a section of the IPA analysis of the focus group with HSCLs is given in Table 9. This method can be flexibly
used whilst keeping the focus on the participants’ attempts to make sense of their experiences (Smith Flowers and Larkin 2009).

**Excerpt from IPA Analysis of Focus Group with HSCLs**

<table>
<thead>
<tr>
<th>Descriptive</th>
<th>Transcription</th>
<th>Emergent Theme</th>
<th>Interpretive View</th>
</tr>
</thead>
<tbody>
<tr>
<td>The issue of lack of physical space in homes</td>
<td>T.1. I think too a lot of the houses we would call to say in the city where a</td>
<td>Giving space in all its aspects</td>
<td>Lack of space for emotional aspects in all its dimensions – earlier talk of lack of space for therapy because of school curriculum –</td>
</tr>
<tr>
<td></td>
<td>lot of us are – based um – space is always an issue – you know space – physical space</td>
<td>Individual space that doesn’t have to be shared</td>
<td></td>
</tr>
<tr>
<td>Lack of private space</td>
<td>T.2. private space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kids have said arts therapy is space for them</td>
<td>T.1. private space, So I think as well art therapy is – and some of the kids here have said to me as well – it’s space for me - as well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>They don’t have to share it with other siblings</td>
<td>T.2. Yea they don’t have to share with siblings or fight for it whatever</td>
<td>Children fight for attention</td>
<td>Fighting and battling for individual space and attention implies its importance</td>
</tr>
<tr>
<td></td>
<td>T.1. Yea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There’s a battle in school about sharing space – siblings can’t both be seen by therapist? Sees real benefits.</td>
<td>T.2. And that’s what’s the battle in the school - it’s the difference between them going or not going to it</td>
<td>Disadvantage of BB is that siblings can’t attend</td>
<td>Teachers picking up the importance of this special space for the lasting benefit of children</td>
</tr>
<tr>
<td></td>
<td>T.3. Well I see there’s real benefits because we mostly work in really vulnerable areas of the community. It targets the emotional needs of children and addresses the emotional needs that would be the children’s - it’s a lasting benefit it’s just it’s there all the time it’s so special that it’s their hour and I think the best asset definitely is the team at Blue Box - they’re so dedicated and passionate and committed.</td>
<td>Seeing benefits of therapy</td>
<td></td>
</tr>
<tr>
<td><strong>Targets emotional need of Kids</strong></td>
<td></td>
<td>Addressing emotions</td>
<td></td>
</tr>
<tr>
<td>It’s there all the time</td>
<td></td>
<td>Lasting benefit</td>
<td></td>
</tr>
<tr>
<td>It’s the child’s hour</td>
<td></td>
<td>Seeimg value of presence in school</td>
<td></td>
</tr>
<tr>
<td>Team at BB dedicated passionate, committed</td>
<td></td>
<td>Positive views of therapist</td>
<td>Idealising the therapists, perhaps implying their own needs for the emotional space they offer</td>
</tr>
<tr>
<td>Team reliable, therapist always there on time and child gets their hour.</td>
<td></td>
<td>Reliability of time</td>
<td>Perhaps wishing they could give this amount of space and time to children and also receive these positive feelings in return</td>
</tr>
<tr>
<td>Children mad about therapist</td>
<td></td>
<td>Children positive about therapist</td>
<td></td>
</tr>
</tbody>
</table>

**Table 9**

The IPA analyses of the three focus groups were accompanied by coding the data using the existing codes arising from the principal interviews, and noting any new codes that
arose in order to get new perspectives from HSCL teachers and Blue Box Therapists on the issues that principals had discussed.

Finally, the themes arising in the four analyses (Principals interviews, parent interviews, HSL focus group, and therapists’ focus groups) were gathered under three main theme tables (See Table 10.a, 10.b and 10.c). The perceptions of principals and teachers are together on the same table as most of their perceptions overlapped and any differences are recorded in the following Results section. Three main themes were identified for each group and from these main themes three overarching (superordinate) themes were drawn which also related to the research questions asked. The final analysis remained open until the writing up process when some more minor themes were dropped or assimilated under more prominent theme headings.
## Summary of Theme Tables - Main Themes

### Main Themes - Schools

<table>
<thead>
<tr>
<th>Mapping Parameters of emotional difficulties</th>
<th>Inferred Causes</th>
<th>Inferring Emotions</th>
<th>Negative community</th>
<th>Negative family</th>
<th>Observed Behaviour</th>
<th>Inferring emotions</th>
<th>Effects on Learning</th>
<th>Trauma</th>
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</thead>
<tbody>
<tr>
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<td>In-School Strategies</td>
<td>Teachers perceptions of therapy</td>
<td>Parental involvement</td>
<td>Choice Issues</td>
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<td>Effects Specific</td>
<td>Wider effects</td>
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</tr>
<tr>
<td>Factors affecting accessing Blue Box service</td>
<td>Positive views of service</td>
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<td>Negative views of service</td>
<td>Views of therapists</td>
<td>Advantages versus disadvantages</td>
<td>Outside the scope of school</td>
<td></td>
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</table>

**Table 10a**

### Main Themes - Parents

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<th>Experiences of engaging with the service</th>
<th>Expressing personal feelings and feelings of children</th>
</tr>
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<tbody>
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<td>Background factors</td>
<td>Understanding of therapy</td>
<td>Emotions of caretaker</td>
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<tr>
<td>Description of child’s problem</td>
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<td>Clinical diagnoses</td>
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<td>Mention of outside agencies</td>
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<td></td>
<td></td>
<td>Expressing dissatisfaction with the service</td>
</tr>
</tbody>
</table>

**Table 10b**

### Main Themes - Therapists

<table>
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<tr>
<th>Mapping Parameters of emotional difficulties</th>
<th>Explaining Therapy</th>
<th>Fitting therapeutic culture into the culture of the school</th>
</tr>
</thead>
<tbody>
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<td>Inferring Causes</td>
<td>Therapy concepts</td>
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<tr>
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<td>ADHD</td>
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<td>Social exclusion</td>
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<td>Negative views of teachers</td>
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<tr>
<td></td>
<td>Choice issues</td>
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</tbody>
</table>

**Table 10c**
Chapter 4

Results

Introduction

The data analysis yielded three overarching themes that are called super-ordinate themes hereafter. These themes derived from the data analysis have been organised with recognition that there will be overlapping and interconnected issues due to the complexity of the data.

Superordinate Themes

1. Mapping the parameters of emotional difficulties
2. Choosing arts therapy
3. Fitting therapeutic culture into the culture of the school

The three super-ordinate themes were derived from the seven main themes that arose from the data gathered from schools, therapists and parents (see Tables 10.a, 10.b and 10.c) which were:

1. Mapping parameters of emotional difficulties
2. Perceptions of the Blue Box Service
3. Explaining Therapy
4. Experiences of engaging with the service
5. Factors affecting accessing Blue Box service
6. Fitting therapeutic culture into the culture of the school
7. Expressing personal feelings and feelings of children

The first super-ordinate theme ‘Mapping the parameters of emotional difficulties’ took its name from the first main theme which arose in all three tables (10. a, b and c). This theme is related to the first research question on the expressed needs of schools in the area of emotional difficulties. It includes all the issues referred to as causing the perceived levels of need as expressed by all the participants.

The second super-ordinate theme labelled ‘Choosing arts therapy’ subsumed main theme 3, ‘Explaining therapy’, main theme 4, ‘Experiences of engaging with the service’, and main theme 5, ‘Factors affecting accessing Blue Box service’ and centred on perceptions of available services, arts therapy and the Blue Box arts therapists, which
influenced why this service had been chosen by the schools. This theme included the choice issues of parents and children in participating in the schools’ adoption of the service. This super-ordinate theme is related to the second and third research questions.

The third super-ordinate theme, taking its name from main theme 6, ‘Fitting therapeutic culture into the culture of the school’ subsumed main theme 2, ‘Perceptions of the Blue Box service’ and gathered the perceptions of the teachers and the therapists about each other as different professional groups operating within the different cultures of teaching and therapy. This third super-ordinate theme is related to the final research question.

Each of the three super-ordinate themes includes a number of subordinate themes and these subordinate themes will act as section headings in the delineation of the three main themes that comprise the results section. In addition, the results under each heading in the first two superordinate themes (where possible) will be divided into the contributions from each of the four groups of participants:

- Principals/Teachers
- Parents
- Therapists
- Children/Young People.

Due to length considerations there is a limitation to the inclusion of examples of data items in the text. To show the range of data from which the text has drawn, the school and focus group number will be displayed in brackets following the quotes given.

The children’s and young people’s contribution will be shown through the three pictures of themselves that they drew before, during and after a series of arts therapy sessions. The pictures will be accompanied by anything that was said at the end of the sessions and a description of the pictures from the author’s point of view.

A short summary of findings will appear at the end of each subordinate theme section and a summary of the general superordinate theme will also be given.
Superordinate Theme 1.

Mapping the Parameters of emotional difficulties

Strand 1
1. Fear and trauma
2. Parenting issues
3. Marginalisation

Strand 2
4. Extent of Needs
5. Describing Emotional difficulties
6. Effects on learning

Figure 4.

In the diagram above Strand 1 of subordinate themes under ‘Fear and Trauma’ relates to participants’ perceptions of background factors that influence the emotional lives of the children.

Strand 2 of subordinate themes under Extent of Needs explores perceptions of the level of children with emotional difficulties present in the schools along with perceptions of how these difficulties are manifested. It also looks at the impact of emotional difficulties on learning and the learning environment.
Principals and Teachers Perspective

This theme has been placed first in keeping with starting from the local macro level context of the child. The theme of background violence and intimidation at community level was referred to directly by 6 school principals and obliquely by a number of others. The presence of fear in the environment leading to a lack of safety was stated very strongly by principals of schools within regeneration areas of Limerick. The word trauma was used extensively by six of the principals in relation to events in the children’s environments and families. The quote below exemplifies the range of environmental issues that were mentioned by a number of principals and includes trauma:

So the range of issues that would appear are in housing, homelessness, serious addiction issues, like the addiction would cover alcohol, drugs, the chaos it causes. Also it is worth mentioning trauma, serious trauma from murder and violence, people aren’t safe in their homes so people are living with stress all the time (School 12 Primary).

One principal appeared to locate the problems within the community but did not go into the specifics of why these problems might have arisen.

And other children are intimidated – there’s intimidation and bullying in the community not just school children, I’m talking adults, serious adult bullying and intimidation, and that’s all to do with the complex issues that are going on in the community. The children are not growing up in a normal environment, their growth is stunted by complex – highly significant – I would say traumatic, post – traumatic stress - lot of them are experiencing, and it isn’t actually being, you know it’s not being addressed as such in the community at the moment (School 3 Secondary).

Others attributed the violence to feuding and criminality

I think, the crime and feuding - it’s prevalence has a hugely negative affect on the psychological welfare of the children in those homes and I also think then, homes that are dysfunctional through drugs or through violence, while they mightn’t be involved in direct criminality this also affects the children hugely you know (School 4 Primary).

One principal gave some indication of the numbers of children affected by trauma in the environment of school 5

Nearly all of the kids attending here would have been exposed to trauma at some stage because of what has gone on in the community [...] A lot of the children have seen, have seen stuff that young children should never have been exposed to, so how that affects you and how it shapes you emotionally. I really won’t know until these children are adults – how deeply affected they have been (School 5 Primary).

Feelings of anxiety and desperation were conveyed in the tone of some of the interviews with principals and teachers when they were talking about background factors that affected their students.
There’s, you know, a lot of them experiencing – I’m going to call it post-traumatic stress from the violent situations they’re in. It’s not the norm that children, that some children should be experiencing some of the traumas that these children are experiencing and that is highly significant. And a lot of them are missing child hood. Some of them have very dysfunctional homes (school 3 Secondary).

The ‘dysfunctional’ nature some of the children’s communities was also raised in the focus group of HSCLs. Similarly, a far larger proportion of the principals interviewed saw the source of children’s emotional problems arising from their families. This theme was present in all of the schools whether they had DEIS status or not. The theme of trauma extended into this context also. More serious traumatic issues related to this theme include domestic violence and drug and alcohol abuse. An additional theme that is included is bereavement and loss.

Mainly it’s domestic violence, they live in this environment where – you know from the high end of – I’m just thinking of some of the places where Dad would be away, Mum would have a history of drink, drugs and in one particular case, prostitution as well in a family there, and they’d be brought up seeing most of it, and they’d move from one house to another house to another house, HSE placement and then all the children have been brought up through it and then witnessing a lot of it and what has been involved in it, down to some who may been suffering some, I think, experience from involvement in the feuding families and all that visits on the house, and the violence in the home as well, that they’re living in (School 8 Secondary).

Bereavement, suicide, and – I know they’re all related to bereavement – but we’re talking tragic loss, we’re talking extremely violent death in some cases, so it’s not just the loss of – like a grandparent – it’s more than that (School 3 Secondary).

It would be family trauma, loss, separation, absence of father, mother and intermittently at home due to drugs, alcohol and domestic violence (School 9 Primary).

there’s quite a large percentage of children that have more severe, I suppose, emotional difficulties and that comes from traumas that they’ve experienced at home in their early years. On-going chaotic, dysfunctional backgrounds; home backgrounds that have impacted on them. It’s pretty horrendous (School 16 Primary).

It’s trauma, it’s parents who are just at the end of their tether themselves and who are not supported by, you know, their own broader family enough to cushion the kids, so that when something goes wrong the parents are very vulnerable and if they are not able to be parents in the full sense of the word then kids are at a disadvantage straight away (School 6 Primary).

Parents Perspective

None of the parents interviewed mentioned community problems directly, though one made reference to a criminal event that had traumatised her daughter. Another mother referred to housing difficulties related to environmental problems where she was living. However, traumatic events as background factors did emerge in a number of the interviews with parents. One mother referenced experiencing extreme domestic violence from the father of her child whilst she was pregnant, which she believed led to the emotional difficulties of her child, whose father had not been present at all since his/her birth. Another mother, also a lone parent, described putting up with violence from a partner for a number of years. Loss and bereavement were also cited by another mother.
who explained that her child had lost both a father and a grandmother in a short space of time.

Complex traumas were described by a mother whose child had lost a father in the past through violent crime, and had also recently experienced the break-up of the family which resulted in further traumatic incidents relating to bullying, and housing issues.

Another mother also understood her child’s difficulties as stemming from the father’s violence and aggression. She had split up from this partner but she believed that her child ‘went along’ with what the father demanded so that she attributed the fact that her child had been bullied at school, to them having become ‘a doormat’.

Loss of a sibling was given as the reason for another child’s emotional problems in addition to the mother citing her own addiction problems.

A serious traumatic criminal incident was described by a mother as happening to her child, after which the child had become silent and withdrawn. Another child was in foster care with a relative as were children in two other interviews. One foster carer related how a child’s mother had neglected him/her and gone off. She explained that the child had witnessed violence between his/her parents at a young age.

Another mother told a graphic story of violence and abuse to both herself and her child which was so serious that she and her children had to go into hiding.

**Therapists Perspective**

The therapists’ focus groups identified community issues in a similar way to the principals and teachers.

I think trauma and disturbance I think I’ve come across pretty serious cases of post-traumatic stress. And I suppose the fact that trauma is in the environment outside of the school and at home (Focus Group 2).

I’ve got prison drugs violence, domestic violence - drugs. I’ve got violence (Focus Group 2).

Widespread Trauma and attachment, on-going trauma in their families and communities for various reasons; long term trauma which would harm their attachment (Focus Group 1).

In the therapists’ focus groups there was broad agreement with the views expressed in the principals’ interviews, with trauma in families referred to a number of times in terms of loss and bereavement, family break up, drug and alcohol abuse and domestic violence.
Family break up and dealing with the loss would be one of them. Bereavement - parents would have drug addiction, and bereavement is another (Focus group therapists 1).

And I suppose the fact that trauma is in the environment outside of school and at home, It’s an on-going kind of level of trauma (Focus group therapists 2).
Children’s Perspective

Set of Drawings completed by a child who had been severely traumatised.

First Drawing

Second Drawing

Third Drawing

Figure 5
Summary

In this subordinate theme principals and teachers referred to trauma in the community from causes such as violent death, feuding, drug and alcohol abuse, housing issues and intimidation and bullying. They also talked about trauma in families, citing domestic violence, family break-up, loss and bereavement and addiction issues as the main causes of children’ emotional distress. This was reiterated by parents who also talked about trauma in the form of loss of partners through violent crime, domestic violence, bereavement, parental separation, and addiction. Therapists spoke about trauma in the community and in families including prison, loss and bereavement, domestic violence.
and drug and alcohol abuse in relation to background context. They referred to the effects of trauma on children’s attachment. This was reflected in the example given of the self-drawings from a severely traumatised child.
Participants’ perceptions of styles of parenting, that may have contributed to children’s emotional difficulties, are included under this heading.

**Principals’ and Teachers’ Perspective**

This theme was exemplified by frequent references to chaotic and dysfunctional families and assumptions about the lack of parenting skills in some sections of the community.

In recent years it’s changed, I mean there’s always been addiction issues, there’s always been chaotic families, maybe the two go together but sometimes you have chaotic families just chaotic families (School 4 Primary).

The most prevalent issues, I think, are chaotic families and family life in complete disarray and children’s needs not being met (School 5 Primary).

The principal and the home school liaison teacher were present in the interview from which the excerpt below was taken. They discussed what might be the source of serious emotional problems in children in their school.

Principal: It would be home background

Teacher: And chaotic lives

Principal: Chaotic lives, lack of parenting skills. Definitely it would be lack of parenting skills

Teacher: A lot of parents would feel helpless because they don’t know what to do and they kind of come in wanting you to fix it you know

Principal: And while we can do so much they don’t follow up on our recommendation they haven’t the ability to work with us – sure they haven’t.

Teacher: They actually need a lot of support too

Principal: They feel their children are going to behave and they don’t understand the meaning of the word no and – there would be no boundaries, there would be no boundaries, there would be no given set of rules for the children. So I mean chaotic lifestyles (School 14 Primary).

Two more principals talked about neglect and what they perceived as lack of love.

Largely their issues are round I would say. Neglect at home. The absence of, maybe love and attention at home, […] that’s something that’s missing in their home situation, that sort of attention; that love and care (School 10 Primary).

they’re in something of an emotional vacuum themselves I would think, coming from where some of them come from and their home situations would not be – in some cases would not be a warm loving caring situation. That would certainly be our experience with a number of our students (School 15 Secondary).
One principal pointed out the youth and inexperience of some of the parents who themselves had come from difficult backgrounds where adequate parenting styles were absent.

Yes, because the parents of these children are very young parents who themselves came from quite dysfunctional homes, who became parents in their early teens, their teens a lot of them, and end up having a number of babies in their only early twenties, and they actually haven’t had role models that – themselves of parenting (School 16 Primary).

Parents’ Perspective

There were aspects of parenting expressed in the parent interviews also. Some had to do with trying to control their child’s behaviour which some parents found difficult, and often a parent expressing this difficulty would have a child diagnosed with ADHD which will be discussed under this heading later. A foster carer (interview 16) talked about her difficulty controlling her foster child’s behaviour in terms of his/her screaming which she said went right through her. She was looking everywhere for help but felt she just wanted someone to take the child away from her for an hour or two after school.

Therapists’ Perspective

The therapists referred to perceptions of families being chaotic and lacking boundaries as contributory factors to their clients’ emotional issues.

Lack of consistency and boundaries…….. the relationship at home, lack of boundaries……and then family systems and coping with that (Focus group therapists 1).

They also referred to young mothers, and intergenerational aspects of parenting, though they related this to the concept of attachment.

Yea, but I think a lot of it hinges on the early attachment – they’re not gaining secure attachment in the first couple of years of life so maybe sometimes they’re young mums or very young mums who aren’t in a position or able, or strong enough in themselves, or placed themselves to be a mum to a young child, because they were unsettled before

And they were never left – led to a secure place in regulating their emotions (Focus group therapists 2).

The therapists tended to differ from the principals on the issue of parents feeling love for their children, possibly because the therapists were able to meet the parents on different terms and with a different agenda.

Th 1. And so it’s not this idea somewhere that – sort of wilful neglect of the child – I – I don’t pick up that a lot – I’d say any time I meet a parent – which you know is a bit hit and miss sometimes I’m really – I’m kind of – feel for them – this person is trying their best – whatever effort their making at it
Children’s and Young People’s Perspective

No examples of parenting issues, or even depictions of parents or families arose in the self-drawings of the children and young people.

Summary

Principals and teachers referred to the influence of the family context on children with emotional difficulties. They talked about ‘chaotic’ families and the lack of boundaries along with poor parenting skills. Neglect and the lack of care and love were also mentioned as contributory factors. The intergenerational issue of very young parents who themselves had experienced poor role models was also raised. Parents themselves referred to difficulties controlling their children, especially those with a diagnosis of ADHD. Therapists also named lack of consistency and boundaries in families as background causes for emotional difficulties. They talked about the concept of attachment and the intergenerational aspects of poor attachment styles. The issue of very young parents was also discussed. Therapists felt that families did their best under the circumstances they found themselves in and that lack of love for their children was not an issue. Children and young people did not overtly refer to their families in their drawings or words.
Thirteen of the schools included in this research have DEIS status and are located in regeneration areas of Limerick so that aspects of marginalisation are referred to either explicitly or by implication in a number of the interviews with principals, teachers and therapists.

**Principals’ and Teachers’ Perspective**

One principal from a school with a catchment area noted for its marginalisation attributed the difficulties to bad planning leading to children from the area being more vulnerable.

Now it’s not all confined to disadvantaged areas – it’s across community, but I think there’s more of it going on around here. Call it bad planning, maybe people with similar challenges were all lumped together when they shouldn’t have been. So it’s only natural that there would be a preponderance in an area like this because I think if it was kind of split up people would actually heal more quickly, but when you have negatives feeding negatives – you know people who are not at a place where they are ready to engage fully with society, living side by side, well I think it goes this way instead of that way – you know it brings everybody down. But I think its bad planning has created a situation where kids are very vulnerable (School 6).

The intergenerational transmission of aspects of marginalisation has also been referred under the theme of parenting, but is referred to in more general terms here. Implicit in some of the quotes is a feeling that nothing is changing despite all the interventions.

Sometimes they could be in families where there’s, you know, third generation unemployment, so there may not be those kind of supports in the community and they may see – some of them - opportunities to - when they finish go on the dole, and that is a tragedy (School 3 Secondary).

The focus group of HSLs were more explicit in talking about families from their areas in terms of marginalisation.

I think that’s unfortunate you know as well with parents that - the children who are attending art therapy are usually – you know –they’re the most marginalised in lots of ways and the parents are as well and it’s just difficult to keep the whole thing together (Focus group HSCL).

The focus group then went on to discuss how in these marginalised areas there were so many agencies involved with the families yet the parents they visited had no idea who all the service providers coming to their homes were. There was an emphasis on the helplessness of individuals in this environment and the hopelessness of this situation. The perceived inability to effect change is evident in the short exchange between two HSCLs below:

Teacher 1. Just hope *(the children)* that they develop – they develop um – just ways of dealing with their world, ways of dealing with their emotional um – behavioural, environmental um –
condition for want of a better word, just to say that they would be – learn techniques on how to cope with their environment because a lot of their environments are so kind of dysfunctional……

Teacher 2. And then that’ll never change, change - that’s all you can do is hope, that’s all you can do……

Parents’ Perspective

Parents didn’t refer to marginalisation but did talk about being victims of crime, housing issues and tragic deaths. For instance, one mother talked about how her daughter’s father had died from a violent crime and how she had separated from another partner and now faced housing issues because of threatening incidents in the area they were living in. Another mother spoke about addiction issues and losing an older child through this, plus her own struggles with addiction and how this had affected the child that was currently attending arts therapy.

Therapists’ Perspective

In the therapists’ focus group marginalisation and social exclusion were made explicit and discussed more extensively than in the principal and teacher interviews, with a slant on the emotional aspects of marginalisation.

Therapist 1: That’s social exclusion kind of comes to me as well then or something you know, you hear in secondary schools especially the bit about posh kids and us

Therapist 2: Yea

Therapist 1: That they’d call the rest of the kids posh kids - and us; and I can nearly see them almost – you could recognise the divide, let’s say they can nearly explain to you the divide and that as well.

The therapists continued this discussion at a later point and also discussed the intergenerational transmission of emotional disturbance. This extract from the therapists’ focus group is quoted here at length because it encapsulates and sums up some of the themes talked about above with the addition of the intergenerational and emotional components. The emotional involvement of the therapists is evident as is the feeling, similar to that of the teachers, of inevitability in terms of outcomes for children from socially excluded areas of Limerick.

Therapist 1. I’ve met grandmothers my own age, you know, whose – bless us when you think about it, so therefore they had kids young and then their kids are having kids young and the cycle just perpetuates itself again and again. And that leads to a whole generation – generational – I suppose emotional disadvantage.

Therapist 2. The poverty – you mentioned something about the clients that we work with are ones who have ended up there, like wouldn’t be able to get out you know in a sense that intergenerational that’s another thing. These are the ones that are left here they’re actually so poor and so – not just financially you know just being poor in knowing how to help themselves
Therapist 1. Impoverished – it’s just they, they ….impoverished and as you say it’s not just financial poverty - I’m almost thinking impoverished souls – which is a really dramatic way of putting it but you know there is that sense of just something missing – something wasn’t given, something very basic a long time ago and then as a result it’s not passed on and it kind of feeds in then to low self-esteem, and as you were saying earlier on in school, the poshies, even in (name…) you’re a poshie because you’re not from (name…) or whatever. It very much ties in with the whole — geographical stigma – where you come from and you know just the enormous level of low – sure you know - you’re a scumbag – that kind of sums it up almost – a sense of not being brought up with the needs - the basic needs met, and then when these kids get older you know it’s no surprise when they do something terrible because – just...

Therapist 2. Fulfilling the....

Therapist 1. Yea self-fulfilling

Therapist 2. Self-fulfilling prophecy and then

Therapist 1. Self-fulfilling prophecy yea - and that, that’s just tragic and they don’t have – as you were saying the children when they’re young have extremes of happiness and sadness and aggression and they act out of those extremes – it’s just unfortunate when they get a little bit older more – you know – the consequences are more serious – oh gee! (Focus Group 2)

Children’s Perspective

In the set of three drawings below, completed by an 8-year-old boy, the middle drawing collected in the middle of a series of sessions, caused concern for his therapist. The boy was asked to draw himself before his session and drew the picture (No 2) very seriously and then folded it in as if it were secret before handing it to the therapist. This drawing took place just before Christmas. In June, following the third drawing at the end of his sessions, the therapist showed the boy his first two drawings for comments. When he saw the middle drawing the boy said ‘someone is behind. I can’t see them – it’s a house – I’m knocking the door – you know I don’t scribble like that.’

The atmosphere of the middle picture based on the use of colour, pencil pressure and the folding up of the drawing indicated that some event or incident in his environment had troubled the boy, and this feeling was picked up by the therapist. Unlike the first and third pictures which are clearly self-portraits, the middle picture is of people in a house which is heavily covered in red. The sun in the first and third pictures is yellow but in the second picture it is red. In place of the sky, which is drawn as colourful horizontal lines in the first and third drawings, there are arched lines drawn in as if there is wind or something energetic going on.

This boy was referred because of complex issues and had a diagnosis of ADHD. When asked by his therapist how he felt at the end of the course of arts therapy sessions, his comments were: ‘Normal. Not shy or nervous anymore. That’s it’.
First Drawing

Second Drawing

Third Drawing

Figure 6
Summary

Principals and teachers talked about the intergenerational aspects of marginalisation and how it might be down to bad planning. Feelings were expressed about the situation not being open to change. HSLs discussed the number of agencies that were present in marginalised areas and how people living there often had no idea who all the people visiting them from these agencies, were. A minority of parents talked about experiences of crime, violent death, being threatened in the areas they lived in, housing issues, and addiction problems. Therapists also discussed intergenerational aspects of marginalisation and poverty, and the young people’s perceptions of the divide between the ‘posh’ students and themselves based on the areas they came from. Very few of the children’s drawings referred directly to their environments. The example given above is open to conjecture, but the therapist who collected the drawings felt that the middle drawing of the three related to some environmental trauma.
This subordinate theme covers the references in the data to the numbers of children that the schools see as having significant emotional difficulties, and the levels of seriousness within this group. In keeping with the aim of this subordinate theme to provide a picture of the context within which all the participants in the research are players, this theme is mainly concerned with estimated numbers. Each principal was asked during their interview: ‘In your estimation, what proportion of the students has serious emotional/behavioural issues that need to be addressed?’ The purpose of this question was to gain a general understanding of principals’ perspectives of their schools’ needs in this area. The graph below shows answers for the 17 schools which are numbered in the way they are cited in quotes. The code underneath each bar refers to the type of school e.g. 5.P.D = school 5. Primary DEIS.

As can be seen in the graph, the principals of the three non-DEIS primary schools (1, 2 and 5) gave low estimates of the numbers of children in their school that they felt had serious emotional problems that needed to be addressed. The principals of these schools stated that they only had small numbers of children that had serious emotional needs. In the other 9 DEIS primary schools the estimates ranged from 10 – 100%. The school that estimated that 100% of its students had serious emotional needs, was a specialist school with a small population which catered for seriously marginalised young people. The two principals who separately estimated that 75% of their children had serious emotional difficulties...
emotional needs were in schools with an intake from the same area targeted for regeneration. The excerpt of the interview with one of the principals in these schools, illustrates the certainty with which this question was answered:

Researcher: In your estimation, what proportion of the students has serious emotional/behavioural issues that need to be addressed?

Principal: Oh I’d say in our case 75%

Researcher: Ok

Principal: If not more.

Researcher: Right ok, that’s good, usually there’s a lot of calculation goes on at that point.

Principal: No hesitation.

The middle range of estimates at primary level was between 15 and 50% of the school population, with these figures being given more consideration in terms of what was meant by serious.

Again now – serious it’s on a spectrum isn’t it? I would say at least a third, possibly nearer to a half of all the children that attend school would have, but then that would involve qualifying serious, but I certainly would feel that that percentage of children would benefit from interventions like art therapy - but then if you want to take the top really, kids with the real difficulty it would probably be nearer 15% you know, the ones that are presenting with real difficulty with issues and with psychological issues.

The lowest estimates by primary DEIS principals was 10% which was given by 3 schools.

The profile of estimates by secondary principals (all designated DEIS status) was less dramatic, with values ranging from 2 – 25%. In the schools with the two highest estimates (25 and 20%), both principals considered the seriousness of the emotional need as illustrated in the excerpt below:

I would say 15 – 20%, and I’m talking serious emotional, you know, given that all children will at some point in their lives need to talk to someone but, you know, in terms of people looking for support directly in the school I’d be talking 15 – 20%.

This type of consideration was also given by the principal who estimated 10% of the school population had serious emotional needs. In the case of the estimate of 5%, the principal wondered about the cases of diagnosed and undiagnosed difficulties:

Let me see, there’d be at least 5% of our population have been diagnosed with emotional disorders and there’d be at least another 5% we’d be concerned over.
This subordinate theme covers the different terms used by principals, teachers, parents and therapists to describe the emotional difficulties they were seeing in children and young people in schools.

**Principals’ and Teachers’ Perspective**

Mention of social, emotional, and behavioural difficulties (SEBD) arose first in response to the question in the semi-structured interviews of school principals: ‘What are the most prevalent issues arising in this group?’, and were often accompanied by or included with background issues which have already been discussed. In this way the principals were making a direct link between background causes and the emotional behaviours of the children and young people.

There are some children who do have clinical problems and they may be presenting with behavioural issues in school and sometimes it’s behavioural, but behind that there could be other family issues, and I’d be very aware of that (School 3 Secondary).

The terms emotional, behavioural and social difficulties were used interchangeably, with some principals and teachers emphasising the emotional aspects and some the behavioural and social aspects. Some principals felt that emotional issues underlay behavioural ones, whilst others saw behavioural issues as stemming from poor socialisation.

…. we would have children with several of the emotional and social issues, and the emotional – and you know and the emotions would lead on to behavioural issues then, because if you come in upset about something it can lead on to behavioural issues, so social emotional and behavioural issues would be the ones (School 7 Primary).

There was general consensus that there were two groups of emotional behaviours that caused concern, the first and most obvious being acting out behaviours, which were fully evident and demanded attention and action from teachers. The second type of behaviours, which were also a concern for teachers but in a different way, was withdrawn quiet and isolating behaviours. These behaviours went unnoticed for a while but eventually engaged the emotional response of teachers who worried about them more in the long run.

These two ways of manifesting emotional difficulties (acting in and acting out) will be discussed hereafter using the terms ‘internalised’ and ‘externalised’ emotions.
externalising behaviours described by principals were discussed in terms of out of control behaviour, which included anger, violence and aggression, or a lack of a sense of boundaries, resulting in chaotic behaviour. Attention seeking behaviour and difficult peer relationships leading to bullying or being bullied were also cited.

Well how it manifests itself is the aggressive behaviour the fight we see as – outbursts, you know, anger management, a lot of anger. That’s how it would present itself really. But never more serious than that actually, you know we haven’t had – slightly violent – the worst case we had a child throw a chair you know across the room. But, just violent and aggressive towards other people really, would be – you know verbally violent not physically violent (School 17 Secondary).

A second school also emphasised a lessening of instances of physical violence whist explaining heightened levels of verbal aggression.

Yea, I suppose behaviour - but it sounds funny – when I started here first you’d say you’d have nearly constantly have a fight in the yard, which would have been a physical row between children and that – that would only very rarely happen now. But it’s just children I suppose kind of acting out more so than kind of having, you know, having a fight with another child but just kind of yea, acting out, but not really knowing appropriate ways of acting in the classroom and speaking to an adult or speaking to their own parents, never mind speaking to their friends, so just children seem to be looking for more attention all the time (School 12 Primary).

Many children present with little or no level of skill to deal with the simplest conflict other than to be aggressive (school 5 Primary).

In the focus group of HSCLs the subject of ADHD arose in relation to behaviour and was briefly discussed in terms of whether it was an actual condition or whether it was just learned bad behaviour. One HSCL teacher suggested that ADHD behaviours were normal out there on the street and another teacher wondered if it was just parents that wanted their children diagnosed with ADHD because there was an allowance attached to it.

Teacher 1. They learn it, they learn it, that behaviour, and it’s miss-diagnosed – do they actually have it?

Group: Yea Yea

Teacher 1. It’s just parents really

Group: Yea Yea Parents Yea

Teacher 1. And some people - I have to say something really inappropriate - and some parents want it diagnosed so they can collect an allowance for it (Focus group HSCLs).

Principals described children internalising their emotional difficulties as presenting with behaviours such as appearing withdrawn, quiet, in a world of their own, and seeming depressed. The principal in the excerpt below seemed to relate very emotionally to this group of children, speaking about them at length and expressing her worry for them.
I’m always in actual fact more worried about the ones that are so withdrawn and who are just there – I’m always more worried about them than the others – that the others are going to get attention no matter what. The withdrawn child is the child where things are just festering. They’re the child I most worry about (School 10).

Another principal’s emotional involvement with this group was also evident in her use of language:

And then you have other children then who are more introverted that are just so quiet and have not been answering and seem depressed really – children who seem depressed – we have quite a few cases of that now. So it’s very sad really and it just seems to be getting worse rather than better, you know (School 13).

Fears were expressed that children who were not drawing attention to themselves were like unexploded bombs that might go off in the future. It was felt that they should be having an emotional reaction to extreme events in their backgrounds that the teachers were aware of, but in fact they were acting as if everything was fine.

And I suppose because we’re conscious of family backgrounds as the quieter children emerge, and then when you look into the family history you say - Oh gosh. So you wouldn’t know if the kids are containing it or internalising it so when will all that come out in the open? (School 6 Primary).

Parents’ Perspective

Parents also spoke about their children’s behaviour in ways that correlated with the two main categories identified by teachers. Parents talked about

a) Emotionally based externalising behaviours in their children, mentioning anger issues, temper tantrums and difficulties with peers, often to do with bullying (interviews 8, 10, 17).

b) Externalising behaviours, linked to their children having a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) (interviews 3, 7, 9, and 12).

c) Internalised emotions, describing their behaviour as fearful, withdrawn, not speaking in class, lacking friends and in one extreme case, suffering seizures due to anxiety (Interviews 5, 6, 11 and 18).

In the 4 parent interviews where extensive reference to ADHD occurred it was clearly a major concern for the mothers of children with this diagnosis. One mother talked about her daughter throwing major tantrums which she was unable to stop no matter what she tried. This mother talked about how her relatives blamed her for spoiling her child but she explained that she had tried every sanction and the only thing that worked was the ADHD medication. Another mother referred to temper tantrums and angry outbursts in her child who had an ADHD diagnosis. One mother claimed her child’s out of control behaviour was putting a strain on her marriage. This child also had diagnoses of ADHD, and two other behavioural syndromes.
Two mothers from different areas recounted their experiences with the services that they went to when they were advised by pre-school or national school staff that their children’s behaviour was unacceptable. They both stressed how difficult this had been for them to hear. One mother had been told her child would be excluded from pre-school if she did not address his behaviour. Both were unclear exactly what the services they were referred to were and gave geographical places where they went for assessment rather than naming agencies. Both Mothers felt that little attention was paid to their child as it was they who filled in questionnaires whilst their children were ignored. When they received a diagnosis they were offered medication for children as young as 4 and one said she declined this on the grounds that her child was too young, whilst the other said the medication made her child sick so it had to be changed. Both mothers felt that they had not received any support beyond being offered medication for their children. Another mother was positive about her child’s diagnosis saying the medication had calmed him/her and made her/him better at school. The mother of an older child also felt the medication had calmed her child and allowed him/her to think before they acted.

**Therapists’ Perspective**

The therapists also discussed the different emotional behaviours they were witnessing in terms of children who lacked boundaries and externalised this, and children who were held in or withdrawn.

> I suppose you have two kinds of - the polarities of the kid who’s completely out of control and then the kid who’s too much in control, and I would find most of the children I’ve – I’m having referred to me now are too much in control cos I suppose it’s their coping mechanism (Focus group therapists 2).

The therapists’ groups did not refer to observing externalising behaviours directly but reported what they had heard from teachers about externalising behaviour and questioned whether some of the referrals made to them on behavioural grounds were appropriate.

One of the therapists commented on the aspect of children with background difficulties not showing any affects, in a similar vein to the teacher above.

> It would be the children that the school are aware have a very traumatic background but that they’re presenting as being perfectly ok – everything’s alright, everything’s fine. And they’re aware that there’s been terrible trauma and yet there’s no - if you were just to take an overall view of children in the classroom they would never be a trouble maker so it’s all locked away. But the schools would be quite tuned into to the fact that that’s wrong and that there’s, you know, is a need here, you know, to provide an outlet because that child is almost coping too well (Focus group therapists 2).
Children’s Perspective

In the two sets of children’s drawings below, the first set comes from an 8-year-old boy referred for acting out aggressively and bullying. The second set of drawings was done by a 13-year-old girl referred because she was withdrawn and had low self-esteem. A striking similarity between the two sets of drawings done by the boy externalising his emotions and the girl internalising hers, is the omission of hands, though the rest of the drawings are very detailed.

In the first drawing the 8-year-old boy shows himself as tough, but perhaps defeated with a black eye and a foreshortened right arm. He is outside, as indicated by the sun and sky. In the second drawing he looks surer of himself though interestingly he still has no hands perhaps indicating a sense of powerlessness in contradiction to his tough stance. In this drawing the external context shows railings and a small dog. In the third drawing he does have hands, but has added no indication of the environment as in the first two drawings. When asked how he felt about coming to arts therapy he said: ‘it helped stop me messing – I got my temper out and nothing happened’

The girl’s drawings, which were done in September, December and May were not seen together by the girl until the last drawing was finished. They are very consistent and show her in an upright pose, arms straight down by her side and she is in her school uniform. The girl explained to her therapist that couldn’t draw hands and that was why she did not have any in the drawings. Lack of hands may also imply feelings of helplessness or low levels of self-efficacy. The central picture is the most complete, whilst the final picture lacks legs as well as hands. This difference might be influenced by the timing of the drawings, with the second drawing taking place just before the final session with the therapist who she wouldn’t be seeing again. When asked how she was at the end of the course of sessions the girl replied that she would miss it.
Figure 9
Summary

Principals and teachers talked about social emotional and behavioural difficulties interchangeably. There was agreement that two types of behaviour indicated difficulties. Externalising behaviours such as acting out, anger, bullying, aggression and lack of boundaries were most obvious, whilst anxious, withdrawn and depressed behaviours appeared to cause more concern for the child from the teacher. The diagnosis of ADHD was discussed in terms of ‘bad behaviour’. Poor peer relationships seemed to be a common feature for both externalising and internalising behaviour. Concern was expressed for children who showed no response to the difficult situations they were in.

The majority of parents talked about their children’s difficulties in terms of externalising behaviour, whilst four parents talked about their children’s internalising behaviour. The subject of ADHD was raised by 4 parents and talked about extensively in terms of its impact on the child and on themselves. Therapists also recognised the two general groupings of externalising and internalising behaviours in the referrals made to them for therapy. They also commented on the teacher’s worries for children who appeared unaffected by their difficult circumstances. Examples of work by a child with externalising behaviour and a child with internalising behaviour have shown certain similarities in the lack of hands in both sets of drawing.
Principals’ and Teachers’ Perceptions

Of the seventeen principals interviewed, fourteen agreed that the presence of emotional difficulties in children and young people interfered with their learning and progress in the classroom. Some of the principals said they were not doing well generally, whilst others were more specific. This issue was seen as a multi-faceted problem by some principals who felt that there was a combination of lack of early secure parenting, resulting in chaotic thinking and poor language skills that were further exacerbated by experiencing or witnessing traumatic events. The lack of attention and concentration was noticed in children with overt behaviour problems and those who were more withdrawn.

If it’s a behaviour issue, that the child is aggressive, the child is acting out, well that completely shapes that child’s day, and it’s also the effect it’s having on others. If it’s a kind of quiet child who’s internalising stuff, that child isn’t interfering quite as significantly in the wider learning in the classroom but it’s certainly having a significant negative impact on their own lives (School 6 Primary).

– they rarely engage in class look at the withdrawn children, rarely engage in class because they just exist they just glide from day to day. And then the disruptive ones of course are always in trouble and just – they’re - they don’t pay attention – they all have – they just fall behind and they just get lost from mainstream school life, you know (School 10 Primary).

…you can’t expect the child who’s so upset to be able to concentrate for huge lengths of time in the day, and, you know, you have to deal with all these different issues prior to sitting down and learning a maths concept or an English reading lesson so I don’t think it’s possible for a child to be able to learn when there’s so much going on inside (School 13 Primary).

Three of the principals said that children were learning in their school, despite their emotional difficulties, due to the level of learning supports in place. One principal of a non-DEIS school explained that there were huge learning supports in place so learning was not a worry, but then continued to assert that the school could not reach children with emotional difficulties. The other two principals felt that they were doing quite well really due to one-to-one and small group learning supports.

There was a lot of agreement amongst principals that children with emotional difficulties also disrupted the learning environment.

Oh I think if they have an emotional deficit it definitely shapes their ability or inability to engage with programmes but with kids who are acting out, they’re disrupting classes. They’re certainly interfering with their own learning, but bad or worse they’re preventing others, so it has a huge effect in the learning environment, there’s no doubt about it. (School 6 Primary).
If you have very traumatised children within classrooms, that affects the children around them, it affects the class and the teacher. It affects how they behave in the corridor, not to mention how it affects them personally in its entirety (School 9 Primary).

In secondary schools the problems are framed in similar ways, with the added problem of retaining young people with emotional difficulties in the school system. One principal of a primary – secondary school gave an example of why non-attendance at school might be the case, from a young person’s perspective:

I remember a young man saying to me years ago, and that sums it all up - they’re coming to school in the morning and there’s trauma at home, trauma in the community, fear and all the rest of it, fear of teachers, fear of failure, you’re just there and everything is a threat. You’re not going to stay in that situation very long so you probably get out of it so you won’t learn anything. (School 4)

Another secondary principal also described the struggle involved in trying to accommodate young people with emotional difficulties.

The emotional problems they have would be such that they’d be quite difficult to be with in a class situation a lot of behavioural problems would build up from it and then of course what happens is there’d be learning problems as well in a lot of cases – not necessarily all of them, you understand, but in some cases. So it’s a constant struggle to keep them on task and that’s the biggest problem, the academic side of them as well and you’re constantly having to keep them on task and really trying to mould and model the curriculum to suit their needs on one hand and on the other hand getting them to pass exams and to keep them in school and ensure they work – their attendance can be a problem as well (School 8 Secondary).

Summary of Superordinate Theme - Mapping the parameters of emotional difficulties

The data under this superordinate theme has been organised to give as full a picture as possible of the background context and contributory factors that the adult research participants perceive as related to the emotional difficulties of children and young people in a number of schools in Limerick. Perceptions of wider issues of social exclusion and marginalisation and the intergenerational nature of these have been evidenced, along with wide reference to the concept of trauma. The effects of living in a socially excluded area and how these impinge on families and parenting has also been illustrated. The emotional involvement of adults who are concerned about children and young people and their emotional difficulties, manifests through the language used which is often emotional as has been illustrated in the excerpts given.

The ways in which children’s emotional difficulties are seen by the adults involved has also been explored through their perception of both behavioural and emotional cues, with the identification of both externalising and internalising manifestations of how they define this problem.
Finally, some insight was given about the extent of serious emotional and behavioural problems as perceived by the principals of the schools participating in the research, which points to the large numbers of children with these problems in regeneration area schools. The majority of principals believed that emotional difficulties negatively affected learning and the school environment. This leads to the second superordinate theme in which ways of attempting to address the issues identified in the first theme are explored.
Superordinate theme 2.

Choosing Arts Therapy

Strand 1

1. School strategies
2. Accessing Blue Box
3. Perceptions of therapy

Strand 2

4. Explaining therapy
5. Parental involvement
6. Perceived effects

Figure 10

The second super-ordinate theme covers the data concerned with strategies used by the school to try and address the need of children with emotional difficulties that were discussed in terms of causes and manifestation in theme 1. The themes in Strand 1 under ‘School strategies’, covers the strategies used by schools to try and address the emotional needs of children within the constraints of the school set up. In Strand 1 most of the data will be derived from interviews with school principals and the focus group of HSCLs. In Strand 2 the first subordinate theme relies heavily on the data from therapists’ focus groups, but the following two subordinate themes includes data from all sources.
In-school Strategies

The types of in-school strategies for addressing mild emotional and behavioural difficulties are generally targeting the whole school population. Strategies reported at this level varied between primary and secondary schools. Most of the principals assumed that the question was about all levels of emotional difficulties whilst some referred only to those with serious emotional difficulties. In most cases the principals of both primary and secondary schools stressed the holistic nature of the school’s approach and how the whole school took responsibility for the emotional welfare of the children and young people.

Well we’ll say within the school itself we have, we’ve lots of supports. To start off with obviously we have a strong and vibrant staff who are always going to watch out for this kind of thing (School 8 Secondary).

In non-DEIS primary schools, principals spoke about instigating routines and gentle discipline and using resource teachers and Special Needs Assistants at this level. One of the three non-DEIS principals talked about some of the teachers in the school being trained in Rainbows, a bereavement programme that took place after school. In the DEIS schools these strategies were also included, along with mention of the Incredible Years programme which targeted behaviour, the Home School Community Liaison scheme, the School Completion Programme, and in one or two instances, a pastoral care team.

At secondary level the principals mentioned the pastoral care team first, which was backed up with a class teacher system which fed the team information about young people in need of emotional support. The school counsellor and school chaplain were also mentioned as part of the care team. Two secondary principals mentioned the behaviour support classroom, the HSCL teacher and the school completion programme.

The excerpt below covers all of these and adds a mentoring system.

Ok well we have a lot of supports in the school. First of all, we have a pastoral care team. The students would be discussed at that and we’d look at look – should that be followed up by the various supports and the supports would be the year master, sorry the year head. It would be home school liaison; she investigates further by visiting the home. We have a chaplain – we might encourage the chaplain to approach the student. We have the support of Blue Box; we have the support of School Completion Programme […]. Em what else? Oh yes we’ve introduced a mentoring system this year in the school, that’s new (School 17 Secondary).
A number of principals talked about their school culture when answering this question and this will be discussed further under the final superordinate theme ‘Fitting therapy culture into the culture of the school’.

**External Strategies**

This section covers schools’ perceptions of accessing outside agencies when in-school strategies are not matched to the perceived level of need. One of the first areas the principals said they turned to was National Educational Psychological Services (NEPS), which provides psychological assessments of needs for children referred by schools. On the basis of these assessments the child or young person might be allocated resource hours or an SNA or referred on to other services.

[...] through NEPS, which is the national educational psychological service and that’s our main avenue to get help for kids whether that be resource help within the school, resource teaching, special needs assistants, or else referral on where the child might have emotional problems so that might mean seeing a psychiatrist or something like that (School 1 Primary).

Principals in some of the primary schools felt that NEPS was biased towards educational assessments though they might refer on more serious emotional problems.

But NEPS then are used for education assessments, so um we find that, ok there has to be a process anyway, but we often use a NEPS assessment knowing that there’s a level of difficulty but there’s an underlying problem and we have to go through the NEPS assessment to get to the underlying problem so the underlying problem then could be a referral into CAMHS (School 8 Secondary).

A second principal agreed that in their perception NEPS was not directed at emotional issues in children:

The NEPS psychologist that we have, and the – say the - resource – the - NEPS psychologist plus our SENO – special education needs officer, now they’re excellent, I’ve got to say I have no criticism whatsoever to make of those services. They’re excellent. Now but they’re not really dealing with the area of emotions and they’re more dealing with physical – now they’re all tied up I do realise that, but I would put them more in the area of say, educational supports, and intellectual assessments and finding the resources for children who have needs with regard to their education needs or their speech and language needs (School 12 Primary).

There was a level of frustration expressed by two of the principals in regeneration areas that they could not access NEPS as much as they needed to and that there was a difficulty getting resource hours and SNAs for children with emotional as opposed to educational special needs.

We have access to psychological service support, it’s not as good, it’s not as comprehensive as we’d like it to be. It’s small scale – its good quality what we’re getting now, but it’s not, it’s not – we haven’t enough of it, [...] Then you have, you have, we can go down the assessment, the psychological assessment route. There’s no guarantee at the end of it even though you have the correct paper work that you’re actually going to get a decision that would favour the child and the school that they’ll actually get a decision from the SENO that yes this child can have resource hours, yes this child can have access to an SNA. It’s virtually impossible to get access
to an SNA now and that’s where we’re having the difficulty, that we do not, we do not have classroom assistants we do not have SNAs, and we need them (School 16 Primary).

In general, NEPS psychologists were praised for carrying out assessments, offering advice, and referring children with more serious emotional needs to CAMHS.

When it came to talking about CAMHS principals expressed a number of difficulties that they perceived with accessing this service. One concern expressed by nearly every principal in relation to CAMHS was that there were long waiting lists so that children’s emotional difficulties were not being immediately addressed. There was also general agreement that in order to access CAMHS there had to be a referral through NEPS, and failing that through the child or young person’s own GP. One principal did state that sometimes they contacted CAMHS directly, but the general feeling was that CAMHS were remote from the school. A lack of contact in terms of feedback to the school from the CAMHS was also mentioned along with an impression that families found it difficult to bring children to the service which was outside their own area, and often stopped attending appointments. Perhaps because the service was under a health rather than an education banner, the school principals were more critical of what was offered to school in terms of psychological support for children’s emotional needs.

[…] and some of the referrals could be through the health board but the waiting list there - off and on – CAHMS, is 18 months, and the process is very unwieldy, parents have to go through their GP, schools can’t refer directly, it goes through their GP, so we assist parents getting letters and getting referrals then they become quite disillusioned with the process (School 3 Secondary).

We had a letter from the mental health services last week to say they’d discontinued giving appointments to some boy because his parents didn’t come to appointments, fair enough, they have a list waiting to get in, but the child is suffering (School 2 Primary).

The other avenue we have of course obviously would be to try and get the parents to go to the GP and the GP to refer to CAMHS but the biggest problem we have like is the waiting list across the board for everybody - your talking eighteen months plus for CAMHS. It can be prohibitive really (School 8 Secondary).

Now the child and adult –CAMHS and that would be more in this area, would be more on the side of the kind of the – well this is the way I view it. Now they’re not satisfactory. That’s – we don’t find – we don’t find that – we’ve very little contact with that element, mental counselling with children and so on but we find that unsatisfactory. We don’t get much feedback from them. We – it’s very difficult to get reports from them (School 12 Primary).

Outside of official services like NEPS and CAMHS principals expressed there were few or no options they could access to help children with more severe emotional problems. Two of the principals talked about accessing some outside counselling, but others were wary of doing this when they weren’t sure of the counsellors’ credentials. Another principal talked about using a charitable bereavement service.

NEPS doesn’t do that level of support; NEPS would be pointing out to us and to parents where to go and what to do. In real difficult circumstances they will give really good advice and its
directed advice it’s not – just to go. Beyond that – I would be wary of a lot of therapies that heal the world because I don’t believe that it could heal that quickly or that […] But the other options you were asking about, there aren’t’ really anything there’s nothing (School 2 Primary).

Not really unless a child is assessed and meets a certain criteria for NEPS or CAMHS or whatever, and if they don’t meet that criteria there’s nothing there for them. There really isn’t, there’s nothing. You know unless they have – they meet the criteria for resource hours and they are withdrawn to the resource room or whatever there is absolutely nothing – nothing (School 10 Primary).

Summary

The model below summarises the answers given in the principals’ interviews to the question ‘What are the current options available for addressing these issues (emotional/behavioural difficulties in children in school)?

Schools Summary of Supports for EBDs
(School level)

The diagram shows which agencies or programmes are accessed for each perceived level of need. Everything written within the large inverted triangle happens within the school system, whilst children and young people with the most acute level of psychological needs are referred to the Child and Adolescent Mental Health Service (CAMHS) which at the time was under the remit of the Health Service Executive (HSE), and happened outside the school system. There was a feeling from a number of the principals interviewed that they were on their own when it came to finding help for children with severe emotional difficulties that needed immediate help that could not be
catered for through NEPS or CAHMS, either because it wasn’t their remit, or because of long waiting lists, or parents’ inability to get children to appointments.
Choosing Arts Therapy
2. Accessing Blue Box

Some of the reasons why school principals were accessing the Blue Box creative arts therapy service are implicit in the previous theme. When asked what strategies were being used by schools to address the needs of children with emotional difficulties, the majority included the Blue Box service in their answers. Even the schools who stated they had low levels of need in this area such as School 2, still felt there were not enough psychotherapeutic interventions that were co-ordinated enough to meet their needs. The principal of this school stated:

But the very sharp end of the focus, the only recourse we have is the creative therapies. As we know CAHMS has a waiting list as long as your arm - it’s a pointless enough exercise at this stage (School 2 Primary).

This principal was happy with the results of Blue Box therapy despite being sceptical of therapies in general. Similarly, the principal of School 1 stated:

We have directed certain children in the direction of the therapies because other services haven’t been available – and it has worked (School 1 Primary).

In keeping with school 2, the principals of primary schools expressed that Blue Box saw the neediest children in the school – in effect the overflow from NEPS CAHMS system.

Blue Box is a treasure for us because you know as I say we choose them, we go through our list and we choose the children most in need, and I’ve had this argument before but initially our therapist would see 5 children and even at that stage Teachers were asking – why can’t they see more, why can’t they see more (School 7 Primary).

The fact that the Blue Box therapist was on the school site during the school day was cited as a major advantage by nearly every principal interviewed. Because the therapist was there for one and sometimes two days a week they became known to the staff and the children and the principals felt they became part of the school, even though they were from an outside agency.

[… ] it feels the psychologist doesn’t heed the information the teacher might give about the child, if the child doesn’t fit into the scale, or fit into a figure well then, you know, kind of, that’s it like. So, with the Blue Box art therapy it’s more personal and you’re looking at the whole child really, so to speak. I just find all -different things, the CAMHS and other services are so frustrating because there’s waiting lists and you know, it’s difficult with them but – no, the art therapy and even the service is more personal. I think it’s more effective really – if we could only increase the number (laughter) of days that we have it (School 9 Primary).
This aspect of the service being within the school confines will be discussed at length under the final superordinate theme. This aspect also held true in the secondary interviews:

It’s great to know a structure is being facilitated that grows in tandem with the school community and the children are on site and can be supported immediately. There’s nobody bringing them or going for them or asking parents to look after them and that’s a great thing about a facility and support that comes into the school community. It’s excellent - the fact that we link in with the therapist - our support person here and the art therapist - means that we’re aware of what’s going on and if there are any concerns they’re referred back to us. But we’re very pleased with the way the whole thing works the therapist is a – I can’t have enough praise in that respect – we’re fortunate to be one of the lucky ones, but we haven’t enough, we haven’t enough. (School 3 Secondary).

A common feature of expressions about the service in the DEIS schools is that although a number of children in the school are using the service, they have a greater demand and there are waiting lists, so there is a wish for more therapy hours to be made available at both primary and secondary levels.

When we see the need we’re talking about, and we’re talking about, I suppose maybe 45% of our student community comes from highly disadvantaged areas and its within that that we see most of the problems. So that just gives an image that we really have a waiting list you know (School 3 Secondary).

Secondary principals did not all agree that the Blue Box served those with the most extreme emotional problems. The secondary principal in the excerpt below had just been talking about a young person at risk of suicide:

So Blue Box although it doesn’t go to that extent and deal with that level, at least we don’t, we don’t make referrals to Blue Box if we feel it’s as severe as that because we feel that obviously Blue Box is for a different level below that again (School 8 Secondary).

In general, all the school principals felt that the Blue Box provided a service that fitted into the school and answered some of their needs in relation to the portion of children who had emotional difficulties that were not being accommodated by mainstream services. Some principals also stated that there was a level of emotional difficulty in children that they were unable to cope with in school. They felt that serious emotional problems in children were beyond their remit and training and that there was not enough time in the teacher’s daily schedule to attend to more extreme emotional needs.

We might have 10 children that need a level of support that we can’t provide (School 2 Primary)

And while the school has its own supports we’re very limited because these are bigger than we can offer – than we can address (School 3 Secondary).

Mainstream education, the teachers they don’t have time; they don’t maybe have techniques either with which they will – they don’t have time, number one, to maybe deal with a lot of individual children, then they don’t have training (School 4 Primary).
You see we are tutors; we are not therapists or we are not psychologists. You know, we can deal with children up to a certain level but as I said children with certain difficulties are beyond our – you know, we can only do so much for them (School 7 Primary).

Some principals expressed the opinion that teachers lacked training, expertise, and time in dealing with serious emotional difficulties in children. Most of the principals viewed the Blue Box therapist as part of the school set up, in that they built up relationships with the staff that included exchanging insights on the emotional development of the children they were seeing in therapy. There was also the perception of the therapist being a supportive element to teachers through their presence in the school which will be discussed under the third superordinate theme.

The therapists are very skilful and they also probably would have built up a relationship with the teachers and the staff. They talk to them very regularly and keep them informed – informed of what teachers might need to know – informed on a need to know basis (School 12 Primary).

I think yes, I think it’s kind of part of which the child is in. If there’s a difficulty there the teacher feels there’s an expert who’s helping me to – and there’s consultation, there is feedback (School 6 Primary).

I think quite effective in that I have meetings with the art therapist as does their link person the deputy head, and the art therapist will always refer back to the issues and they’ll be in the forefront of her mind when dealing with the children (School 9 Primary).

Summary

In summary, it appears from the data that schools access the Blue Box service because there is a proportion of children and young people in their schools who have emotional difficulties that are beyond the scope of normal school interventions, which have not been picked up or accommodated by mainstream psychological services. Blue Box therapists are seen as professionals with expertise in this area and seem to fit in easily with the school, which will be further discussed under following themes. In addition, the fact that the service takes place in the school suits the ethos of schools as families and communities, an aspect that will be looked at under superordinate theme 3.
Under the final subordinate theme in Strand 1, schools’ perceptions of what therapy is and does will be explored before going on to look at therapists’ views in this area in the next subordinate theme. In some of the principals’ interviews there were negative views expressed about their ideas and experiences of therapy in general. This began with scepticism of therapeutic claims as they understood them, and worry about whether someone claiming to be doing therapy might be trustworthy in terms of what they professed to be doing, and in child protection issues. All the quotes below come from male principals two from the primary and one from the secondary sectors.

I would be wary of a lot of therapies that heal the world because I don't believe that it could heal that quickly or that [...] There'd be lots of people who’d offer but you’d be wary of them because they’re not professional - God forbid - it’s the Indian head massage route, everything would be cured by a rub on the head. Sceptical – have to be (School 2 Primary).

Well I suppose the straight answer to that is in the beginning I know that there was, I suppose, scepticism is I suppose the word I would use (School 8 Secondary).

I think it has been, last year was the third year. The first year was a year in which we were all very suspicious of the whole business, I have to tell you that, because of the need of the therapist to be very confidential in her work and I suppose the whole year was almost a learning curve if you like and trying to, more or less, build up trust (School 1 Primary).

The main factor that was cited in overcoming this initial scepticism to arts therapy was the principal and teachers seeing the results.

So I was kind of surprised in a sense that it has been so accepted – why, because I think it’s successful I think people can see the change in the young people attending, I’d say that’s the major reason, they can see the – how successful it is (School 12 Primary).

Referral Criteria

Principals and HSCL teachers in primary schools talked about referring the most needy children, ‘We go through our list and we choose the children most in need’. The excerpt below illustrates the referral process in one primary school where teachers are asked which children in their classes they think would benefit from going to Blue Box.

When I ask teachers at the beginning of the year what children they would send into art therapy, music therapy and this year to the art therapy, they are the children who are also going to learning support, or maybe children who have resource hours who have diagnosed with ADHD or different issues, you know, social and emotional issues (School 7 Primary).
A number of the principals stated that the school or care team gave careful consideration to which children or young people they referred to Blue Box, and this claim was also made by the focus group of HSCLs.

You know schools think long and hard about who they should put in. Like I mean I suppose there’s always the dangers like this, that - oh just get them out of the class for a while to keep them busy; but schools don’t actually – they do think long and hard about who, because things are so precious that really - I mean you’d have a few children there you’d have to say well – there’s one over the other there you know so - the selection would be quite rigorous (Focus group HSCLs).

At secondary level two of the principals talked about referring young people who were not in the most at-risk group of students. Reasons given for targeting young people at a level below those with the most extreme needs were based on the poor attendance of the students at the extreme end of emotional need.

The level would depend on how seriously – how serious is the problem the student has. For, you know, for very high levels of emotional disturbance or problems, it very often, the student may be out of school – in and out of school. The student may be on a shortened day. We try not if possible, not to have the students out of school. So you know it will depend on the student. […] So you know each child is looked at individually, each case is assessed individually, and by and large, you know I think the level of the students’ emotional difficulties that attend the Blue Box would not be high levels – they tend not to be the high level – because very often these students are out of school, they’re absent for whatever reasons – but we would have students with some difficulties use this facility (School 11 Secondary).

Three secondary principals mentioned referring students to Blue Box who were at risk of dropping out of school.

Well it is another, you know, it is a support within the school for the students who, are vulnerable to dropping out early. It is these students who are referred to the Blue Box (School 11 Secondary).

When it came to understanding the nature of arts therapy, and how it might be achieving results, or what might be going on for the children in their sessions, there were a range of responses. Three principals didn’t go into this area at all, whilst three others stated that arts therapy was hard to understand but they felt they understood it better since attending a presentation on the work given by Blue Box in their schools, though they didn’t go on to explain what they had understood. One teacher responding on behalf of the principal related the therapy to addressing trauma:

It’s very focused, it’s very directed, it’s fun for children as well (pause) It’s dealing with children and where they’re at. It’s focusing in the deepest deepest level of what’s really troubling them and where I suppose the trauma a lot of our children experience could be over a long number of years in terms of neglect and abuse. A number of children have been in Adapt and they’ve experienced things in their lives that they possibly haven’t been able to talk about and it gives them a safe place to explore those feelings and to develop a relationship with the therapist where they feel able to do so. And it would hopefully bring a healing therapeutic effect, and that has benefit, for them both now and for the future. Like I suppose that any trauma in a child’s life like that it just doesn’t go away it has to be dealt with, it has to be – they have to learn to come to terms with it in some way and I think music therapy is one of the most positive things in terms of dealing with that, that
we have within the school because it is so focused and so directed on the child’s emotional health and needs (School 9 Primary).

Two other primary principals mentioned the fun aspect of arts therapy as they perceived it, attributing this aspect to children’s willingness to attend the therapy. This aspect was also pointed out by a secondary principal:

But art and music are creative mediums and they love that. And that is one very good thing about art therapy as opposed to just a counselling session, which I think is very beneficial in the community because it’s not just going to label someone whose going off to counselling - that can have a little bit of a negative effect (School 3 Secondary).

One-to-one attention and time and space to talk were also mentioned by more than one principal.

They’ll be going doing some art, and there will be a space also to talk and maybe discuss things that they’re worried about (School 4 Primary).

At secondary level there was slightly lengthier consideration of what arts therapy offered with the emphasis again being on time and space for talk with previously unexplored issues being addressed.

I don’t doubt for one minute that if a child is feeling that we have an opportunity in school where they have some time out to reflect upon the difficulties they’re going through that they’re actually that they’re being at least addressed, and that gives them the space to deal with the other stuff in school. That they’re not just operating out of chaos with no-one addressing the difficulty or any confusion or any pain (School 3 Secondary).

I certainly think it gives them a great forum to, to, let their emotions out there in a different way and it does it in an environment where they’d be – it’s comforting, it’s secure, and it’s confidential. Those factors – and I know, without going into any great particulars or details, I know some of the responses that the kids would give, and, how, how open they would be – now it takes a while – but how open it would be to state their life in terms of where they’re coming from. And to get maybe reassurance that what they’re doing is right and to get direction then, you know, maybe this is worth doing or whatever (School 15 Secondary).

Well it’s therapy you know, more than – I know it’s not counselling - it’s therapy and it’s – well they’re trained therapists as well – you know they have all the skills to deal with specifically the emotions of the child and that’s their focus – directly and it’s the therapy that goes with it. oh yea – well it’s hands on as well as opposed to the – now NEPS is improving but NEPS might come in and they do an assessment but nobody writes the programme to say do this with this child, like if they get an assessment; and be able to refer the child to somebody who has actually the focus the energy the qualifications the skills to just look at the child from an emotional aspect and someone who will try and help repair it or fix or ease it or whatever (School 17 Secondary).

**Children’s choice to attend**

The question of whether children and young people were given a choice to attend therapy was not addressed directly in the interviews with principals and teachers. In most of the interviews the opinions expressed were that children and young people found the experience of going to arts therapy positive. This was especially true in the primary sector:
I think it’s the highlight of their week an absolute pleasure (Focus group HSCLs).

I’m really quite amazed at how well they engage with the therapists. I don’t think we’ve ever come across a child who hasn’t engaged (School 12 Primary).

One HSCL expressed the opinion that children didn’t see it as therapy.

I suppose too they don’t see it as therapy which is a good thing – you know – it’s kind of the label of counselling and therapy and all that – they don’t see it like that which is very important (School 13 Primary).

At secondary level young people exercised more choice in whether they attended the therapy after referral. One principal gave examples of how young people referred to therapy reacted.

So students see this as a natural progression with their going for something. They don’t even question why some of them are being asked to go out of class. So I think on that level its good there’s so stigma attached to it then. Where the student themselves have been attending Blue Box what’s interesting then, there’s three types – They don’t want to go at all at all because they don’t want any kind of counselling of any description, we would see a problem there. We get others then will go for maybe a six-week period and then feel that they’ve had enough and then we’ve those that go in and they don’t want to come out at all (School 8 Secondary).

The drawings below and the commentary by the girl that drew them illustrate the third group referred to by the principal in the quote above. This girl did not want to finish therapy and tried to negotiate continuing with her therapist.
First Drawing

Second Drawing

Third Drawing

Figure 12
Description of Figure 12

The first drawing by this 14-year-old girl depicts a music session. The central figure is sitting at a keyboard perhaps wearing headphones, and playing the keyboard. She does this with her index fingers, implying that she normally plays like this and not with all her fingers as she would do if she was learning to play the instrument in a conventional lesson. She has drawn a smiling face with round circles for eyes as if she has gone somewhere in her enjoyment. In the top left corner is a drawing of a microphone and in the top right hand corner are music notes. Below this, either side of the figure she has written, ‘relax’ and ‘sing’. In the bottom left hand corner is another music note with the word ‘art’ written under it. In the bottom right hand corner is a diagrammatic face with the tongue sticking out which is a familiar doodle drawn by adolescents. Below the keyboard are two hearts, also a common icon in adolescent girls’ drawings. Some care has been taken in drawing and colouring in certain parts of the picture which has an upbeat feel to it. This girl was returning to music therapy which she had attended with the music therapist in the previous school year. She appears to be depicting what she likes about the sessions in her words, ‘relax, sing, art’.

In the second drawing she has taken less time and drawn a similar picture using one or two of the icons she drew in the first drawing. In this drawing there is no central figure, but instead another version of a smiley face with the tongue sticking out. The microphone appears in the top left hand corner again, as do the music notes and a treble clef. It feels as if this drawing was getting in the way of what the girl actually wanted to do this day as it appears very hurried and sparse.

In the final drawing there is a move away from the diagrammatic depiction of the first two drawings towards a more realistic style. The paper has been turned to portrait orientation and the girl depicts herself as relaxed and smiling, with detailing showing in the bow in her hair, her smiling lips and her straight dark hair. In this picture her eyes are realistically shaped and have expression. Her body is sketched in very lightly emphasising her head and her facial expression. Above her head to the left she has written ‘happy’ with the smiley face icon with the sticking out tongue that appeared in her first two pictures in different forms.

When shown her first two drawings after she had finished her third drawing she told her therapist: ‘I remember doing the drawings. They help express your feelings of what music therapy is and what it helps you to do…………they are good memories of what we used to do from time to time.’ (Therapist’s transcript)

When asked what her feelings were at the end of the course of therapy she said: ‘depressed that we might not be coming back and happy to be looking forward to the positive side.’ (Expressed strongly how she doesn’t want to finish and tried to negotiate that she would have even a few more sessions if she was back in September. Expressed that she loves to come and loves the singing and having space for herself. Returned to negotiating that she could continue, joking that she would cry to the principal and say she would be depressed.) – (Therapist’s transcript)

I interviewed this girl’s mother at a later date. She talked about a series of bereavements this girl had suffered and how she loved coming to music therapy and wanted to go into school on the days it occurred even though she usually didn’t want to go to school. Her mother said that when her daughter talked about her ‘music lessons’ her eyes lit up and that this was the only thing she reacted to in this way in school.
Summary

It appears from the data above that the principals interviewed saw arts therapy as opening a space, both physically and in time to focus on and address the unaddressed emotional issues of children and young people. Primary principals expressed that they referred children with the highest level of need, whilst secondary principals referred students with emotional needs that weren’t in the highest category i.e. those in danger of suicide or with diagnoses mental illnesses. Though some principals stated they had initially been sceptical of arts therapy, their observations of how it worked and the benefits they felt it had in school had convinced them of its value, which will be expanded on in the last subordinate theme (perceived effects). The fact that children and young people wanted to attend the arts therapy was attributed in part to the creative arts aspect which principals of primary schools saw as fun for children and secondary principals saw as non-stigmatising. In the primary sector the general opinion was that children who were referred loved coming. In the secondary sector young people were seen to exercise more choice in whether they attended and for how long. When young people in secondary schools did engage it was often hard for them to finish therapy as is illustrated by the drawings and commentary shown.

In the following theme the focus changes from the school’s perceptions around accessing the Blue Box and their understanding of the therapy that the service provides, to the therapists’ views of operating an arts therapy service in the schools.
Choosing Arts Therapy

4. Explaining therapy

The main elements of how creative arts therapy is practiced by Blue Box arts therapists have been given in the introduction section of this research. The data below is derived from the therapists’ focus group as they discuss aspects of therapy with children and young people that they feel are the most important in their work in schools. Almost the first things mentioned when asked the question ‘What do you consider the essential elements of arts therapy practice with children in schools’ were boundaries and relationship. The extract from the discussion in the first therapists’ focus group brings up the three main elements that therapists thought were most important in their work with children, and how the establishment of boundaries and a relationship with the child or young person preceded, and was a necessary pre-requisite to the third element of creative exploration and play.

Th.1: Boundaries and containment
Th.2: Boundaries are the first thing that came to my mind
Th.1: And the relationship I think
Th.2: The relationship – the question is arts therapy, and I’m thinking that I’d have a whole list before I got anything to do with the arts part
Th.3: I think its freedom of expression within the boundaries (Focus Group Therapists 2).

On the issue of boundaries, therapists alluded to ‘holding a different space’ (Focus group therapists 2) than one available elsewhere in children’s lives, so that boundaries were not so much to do with behaviour, as in school, but more to do with designating the parameters of time, physical space and confidentiality that allowed for the opening of an emotional space, ‘a kind of holding space for the emotions’ (Focus group therapists 1). The physical aspect of setting up of this multi-layered space in schools was discussed by the therapists in focus group 2. They talked about the value of continuity of the sessions in a setting that became familiar to the child, which contained an array of creative materials that were laid out in the same way from week to week. From the therapists’ perspective, the need for ownership of the therapy space was important, as well as the length of time it took to establish this space in the school environment.

[…] you know you can give a certain amount but the more you’re ensconced in the place the more maybe available you can be to someone else and the more materials you have are an extension of the way you work (Focus group therapists 2).
It was felt by both groups that boundaries and developing trusting relationships with children were inextricably linked. Therapists agreed that with children from the most difficult backgrounds it took a long time to establish boundaries and trust.

It is back to that trusting relationship and however you can make that about boundaries and continuity – they’re all part of making that aren’t they? Like the reason for continuity is so that kids don’t have to keep going back to the start and that – you know they believe that familiarity – and they get to know you and they get to trust you hopefully – it could be 3 years down the line as you say because you need to work that long at it but yea – for me the relationship is quite central but it’s only held by the boundaries and the continuity – and the confidentiality (Focus group therapists 2).

The therapists discussed the ways that trusting relationships were established, seeing them as being based on being open to everything the child or young person might bring, cultivating an atmosphere of acceptance, whilst also maintaining a constant focus of attention on the child’s issues. Therapists also talked about the therapy being child-led in that it was the child’s issues that were uppermost giving them a unique space in terms of them following their own emotional agenda.

I’m thinking as well that there’s being present and relationship again but – the child just having an adult present with all the attentionoooooooo...and I think that would particularly apply to you know needing it to be child led – non-directive. And I personally feel it is important that it’s non-directive (Focus group therapists 2).

Therapists believed that the supportive non-judgemental aspect of the relationship was vital in involving children in creative activity where a large number of the children referred would have very low self-esteem and be very self-critical. Engendering trust through the therapeutic relationship allowed children who were stuck in rigid ways of thinking to begin playing and exploring through the creative side of the therapy.

You’re reminding me of early on and starting out and people saying to me - oh it must be great working with kids they’re so creative – and no, it’s just – I remember my reply – well actually you’d think wouldn’t you – well actually you find an awful lot seem to be stuck – like - kind of afraid to do something because they might not get it right and not even showing the fear of it but almost sort of dismissing it or avoiding doing it […] for me a measure of success is when they start making mess or start leaving me stuff to clean up or start maybe two or three different things and you feel they’re – they’re just involving themselves with what’s around them where it was almost like – don’t get involved cos I’ll mess it up or something (Focus group therapists 2).

The importance of the creative aspects of arts therapy was discussed amongst the second group who felt it was a vital way of reaching children and young people and helping them when they found it hard to verbalise their feelings. The excerpt from the focus group is quoted below at length as this element is brought out in the discussion.

Therapist.1. Yea […] on training it was called the triangular relationship – you know the client the therapist and the piece of art or the art they’re making or made or whatever […] you know when you’re in the art activity that you as a therapist are most comfortable or at home in, be it
the music or the art or whatever it is – I feel you know that’s when they get the best out of me because I can allow an awful lot through the art and that as well – and through the connection with the art then – it could be sort of play connected with the art – and – often I get, like a child would talk over something that they’re making, or get me involved in what they are making – like you were saying, and to me that’s something that allows something else into the room so it’s a very, very, very important element of it is that – creative side to it, that so much is preverbal anyway and is so unconscious that it’s not – it almost can’t be verbalised – and can be – actually – just worked out through the making of a piece of art anyway…

Therapist.2. And I think it’s so important for them to see that we’re willing to get our hands dirty, to get stuck in and to be with them in it so – we’re not a professional that’s going, hmm yes, therapy you know, you’re stuck in there and you’re doing the things they’re doing. It’s important to help them structure and to see you’re not judging them.

**Referral Issues**

Participants in the therapist’s focus groups felt that in general the referrals made by the schools were appropriate. In both of the focus groups participants commented that what was written on the referral form by the school as the reason for referral was often not what the therapist found the child needed to deal with.

The actual kid we’re working with what’s on the referral – on the referral form – one thing I feel I don’t get a lot of information on the referral form or it might be that they’re acting out or they’re real introverts but what happens in the actual sessions is different (Focus group therapists 1).

Comments were made on the lack of information on referral forms and the emphasis on behavioural issues.

Mostly yes, but I’d have a problem with behavioural ones where the child was being referred because for example he didn’t conform to the school, school system, and what you might find out is that the child had other traumas in their life and then you wonder whether you’re working off – you know to try and improve their behaviour or find out what are the issues in their lives. So that’s a little tricky because it isn’t just black and white just responding to the referral (Focus group therapists1).

This therapist highlights an aspect of seeing children referred by the school which causes many of the therapists to question whose best interests they are trying to serve.

The therapists did agree that over the years that Blue Box had been in schools, referrals had become more inclusive of withdrawn children and less about children with overt acting out behaviour.

I think schools would see that sometimes the ones who were showing something - it’s the ones who are held in they seem to be much more – I think they are seeming to be more in tune with picking out the ones that are just in trouble – whether they’re acting out or whether they’re holding it all in and that. They do seem to have picked up on that (Focus group therapists1).

**Children’s choice to attend**

The other question that arose in the therapists group was whether the children and young people themselves had any choice to attend. During this debate one therapist talked about how she felt the child she was seeing was only coming because the school sent her, whilst another talked about how a young person they had been seeing was
desperate to negotiate a continuation of the therapy into the following year. The extract below sums up this argument;

Therapist.1. And the child – I don’t know – in primary school the child will come – 99% will come enthusiastically and will look for that trust in relationship, and that like […] You know so – I wouldn’t devalue that choice and – but it definitely takes a long time

Therapist.2. Also the children that come to you in schools – they let us know very quickly - you know if they don’t want to come back with you –you get stuck after two sessions –I don’t like it – this is stupid – that’s that

Therapist.1. That’s true yea

Therapist.2; so I suppose there is that element of choice – there always is choice – I don’t say – the kids that come to me I ask them to give it 4 weeks and then they can decide if they want to come back or not. You know give them that choice initially just to give it a month – try it out – see what you think and then if you like it keep coming then for the term or the year whatever (Focus group therapists 2).

Summary

The therapists discussed the most important aspects of their work as being the setting up of secure boundaries of time, space, continuity and confidentiality within which they built an open non-judgemental relationship with the child. They believed the therapy worked best when it was child led and the therapy environment fostered the creative involvement of the child. The therapy space was seen as a holding space for the child’s emotions and a unique space in that the focus was entirely on the child and their needs. In general, the therapists felt that referrals made by the school were appropriate, but some therapists questioned referrals which related to the schools’ need for therapy to change a child’s difficult behaviour. After discussion the therapists felt that children did have a chance to choose whether or not they attended therapy sessions.

This issue of choice is followed under the next theme in relation to whether parents have a choice to go along with school’s recommendation that their child needs therapy.
**Principals’ and Teachers’ Perspective**

The issue of choice is raised when considering how the schools select children to refer to the arts therapy service. Generally, schools decide which children they think need to attend therapy sessions, and when these children have been identified through consultation with teachers or the care team, their parents are approached and told about arts therapy and asked for signed consent for their child to attend. A meeting with the therapist is arranged at the start of the sessions, but a number of parents don’t show up for this and as long as the consent form is received the therapy sessions begin. Data from both teachers and therapists show that they question the level of parents’ understanding of what therapy for their child might mean, and the implications this has for the validity of their consent.

I think the parents are nervous, they don’t ask questions in the meetings, they kind of just agree without asking any questions so you know I think – I think if it was just the therapist and the parent on their own kind of cold faced I think that that wouldn’t really work they need the support of the school in the meetings and things like that between the parent and therapist. But, I think the parents themselves know that without really kind of admitting or even coming to the school first, you know, they’re delighted that their children are given the opportunity. So – but I do think communication around it does needs to be better - a little bit more (School 13 Primary).

Despite two principals doubting parents’ ability to understand or involve themselves in their child’s therapy, most of the principals who referred to parental involvement felt that parents did buy into the process and support it. ‘The parents who are dealing with it, the 90% of them are thrilled.’ Some of the principals did not talk about this aspect at all and one principal said she wouldn’t know how parents perceived it. One principal’s representative felt that contact between a therapist and a parent wouldn’t work unless the school supported the meeting. She concluded by stating that ‘I think parents themselves know, that without really kind of admitting, or even coming to school first, you know, they’re delighted that their children are given the opportunity’.

This highlights the fact that a number of parents do not come to meet the therapist. The focus group of HSCLs discussed parental involvement with one HSCL speaking in the excerpt below about how liaising between parents and the Blue Box therapist positively enhanced her job.

So with the link with art therapy and the parent you can use that space at the beginning obviously to bring the parent in for a visit, but also then on an on-going basis with a lot of cases
you’ve been dealing with for a while you can constantly maintain –with the parent as to how the child is progressing, which I think is very valuable for our jobs too (Focus group HSCLs).

Another HSCL gave an instance of a parent’s reactions to being asked if they would give permission for their child to attend arts therapy.

If I can say that this morning I was on a house visit with the art therapist to a parent whose son is starting today but anyway she is a difficult parent – you know the one I was telling you about – but it was funny how on the visit she opened up so much about *herself* to the art therapist, even with me sitting there, and she was really bought into it. Initially when I asked her about it she said she didn’t want him to do it. She was saying today she thought he was kind of getting a reward for not behaving himself. When I mentioned the word therapy she jumped at it because she feels that because of his background he does need that kind of support (Focus Group HSCL).

A principal and a HSCL in another school also talked about parental involvement positively.

Principal: Parents would have subsequently come to us when they heard we had the Blue Box and you know children with issues and would have said could you give them a slot whatever.  
HSCL: So they would be very open too, they would be very open and even with the therapist meeting the parents – we had one parent come in last week now and you know it was invaluable  
Principal: And they’re very open to talking  
HSCL: Very open.  
Principal: You know and we would discover one or two things that we didn’t know (School 14 Primary).

The comment below was similar to a number of instances in the principals’ interviews where there was a reference to parents asking for their child to go to therapy when Blue Box had become established in the school and built up a reputation.

You know initially we would of had selling to parents about it – now they’re coming to us you know – can my child go on the list for art therapy kind of thing you know (School 5 Primary).

Parental involvement at secondary level was only mentioned by one principal and was

in terms of parents requesting therapy.

Well following the feedback that we get at the end of the programme, and also from parents who have asked us - can they not avail of Blue Box or - can she not keep going for another year – that’s on the ground response which is very human and very good, and it’s the best feedback you’re going to get (School 3 Secondary).

Parents’ Perspective

During the interviews with parents, I asked them how they felt about the school approaching them to suggest therapy. Out of the 18 parents interviewed, 3 parents had asked the school if their child could go to Blue Box because they were concerned about them. All the other parents had been approached by the school, but all of them agreed with the schools’ suggestion that their child needed emotional help and all said they were happy for their child to attend as they felt it would be good for them.
A number of parents were clearly heavily involved with their child’s therapy and spoke about meetings with the therapist and how they felt about these. In the first parent interview the mother said the therapist explained what Blue Box therapy was about and had worked quite closely with her throughout the course of the therapy, letting her know about her child’s progress and suggesting that she get some support for herself. The therapist also connected her to other support agencies. She praised the therapist and saw her as a saviour of herself and her son. She commented on the therapist being strict about time keeping around the therapy sessions – standing at the door and not letting her son in ‘until the stroke of 3’. She felt this adherence to time boundaries had been very beneficial to her child who really respected the therapist and was angry with his mother if she brought him to his therapy session even 2 minutes late. Another mother said that talking to the therapist had helped her see that her daughter needed to express her emotions. A third mother said that the therapist had been a great help to her too and had explained ways in which she could cope with her daughter. She met the therapist at the beginning and end of every term to discuss how her daughter was. The therapist reassured her that the problems her daughter was bringing to the therapy session were not huge things that she needed to hear about.

One mother expressed both positive and negative experiences with her child’s therapist. This mother said the negative side was that she herself had felt judged by her daughter’s therapist and had been hurt when the therapist told her that she was her daughter’s therapist and not hers. Despite this she gave credit to the therapist for sourcing help for her when she said she needed it and said she got the ball rolling. The therapist had asked for social work involvement and though the mother had also felt judged by the social worker, she had gained access to counselling for her own problems which she found positive.

When one mother was asked if she had had much contact with the therapist she said she had seen her maybe twice in the two years her daughter had attended therapy. She said she hadn’t seen her the first year, but one day she was out shopping with her daughter and they happened to meet the therapist and her daughter introduced her. After that she came into the school for a meeting, and had attended another meeting since. She felt this was enough contact.
There were other stories in which mothers talked about how useful it had been to talk to the therapist. In one case a mother said that while her daughter attending weekly Blue Box therapy the therapist had assisted both of them through a terrible year of their life. She said the therapist ‘loved my daughter and my daughter loved her’. All another mother was able to reiterate in her short interview was that her child’s therapist was ‘a lovely woman’.

**Therapists’ Perspective**

The therapists were also concerned about parental involvement which was a subject that was extensively discussed. Therapists working in more marginalised schools said that they had little contact with some parents. One therapist wondered whether some of the parents were able to engage given what was going on for them in their lives. Two other therapists speculated that perhaps parents found coming into the school very difficult as usually they were called in only to hear negative things about their children.

Therapists also talked about the vulnerability of parents they did meet and there was a suggestion that perhaps it might be more productive to see the parents who also seemed in need of emotional support, as the extract below illustrates.

A therapist working in a non-DEIS primary school stated that parents attended meetings well, but that s/he wasn’t sure they all understood what was going on with their children in therapy. S/he wondered if there was enough time allocated to meeting parents by the Blue Box as half hour meetings did not seem adequate to explain something so complex.
Therapists at secondary level wondered about the level of parental involvement needed with an adolescent who was trying to establish their own identity. One therapist thought that parents of anxious or bullied young people were more supportive of the therapy process.

I don’t really meet the parents a lot of the adolescents but some at the beginning and the end. Some parents I think of – sometimes it’s the more vulnerable kids who maybe might be the target of bullying and who may have issues as well – maybe some might have issues around some kind of intellectual disabilities or medical issues or sometimes a real sensitive introvert – sometimes their parents may be more tuned into the fact that their kids need therapy and they would like them to be supported that way (Focus group therapists 2).

The discussion returned to how much the parents understood about therapy and how they seemed to accept the schools’ recommendations without questioning them.

Not a lot of people understand what the child is involved in and they don’t seem to want to maybe accept – they just seem to be happy to fall in with the school – some people do have an interest – I’ve never been asked for more information about art therapy (Focus group therapists 1).

One therapist pointed out the anomaly that existed for the therapist in bringing a therapy service into the school. This therapist suggested that in a situation outside school, a parent identifies a need for their child and then looks for a therapy service to address it. The school suggesting a child needs therapy to a parent, diminishes the parent’s opportunities to recognise and address their own child’s needs in this area.

I think it’s a huge thing us bringing the service out to people – this sounds wrong but it stops them making the choice to come, stops them acknowledging, […] there’s an issue here with my child – now next thing I want to do something – so we’re doing it before that sort of happens […] it’s not that I’m saying, we shouldn’t be doing it – but I think we have to acknowledge what we’re doing going out to give people therapy (Focus group therapists 2).

Summary

Though two principals and teachers felt that parents didn’t fully understand what arts therapy was about, the majority of principals and teachers felt that parents were engaged with their children’s therapy and were positive about children attending. As an indication of this some principals said that parents had asked for their children to attend arts therapy when it had become established in the school. HSCLs agreed that working with the therapist to get consent from parents for therapy was useful to the therapists and themselves and linked some parents closer to school.

Parents who were interviewed all expressed that they did want their children to attend arts therapy when it was suggested to them by the school. A minority of parents had taken the initiative in asking the school to refer their child to arts therapy.
Therapists were more concerned about parental involvement and agreed with some principals and teachers’ opinions, that some parents did not understand the therapy process. They wondered whether the school was assuming parental responsibility and that some marginalised parents were just going along with schools’ recommendations without fully understanding what therapy entailed. They discussed the vulnerability of these parents and the circumstances that might prevent them from engaging with the school and their child’s therapy.

In the following section the perceptions of principals, teachers, parents and therapists regarding the effectiveness of arts therapy in schools will be explored.
General perceptions of the effectiveness of the Blue Box service will be discussed under this theme, followed by more specific examples for each of the groups of participants.

**Principals’ and Teachers’ Perspective**

One of the reasons that principals gave as to why they were accessing Blue Box and continued to do so from year to year was because they saw the general effects of the therapy on children and so did their staff.

The school has always had a positive attitude to it but were a little bit – I won’t say suspicious, but a little bit wary, and that’s understandable, but I think though, in view of the fact that it has been in the school and we can see the benefits to the children who have been attending the sessions, we feel that their self-esteem and their general demeanour within the school has been raised so in that sense it’s a good and positive thing.

Oh I think very effective yes (School 1 Primary).

One principal talked about how teachers at primary level would only accept such an intervention if they were persuaded by its results.

No but it’s just the word of mouth with teachers if they see a child with difficulties, help comes, and that child is then seen to be functioning. And one teacher tells another and – that’s true of everything in education, the only thing that would work is if a teacher’s persuaded that it will work. I mean if we came in from the outside that time and said this is the cure for everything it’d be – Oh yea another cure for everything – but they saw it worked. Ok we know it doesn’t all work nothing can always work (School 2 Primary).

This aspect was also noticed by another principal

So I was kind of surprised in a sense that it has been so accepted – why, because I think it’s successful. I think people can see the change in the young people attending, I’d say that’s the major reason, they can see how successful it is (School 12 Primary).

Three principals felt the service was effective but said they found the effects hard to assess or quantify. It could be that they had seen no visible effects but that the therapist had reported that their clients were engaging in the therapy process and working through their emotions. This is implied in the quote below where the issue of confidentiality is obliquely referred to.

I suppose it’s difficult to assess – I wouldn’t be privy to, you know, the outcome of children’s therapy situations, but generally I would feel that they are very positive for the child (School 9 Primary).

The issue of time was commented on by a number of principals, especially at secondary level. Secondary principals could not notice the effects on young people generally in
terms of their behaviour, but talked about the long-term effects they imagined attending Blue Box therapy might have. They also all commented on the fact that young people wanted to attend Blue Box and some even asked to go themselves, which they felt was unusual, and wasn’t the experience they had when offering young people counselling.

I think it’s good we’re doing something anyway for the students, and you know nearly all students like it, you know, so it works on some level, they all – never had a student say they weren’t doing it. You know we’ve other students coming up saying they want to do it. It’s effective – I think it’s effective but it’s hard to evaluate (School 17 Secondary).

So it took a while to you know buy into it and realise that the art therapy has a different approach to treatment than what we’re used to – that we have to give that time and that process time and we feel now that we may never, inside of the school we may never see, where a lot of our students are concerned, an outcome, but down the line hopefully, because the student has worked out some of the problems that they would have had that problems we’ll say – have solved problems that - normally you’d see it in the very late teens or in their adult hood – they’re coming on saying I had these problems but no-one ever listened to me no-one ever did whatever – at least they’ve worked through a lot of it where Blue Box is concerned. So I think it’s a long term process and we realise that now (School 8 Secondary).

I think it is, you know I think we all greatly appreciate it. I suppose it’s not quantifiable, but I suppose you would have to say that you know the evaluation of it would be that the students would seem to be very happy to engage with the Blue Box and you know even if it’s just a time-out session, away from, you know, class contact and to have an opportunity to have someone they can talk to, or even just, you know, that they have an opportunity to experience a different level of communication in school (School 11 Secondary).

The focus group of HSCLs also mentioned that the effects of therapy were difficult to quantify but all agreed it was very beneficial.

In some schools, principals talked about the effects of therapy in the wider context of the school. They explained that if a child had been having difficulties, especially when they were acting out in class, that they were affecting everyone around them, so that successful therapy for one child might have a ‘knock on’ effect.

I mean I would say that it has a number of effects. I’d say that certainly because individual children – no person is an island – so obviously if you alleviate the stress and anxiety and attention to devilmint or potential for even violence in these children, well then that has – in their classes I think that obviously has – when you’re alleviating that it has that knock on effect that their relationship to other children hopefully is better, that they’re relationship with the teacher, their co-operation in class. So I mean I think that is probably the – that’s the big effect (School 12 Primary).

That guy that I spoke of there, he’s not trying to beat the head off somebody in the class with him, they wouldn’t know why but it does have that level of effect yes (School 2 Primary).

When reporting the noticeable effects of attending therapy on specific children, principals cited a number of changes in their behaviour and demeanour. As has been stated above there was more noticeable behaviour change at primary level. One
principal talked about a boy who had been very angry and ‘flew off the handle at a minutes notice’. He went on to say:

but to see him three or four months later, not being hauled up here because he hit someone, and being able to step back from a situation, that could be his saving grace in years to come, he might step away from something rather than ending up in jail (School 2).

The same principal talked about a girl with poor self-esteem and how the therapy had affected her:

[…] there’d be a girl then she was just struggling because she was very weak academically and it just gave her a sense of herself that she’d be worth more than just the academics, and it’s very hard to put your finger on that, but you just see her in the corridor and she’d just say hello and smile at you, which she wouldn’t previously - it’s just the small things sometimes (School 2 Primary).

The principal above returns to the theme of finding the effects hard to quantify or put his finger on, but the principal below quoted examples from assessments of children following a course of therapy, one written by a class teachers and one by a mother.

“N has been receiving 40 minutes of music therapy every Tuesday. Since she has started I’ve noticed a remarkable improvement in her attitude, especially her behaviour in class and with other students. She comes across more relaxed and is a lot calmer during class. She’s comfortable staying and participating in all daily class activities which she had difficulty in doing so before. In my opinion she seems much happier in herself and is growing in confidence daily”

We had a parent then and her daughter came in suffering from anxiety attacks following the death of her Granny who wrote: “As a result of her participation in music therapy sessions these anxiety attacks have significantly reduced and are manageable and for that we are extremely grateful” (School 7 Primary).

The effects mentioned above were common to other reports where principals talked about children becoming calmer, happier in themselves, and better able to get on in class with their peers.

At secondary schools, principals referred to cases where they felt Blue Box therapy had contributed to supporting young people to stay in school.

It’s a small group here but I definitely think that the students who are working as part of our Blue Box initiative at the moment are more likely to stay in the school because they have that kind of back up that kind of therapy, that kind of opportunity to receive the certain brief the kind of direction that will help them stay within the system and I know one particular young fella would speak to – in this case (art therapist)– about his hopes for the leaving cert. This young lad now is only in second year. He’s a young lad who’s in a very very vulnerable situation but he would – he’s looking, he’s looking ahead now - whether he gets that far I’m not – hopefully he will, but the very fact that he can express that opinion and probably have that opinion reinforced I think is a very positive act you know (School 15 Secondary).

I’m thinking of one in particular who’s been a customer of the Blue Box since first year, and you know she has really received a holistic education so far. She’s gone into fifth year now and she’s doing really very very well, you know, so I suppose it’s a combination if different supports here in the school, but I know that she did attend the Blue Box throughout that time and she was an
Parents’ Perspective

The majority of the parents talked about the changes they had seen in their children since attending Blue Box therapy. In some cases, mothers talked about the changes in themselves in response to the changes in their children. For instance, one mother described how her child had been frightened of strangers, had edged into rooms, and had problems learning in school and had no friends. Following therapy, she said she and her family had seen a vast improvement in the child. She said friends that hadn’t visited her for a while were amazed to find that s/he was interacting with them. S/he started to engage with school and had made a friend. This mother felt they were now at a point where things could only get better as they built on the child’s progress. She stated that she felt Blue Box had saved her and her child as she had been finding it so hard to deal with her child that she feared she would become ‘a basket case’.

Another mother said that she had noticed a big change this year in that her daughter was becoming more confident and expressing opinions of her own. She said the class teacher had told her that the child’s voice could now be heard in class and that she was asking questions. This mother went on to explain that the therapist had told her that her child needed to express her emotions. The mother said she had been tired at the end of the day, but because of the advice of the therapist, when her daughter had asked her for time to talk to her about her feelings, she had started making time for this, every evening. She felt doing this had greatly improved their relationship and her child’s confidence.

Another mother felt the therapy was good and hoped for it to continue but said that sometimes after therapy sessions her child’s behaviour would be worse and she thought this might be because her child had been expressing difficult things. This mother had found the relationship with her child’s therapist difficult but stated that her daughter’s process in therapy had brought up guilt in her for the part she had played in it. She said that this had made her look at her own behaviour and had made her see that she also had to change. She said that in a way she was going through the process with her daughter even though it was her daughter in the sessions.
A fourth mother said she felt her daughter had been like a crumpled piece of paper when she had first started therapy but now it was as if she had been smoothed out.

Almost every mother prefaced the interview by stating that their child loved coming to the therapy, or included this statement in the interview. Three of the mothers gave instances of their children wanting to go to school on the day they had therapy even if they were sick, or when they usually hated going to school. Two mothers noticed their children were happier after attending therapy, with one, whose child had been through a traumatic incident, saying that she had become more like her old self.

Another mother whose child had been seriously traumatised by domestic violence said her child had stopped having seizures, was speaking and was now able to play. She said her child had felt that s/he had to look after her because of what had happened, but the therapist had helped her child see that s/he was not responsible for his/her mother.

Two mothers of children with a diagnosis of ADHD said they didn’t notice any change in their children’s behaviour. One foster mother said that though overall she saw some small changes in her foster child, she wished for more. She said the therapist had seen big changes in the child but that was because she didn’t have her all the time.

Five of the mothers were anxious that their children should continue having arts therapy in the following school year, and two parents asked if Blue Box would be able to see a sibling of the child who was in therapy.

**Therapists’ Perspective**

Therapists also gave examples of improvements they had seen in the children they worked with whilst also stating that the effects were hard to assess. There was general agreement that it was difficult to see big changes in children with the most extreme needs, and they attributed this to on-going trauma and disruption in their environments. All the therapists felt that something good was going on with these children in the therapy and that the therapy session was very important to these children, but that therapy outcomes were limited by environmental factors. When children had adequate parental support and a reasonably stable background, much more visible results could be seen. Though in a sense it might be more satisfying to work with the latter group in terms of feeling successful in the job, most of the therapists were very reluctant to stop working with the former group who they felt needed the support in a different way.
Therapist 1. Yea I think – depending on the, on the referral I’ve seen a lot of differences in children that would have been referred for anxiety the child is less – well I’ve got it reported back from the teacher and the mother that suddenly and actually over a period of time, they noticed the change in the child for something stronger – that she’d be able to give her opinion at home when she’d never had an opinion before. Where she’s able to ask for things that she wanted in relation to being with both of her parents and do it in not her mum’s words but do it in a much more mature way. […] in those kids I’m seeing differences that lean to on having the one on one therapy sessions. With the cases of trauma, traumatic experiences in the child’s life, or on-going traumas in their whole life – on-going trauma – it’s much more difficult to see the difference there. It’s hard – you can go through years with that kind of thing and not be able to see it as readily as I suppose the other kids. So I’d have both […]

Therapist 2. I think it’s bound to be some effect of the therapy. One child was pulling out her hair, and it was very obvious that she stopped. Another child who’d become agitated who couldn’t learn and then she was able to learn you know, so like I suppose it’s very hard when the children are in the same environment (Focus group therapists 1).

When one therapist suggested that perhaps no child should be referred to therapy unless they had a safe environment and parental support, another therapist in the second group defended the most vulnerable group of children, later giving the example below:

Is it not unfair though to generalise that? Because have you not come across a girl who if you were to read her story on paper you’d say - they’re in no position to work therapeutically, and yet she really does like […]
-it’s the third year now working with a girl and finally she’s able to create play – and for a while I was putting it down to developmentally or having quite pronounced ADHD and you know maybe some of her medication had helped that – but now that you say it, I’m going – you know – for two years she was working on – can I trust this place – let myself come out – let the playing come out a little more (Focus group therapists 2).

In cases where children were affected by on-going difficulties in their home environments it seems the therapists saw the therapy as long-term, but there was a general wish that along with the therapy there should be other agency involvement and improvements made in the child’s external environment. This included better support for parents who were struggling.

Children’s Perspective
Adults’ opinions on the effects of attending arts therapy in school have been given above. In this section the feelings of the children who attended sessions will be illustrated through their drawing and words. All the children and young people were shown all three drawings together and asked to comment on them and to explain how they felt at the end of the course of therapy. Following the sets of drawings are descriptions, in shaded boxes, of the pictures as they appear to the author. As these descriptions are interpretive acts in themselves, no attempt is made to formally analyse the drawings as each viewer will see the drawings through their own analytic lens.
Seven sets of drawings appear below, five by children aged 6-10, three girls and two boys, followed by two sets of pictures from secondary level, one boy and one girl. These drawings were collected by 6 different therapists, 3 art therapists and 3 music therapists.
Figure 13
Description of Figure 13

In the first drawing this 9-year-old girl shows herself as a tiny figure in a red dress. She is smiling and holding her arms up to the sky which is a thin blue line a long way above her. Three w-shaped birds are also high above, near the outline of a sun in the left hand corner. There is a small squiggle to the left of the figure and no apparent ground.

In the second picture the figure of the girl dominates the picture space. She is standing on the ground which is coloured in lightly with brown and purple, with her head reaching into the sky not far from some birds and the sun. She has drawn herself, her hair and her dress in solid filled in shapes, with solid arms and hands with fingers. There is quite a geometric feel to the drawing, especially with the dress which is a solid triangle, and the arms and the hair also triangular in composition. She is smiling and above her are the words ‘I like it and it is good’. These words may be in response to the therapist asking her to draw herself and how she feels about coming to arts therapy. Above the words are some solid shapes which look like birds as they show the same basic shapes as the birds in the first picture only now with a corresponding m-shaped line above. The sun is drawn in a similar way to the first picture and in the same place but this time it is filled in with yellow and has a few rays coming from it.

The girl in the final drawing appears to be standing on the slope of a hill going up towards the left of the picture. The hill takes up the bottom third of the picture space and is coloured in green giving a solid base to the figure and the trees which stand on it. The girl’s face is drawn in detail, with a smile accentuated by her rosy cheeks – a drawing technique she may have taken from smiley face drawings or similar doodles that are popular amongst older children and young adolescents. She seems to be walking up the hill as the figure and the feet are oriented towards the left of the picture with only one arm showing as if partly in profile. The dress is still triangular, but softened into curves rather than the straight lines used in the second drawing, plus it has a pink belt which matches her tights. Two trees filled with apples are at either end of the hill balancing out the composition, and behind them is a rainbow which frames them and the figure. Within the arc of the rainbow are the words ‘it’s very good’. The two o’s of the word good have been made into eyes, and features of a smiling face have been drawn below them. Above the girl are a number of bird shapes, this time in more conventional m-form, and a very elaborate version of the sun appears in its usual place. This sun departs from the straight line across the corner that appeared in the first two pictures, and instead is curved with triangular rays filled in red. The yellow sun also has a smiling face so that in all there are three smiling faces in this picture.

When asked to talk about her three drawings at the end of the course of therapy, the girl commented on the size of figure in each drawing. In an interview with her Mother at a later stage I was told that before starting therapy the girl had a number of problems including poor peer relationships and a diagnosis of ADHD, and that she had a very poor opinion of herself and her appearance. Her Mother commented that her daughter loved going to arts therapy and she had noticed how her daughter had gained self-esteem and an interest in clothes and how she looked.
Description of Figure 14

The first of these drawings by a 9-year-old boy is faint and small and difficult to see. The line drawing shows a boy in profile sitting at a table, either on a computer or doing work at school. Only the front two legs of the table are showing. The figure floats above the seat of the chair and the arms don’t reach whatever is on the table. The figure is shown in profile with very little detail added.

In the second drawing a desk almost identical to the one in the first drawing is drawn in stronger and is now sitting on the base line of the picture frame. A miniscule figure, or the beginnings of a figure are drawn in very lightly. It appears that the image has been abandoned, or that very little interest was invested in it.

In the final drawing the scene has changed and no longer seems to be set in school. There is a figure of a boy – the same boy as on the chair in the first drawing, judging by the way the hair is drawn. The figure takes up a third of the picture surface and stands facing the viewer with his arm raised as if waving hello or goodbye. The figure is placed slightly to the left of the picture frame and above its head is another base line or high horizon on which stands a house with smoke coming out of the chimney. The figure has facial features including a nose and a smiling mouth with teeth showing. Some detail has also been added to the jeans the figure is wearing.

When asked about the drawings by the art therapist, the boy commented on the difference in size between the three drawings. He talked about how much he loved coming to art therapy.
First Drawing

Second Drawing

Third Drawing

Figure 15
Description of Figure 15

The first drawing in this sequence shows this 8-year-old girl standing with her arms by her side with nothing around her to denote context or ground, which is strange as she has chosen a landscape orientation for the paper. The drawing is quite sophisticated in that it includes features such as a neck, and an attempt at a realistic nose. There is a lot of detail including buttons and the tops of socks, as well as eyelashes on the eyes which are oval and contain eyeballs at the bottom, and teeth in the mouth. The head of the figure is in the centre of the page but the body veers slightly to the right, less centred, as if a little off balance.

The figure in the second drawing is situated in the same position in the picture plane as the figure in the first drawing but is slightly smaller in size and again starts in the centre with head with the body veering off towards the right though less pronounced than in the first picture. In this drawing the figure is wearing a blue track suit with a logo. The facial features are more naturalistic with conventional eye shapes, still with eyelashes, and teeth showing in the smiling mouth as in the first drawing.

It is hard to see the figure in the third drawing as it is so small and tightly posed. The figure is placed in the centre of the sheet slightly above the mid horizontal line. Though the figure still has a neck and fingers, the face is drawn in less detail, with a single line smiling mouth, dots for eyes and no apparent nose. The figures arms and legs are tightly closed, and there is still a very slight sway towards the right. The small figure seems almost lost in the otherwise empty picture plane.

This girl had a lot to say about her pictures when asked to review them at the end of a course of arts therapy. She hadn’t seen the first two drawings for some months and was shown photocopies of them after she completed her final drawing. When asked about them she said: ‘Yes I remember them’ She said she was nervous doing the first one because she didn’t know the therapist. She described what she noticed about the drawings: that she had no nose in the last one: that her hair gets longer in each picture because she’s been growing it for her communion: that she is shrinking: She explained that she is in her full uniform in the first picture because she didn’t have PE that day, and that the other two days were in her track suit for PE. She named out the different shoes she had on the three days’. When asked how she felt at the end of the course of arts therapy ‘She said she feels much happier now. She feels able to stand up to her sister. She doesn’t cry anymore when she can’t see her Mum in the house. She could talk about her feelings in the session. She says she is sad that her therapist is leaving and the sessions are over. She thinks the sessions have helped her get stronger.’ (Music therapist’s transcript)

In an interview with this girl’s Mother, she told me that her daughter had been very withdrawn and quiet due to her experiencing her parents’ separation. Since coming to arts therapy she felt her daughter had gained more self-confidence and that her voice could now be heard in class. She felt that her daughter was now much better at expressing her emotions and would regularly talk to her about how she felt.
Description of Figure 16

The first of these drawings by a 6-year-old boy has a figure on the left who appears to be throwing out its arm to an energetic area of black and blue colouring. He appears to be showing something that’s obscured to him and non-figurative, though it has the look of a pine forest. The figure has a faintly drawn head which is big and has indistinct eyes and a mouth, and a solid body, legs and feet.

In the second drawing a small area of blue similar to that in the first picture appears on the left of a house which contains two figures which look like a human and a cat a dog or a bird. The human figure has huge eyes, no mouth, and no body, just arms and legs. It floats in the house space and is the largest figure. Other figures are just outside or at the door and could be animals or humans. There is a small piece of yellow ground that the house is standing on, though the house and the ground are floating up. Apart from the small blue area and the ground, the image is a line drawing showing a structure with something inside and outside of it.

In the third drawing there is also a house which is multi coloured and resembles a circus tent, which perhaps is what was intended. There is a figure to the left again, as in the first picture, who has a body, arms, legs, eyes and a mouth which is smiling. The house or tent is completely filled with colour and has one window coloured over and another at the side which is open. Above the house is the sun, appearing for the first time, and the roof of the house is oriented towards it. Underneath the house is a line of animals and an ambiguous figure that may be crossed out. The animals are small and seem to be parading towards the open window or door at the other side of the house. They are on a solid area of yellow ground which connects to the bottom frame of the picture rather than floating up as in the second drawing.

When asked how he felt at the end of the year – meaning the school year, the boy answered that it wasn’t really the end of the year. When the question was re-phrased by the therapist to ask what he felt at the end of the therapy sessions, he just replied ‘sad’.

This boy’s guardian said he had loved coming to arts therapy which made her feel it was worthwhile. She felt he had calmed down during the time he had attended arts therapy.
Description of Figure 17

The 10-year-old girl who drew the set of drawings above told her art therapist that she didn’t remember doing the first drawing of the series which she commented had no sun in it. There is a sun visible in the corner though it is faintly drawn like the rest of the picture, and is in purple. The girl in the first picture looks to be in her school uniform and looks slightly uncertain, whilst the dog has character and whimsy. There is no background or context indicated.

The girl stated that the middle picture was her favourite one and that her dog is in all three pictures. The middle picture seems calm and composed and in keeping with the Christmas season, though there is an aura of loneliness, also present in the first drawing. This drawing would have been completed in the middle of a course of therapy. It seems that the dog is very important to the girl and is dressed up to suit the season and the spirit of what she is conveying. To me the dog appears humorous and whimsical and has been imbued with qualities of companionship and love. The sun in the middle picture is neat and contained and the girl is neat and dressed up, and her hair suggests angel’s wings.

In the final drawing, done at the end of the sessions before summer, there is much more action and detail but also something disconcerting in the strongly drawn parallel lines that suggest bars or railings. The girl is dressed for summer and has a smile on her face, seemingly toasting the audience which in this instance was her therapist. A new element is a figure in the form of a flower which seems to be celebrating with her and has ‘happy summer’ written on its face. The sun and the stairs have an electric quality and the picture as a whole lacks the calm containment of the middle picture.

When asked by the therapist what her feelings were at the end of the course of therapy the girl replied that: she liked packing up her art work but worried that it may get broken or be thrown out when she takes it home. She wondered whether she would be able to continue art therapy when she came back after summer.

(Art therapist’s transcript)

In light of the girl’s own comments, the last picture of the series is quite poignant in that it shows both hope and happiness in the demeanour of the figures, and some confusion and disharmony in the composition.

In interview with the girl’s guardian following the therapy she noted that the girl had been very quiet but was now communicating much more, which would also be noticeable in the three pictures which were increasingly more detailed.
Description of Figure 18

The first drawing by this 14-year-old girl, referred for behaviour problems, shows two butterflies, one larger and one smaller hovering above hills behind which a large yellow sun in either rising or setting. The composition of the picture is balanced and there is pattern and shading present.

In the second drawing there is a picture of a wedding couple standing in front of a stretch limo. The bride is shown in all her wedding attire with a flower on her wrist, and her tiara. She seems to float above the ground as no feet are shown and the bottom of the dress is drawn as an empty ellipse. The groom stands slightly behind her in his dark suit which throws the bride into contrast and is quite a sophisticated drawing technique. What is noticeable about the groom is his large fist perhaps indicating that he is powerful. Behind the bride and groom the wedding car is also drawn in a sophisticated way with the wheels in perspective and three large windows. It seems as though the girl is very invested in this picture because of the effort and detail she has included.

In contrast to the second drawing, the final drawing is cartoon like in style and at the bottom shows the butterfly motif that appeared in the first drawing. The largest motif is a heart with an arrow piercing it from the bottom left and emerging at the top right. The heart has two large eyes looking up towards the right and a mouth that could be singing or talking in what appears to be a happy way. Beside the heart is a smaller motif of a girl’s head with headphones on, eyes closed and listening to music whilst apparently singing along. The picture as a whole has an upbeat atmosphere and conveys its message in an iconic way.

When shown the three drawings together at the end of the course of therapy the girl: remembered the drawings and commented that she liked them. She noticed she draws lots of butterflies and that they are free. Was very pleased and repeated ‘they are good aren’t they?’ a number of times. Spoke about picture 2 as she will be going to the event she drew this week and is very excited. Joked about picture 1 being the place out in the country where the event is. Picture 3 being the future of her life – love, music and freedom (words negotiated with the therapist, not her own)

Feelings at end: Feels she doesn’t want Music therapy to finish and wants to keep coming. Really likes coming to music therapy. Has felt she could talk here and that she is listened to and understood – that ‘you get me’ (Music therapist’s transcript)
First Drawing

Second Drawing

Third Drawing

Figure 19
Summary
Principals and teachers felt that the effects of therapy were generally positive but hard to quantify. In general terms they felt that children seemed happier calmer and had increased self-esteem. They noted that children wanted to attend the therapy and secondary principals saw attending therapy as contributing to some young people staying in school. Specific examples were given of children becoming calmer and more settled in class with less anxiety attacks. Examples were also given of children becoming less aggressive, and in the case of withdrawn children, more assertive. Better relationships with peers were noted as was the ripple effect on the classroom as a whole. Fifteen of the eighteen parents interviewed noted improvements in their children. Mothers spoke about noticing their children were happier, less anxious and had better
peer relationships. One mother noted her child was less fearful of strangers and now interacted with adults. Some of the mother’s noted that their children wanted to go to school on the day their therapy took place when usually they didn’t want to go to school. All of the mothers said their children loved the therapy or the therapist. Some of the mothers said the therapist had also helped them by helping their children. Therapists noted that it was easier to see results from the therapy with children who came from a supportive background. They made a case for seeing children from more disrupted backgrounds where there was on-going trauma, more as a therapeutic support than as therapy aiming to address specific problems. With children from more supportive families, therapists noted increased self-confidence, decreased anxiety and the ability to speak in class and give personal opinions. One therapist noted a child had stopped tearing out her hair.

Seven sets of children’s drawings were given to illustrate differences over a course of arts therapy sessions taking place in one school year.

**Summary of Superordinate theme 2**

This superordinate theme has been concerned with looking at what options were open to schools to address emotional difficulties in children and young people, their choice of the Blue Box art therapy service in this area and the subsequent perceptions of schools, parents and therapists about engaging in the arts therapy service. The data seems to indicate that though schools have strategies for dealing with emotional difficulties in schools, there is a level of emotional needs which schools cannot cater for. Statutory agencies such as CAMHS appear to be overloaded by the needs of this group with the result that schools are left with a significant number of children with severe emotional difficulties whose needs are not being adequately met. As a result, schools are accessing an independent arts therapy service to address these needs. Some of their reasons for this are that they trust the organisations integrity and they see the results. Schools perceptions of the therapy were given and showed that though there was a broad overall understanding of arts therapy, some school staff were unclear of more in-depth therapeutic principles.

In the middle strand of themes, the therapists explored their own perceptions of the therapeutic process and how these applied to the referrals the schools were making. Concerns were expressed about the level of parental involvement and parents’
understanding of what therapy entailed. The issue of support in general was discussed with therapists identifying the need for more support for parents and families of the more marginalised children and young people they were seeing. The parents’ interviews seemed to show that even if parents didn’t actively seek help for their children’s emotional difficulties, they were in agreement that their children needed help when it was suggested by the school and appeared satisfied with the service offered.

In the final strand under this theme the perceived effects of the service were given. General impressions of effectiveness included the usefulness of one-to-one sessions for children and young people who needed a focus on their emotional lives, evidenced by their willingness to attend. There was agreement between the representative of schools and the therapists that emotional effects were difficult to assess but that there were noticeable changes in some children who had attended therapy. These were seen more at primary level where instances were given of children becoming calmer, more self-confident, happier, less aggressive, more vocal in class, more engaged with school activities, and forming better peer relationships. At secondary level one of the effects attributed to attending the service was that it helped vulnerable young people stay in school. The parents interviewed were more specific in stating their perceptions of effects, citing lessening of trauma effects such as anxiety attacks, increases in self-confidence and self-esteem, increased self-organisation, increased expressiveness, and better relationships. All the parents expressed how much their children had loved coming to the sessions.

Children’s drawings and comments on therapy indicated that their experiences had been positive and a number expressed that they like coming. Some said they were sad at having to finish therapy. A number of children asked if they would continue the following year.
Superordinate Theme 3.

Fitting therapeutic culture into the culture of the school

1. Schools’ view of their culture
2. Schools perceptions of the Blue Box
3. Therapist’s views of working in school
4. Therapists’ perceptions of teachers needs
5. Making compromises

Figure 20.

Introduction

This last superordinate theme covers the data given by schools and therapists on the positives and negatives of two organisations with different cultures and perspectives working together in the interests of children and young people. The subordinate themes on the left hand side deal with the schools’ perspective on how they see their cultures and ethos and how they feel the Blue Box service fits in with this. The two subordinate themes on the right hand side deal with the therapists’ views of bringing arts therapy into schools and how they view school culture through a therapeutic lens. The final central theme – Making compromises looks at data on how the two organisational cultures adapt to each other’s differences.
Every principal described their school culture in terms of the school being a family or a community at some point in the interview. The primary principals tended towards regarding the school as a family, and the secondary principals referred more to the school as a community, but sometimes included the family analogy also. The excerpt below from a secondary principal also brings in an expression of the school as a place of safety that was brought up by a number of principals and will be further discussed under the following theme.

The school is an interesting community, it’s not just an educational place, it’s a community and it’s a family, and many of them find it a safe place, so in that sense, many children – I’ve seen children who have asked to come in to school, to be suspended in school rather than go home. So from an element of the security of the school community, children find this a safe place (School 3 Secondary).

We would find that the place where they would be most wanted and most cared for would be the school environment where they’d feel the greatest interest taken in them. Now they don’t always have the most wonderful relationship every moment of the day with us but they do – I would get the sense – and they would say that – well, you know, the teachers take an interest in me and they’re looking out for me and, you know, even kids who are doing quite poor academically who wouldn’t particularly be applying themselves, come here day in day out because of the sense of friendship, the sense of being cared for (School 15 Secondary).

This brings up a number of interesting emotional factors because if the school is regarded as a family, then by implication the principal stands as a mother or father with all the emotional involvement that entails. Perhaps related to this was one primary principal’s feeling that school had to compensate for deleterious environmental factors in children’s lives.

They live such an unstable unsettled – they’re not secure themselves and they haven’t – they’ve experienced too many things at a very early age that small children, really, shouldn’t have. You know, they’ve had too much to deal with, they haven’t they’ve – quite a number of our children – they don’t seem happy. As 4, 5, 6 year olds – they should be happy, you know, and they should look cheerful – a lot of our children are not very happy in themselves. That’s what school has to compensate for and school has to provide an atmosphere where they can experience just being children and enjoying childhood (School 16 Primary).

Two primary principals mentioned love as part of the school culture, and a number of other principals stressed that the school had a caring attitude towards the children.

And nobody needs convincing of it here that addressing children’s needs, their emotional needs, is a huge part of, their education. And, nobody needs convincing here that love is a far better way of helping children than aggression or coming down on top of them, right. And, you know – so nobody needs convincing of that (School 12 Primary).
Two other primary principals mentioned their affirmative behavioural policies in keeping with the excerpt above. In all, four schools stressed the holistic nature of their approach in which they tried to identify the strengths of each child and provided opportunities for success in areas other than academic ones. They stated that their policy was to catch children being good and affirm this behaviour.

I think we take a holistic approach to the education of the kids in our care and yes the academic, the reading and the writing is very much in there and meeting our targets within DEIS. We’re also very conscious of the all-round development of the child. Identifying the child who is not so academic maybe, but if the child is artistic you see the teachers really valuing that. If they’re sporty that’s valued hugely, any other talent that could help us to build that child as a person. So we’re trying to build self-esteem all the time […] because the sport and the extra-curricular activities become very much a part of the way we affirm kids as they go through the school, and I think it’s all about that word affirmation. The thrust of our behaviour policy is catch them being good and the good that the child achieves (School 6 Primary).

And I suppose within the school we’d be much focused on children and their needs. Not just their academic needs but also their emotional needs and that’s in I suppose through our mission statement and through the different life skill policies and programmes that we have with them in the school (School 9 Primary).

**Summary**

Both primary and secondary principals likened their school cultures to that of a family or a community and stressed the care aspects of these approaches. Principals talked about seeing their students from a holistic perspective and supporting children’s strengths in all areas and not just academically. In the area of behavioural policies a number of schools talked about taking an affirmative approach and noticing positive rather than negative behaviour. Three principals viewed their schools as having a compensatory effect, making up for deficits in children’s backgrounds and providing a ‘safe’ place where they believed their students felt cared for. In all the interviews principals and their representatives described a wholly positive view of their school culture.
In the previous theme the representation of schools as safe communities or families was introduced. In this theme this representation will be explored from the principals and teachers point of view, as one of the main factors that makes the Blue Box arts therapy service attractive to them. When asked in the interviews, what were the advantages of the Blue Box service, the majority of principals answered that it was situated in the school rather than remote from it. ‘Well I think the flexibility of it is you know, they obviously would be in situ, their flexibility would be in they’re here. CAMHS, CAMHS would be remote to the school which can cause a problem’ There were a number of reasons why this appealed to principals, an underlying one perhaps being that as head of the community or family they retained a certain amount of control over what went on for the children in their care, which they didn’t feel when the child was referred to external psychological services such as CAMHS. There was a feeling that parents found it hard to get children to appointments outside school and with Blue Box the teachers could make sure the child got to their therapy sessions.

Well, oh my God there are so many. Mainstream services – waiting lists. When eventually a child is required and gets the service, the fact that the service is in town, and the fact that these children are very often coming from challenged families anyway, making in town appointments can be just too much for the daily lives of these families, so to have something that’s school based, on a practical level is a huge advantage. But also on an emotional/psychological level because, all of the children in the school recognise the therapist, will greet her – she’s seen as a part of a safe and caring environment and they’re in a position to more readily engage with it, and that combined with the practical aspect of what’s happening on the campus so making appointments isn’t really an issue (School 5 Primary).

I think the location is excellent in the school, you know, you have the children here. The supports are immediate. They’re not being asked to go out of their own environment to somewhere else to a meeting with someone they’re not sure about, a place they’re not comfortable, a place they don’t know. So there are a lot of factors the place is familiar, the place is safe, the people are familiar, the people are safe, everybody knows where they are, you know, it’s a safe community environment, and it’s very positive for that reason alone (School 3 Secondary).

Other aspects of the benefits of having the service in the school that were mentioned a number of times by different principals were the continuity of the service from year to year and regularity of the weekly sessions.

Accessibility is a huge thing, and knowing I mean I know I didn’t really know until September but we did have a sense that it was going to be happening. So there’s continuity whereas with the HSE it’s just so difficult, and you know, it’s almost prohibitive when the parents come (School 6 Primary).

Some principals stated that they used the presence of the Blue Box service to promote their schools as holistic caring communities when ‘selling it’ to parents.
Now, it’s in publicly printed policies that we have (School 2 Primary).

But we really hold it in high esteem now that we know it’s about and how it’s helping our children. So it’s really, you know, it’s part of one of the areas we sell our school. We really value it very much and put it very high on our priority list (School 7 Primary).

We can’t cure the emotional difficulties of students we have coming into school, but we’re a very warm and open place for the student, and I think the Blue Box, you know, supports the ethos of the school where we’re a very caring school about our students (School 11 Secondary).

So the whole art therapy and the presence of therapists sends out a message to everybody that we’re very serious about helping the children – dealing with the children’s needs and where they’re at. It sends out that message to parents as well and it’s one of a number of services that we now have on stream here within the school, others would be things like – well the programme in music therapy’s another […] So it does send out a message that we’re serious about the services to the children and that their emotional problems are as important as it could be. I think people have that message, I hope they have anyway (School 12 Primary).

Some principals interviewed gave their ideas of how they and the teachers in their schools viewed the Blue Box. As has been evidenced under previous themes, in the principals’ estimation they felt that the majority of their teachers saw the service as positive. Three principals mentioned initial scepticism but felt this had been overcome when results were seen. Another two schools talked about teachers initially have expectations of the service that were too high, but saw this changing over time with the realisation that it is a long-term process.

Three principals talked about the therapist becoming part of the school community. ‘

I suppose, you’re meeting the therapist every week and you know, the therapist becomes part of the school family so to speak, for the year (School 13 Primary).

A number of the principals mentioned the presence of the Blue Box therapist in the school as being a support to teachers. There were two main aspects to this support described, one was that the therapist gave feedback to the teachers, and the other was in helping with consultation.

If there’s a difficulty there, the teacher feels there’s an expert who’s helping me to – and there’s consultation and there’s feedback (School 9 Primary).

And then I suppose it sometimes issues get – might come up and you know it’s good for sometimes when the teachers interact you know there’s a good relationship between the teachers and the therapists and it sometimes it’s good for the teacher to talk to another professional that’s seeing the child in a different light, you know, for different reasons or in different lights and sometimes you’ll get the same things coming through. You know where initially they wouldn’t have spoken and then something will come through from the therapy which is something that the teacher may have suspected or confirmed – you know there is this confirmation for both parties involved really (School 16).

In the focus group of HSCLs who worked closely in amongst teachers, there were more nuanced perceptions of therapists and how other teachers saw the service. Two HSCLs talked about the therapists being dedicated.

HSCL.1. I think the best asset definitely is the team at Blue Box - they’re so dedicated and passionate and committed
HSCL.2. And they’re reliable because there’s (Therapist) no matter what she’s always there always watching the clock always on time and they get their hour and they’re mad about her (Focus group HSCL).

HSCLs said that they met the therapist every week and the therapist let them know how the therapy was going and if they felt the child was engaging or whether they should finish. One HSCL said sometimes the therapist might advise her that the child had been dealing with difficult things in the session and needed some space after it, which she found useful. There was agreement with the principals that it was nice to have an expert to turn to.

HSCL.1. You know that when you’re a teacher you’re really not equipped to deal with emotional issues and it’s lovely to know that there’s an expert …

Others: Yea, yea an expert yea (Focus group HSCL).

When asked to speak honestly about how other teachers in their schools felt about Blue Box they were able to express that not all teachers bought into the service in the same spirit.

HSCL.1. Some staff would make the – it depends on the – the um –
HSCL.2. the teacher
HSCL.3. yea the personality
HSCL.4. And then the child who’s going and what are the reasons for going
HSCL.1. Some would say – oh thank God we’re free of her for an hour and others would enquire genuinely about how they’re getting on but again it depends on the personal philosophy too you know and the child – I don’t know I’m speaking for myself.

Others Murmuring: yea, yea, the personality
HSCL.3. I suppose they’d be looking too – is there a change in the behaviour
HSCL.2. Yea, yea, when the child comes back in is there – long term has there been a change? (Focus group HSCL)

The personality and personal philosophy of each individual teacher will inevitably colour the way in which they teach and interact with the children and other members of staff, and this aspect will be picked up under a following theme where perceptions of therapists is explored.

Any negative perceptions of the service by principals and teachers will be looked at under the final strand of this superordinate theme which deals with the ways the two organisational cultures fit in with each other.

**Summary**

Every principal viewed the main advantage of the Blue Box service as being its presence within the school in contrast to other services which were remote from the
school. The safety aspect of the in-school presence of the service was asserted by nearly
all the principals. Principals also talked about the presence of Blue Box as fitting into
the caring ethos of the school as family and community. The safety, familiarity
accessibility and continuity of the service were cited by a number of principals as the
main advantages of having the service in the school. Three principals talked about using
the presence of the Blue Box in the school to promote its caring ethos when selling the
school to parents. Principals stated that, on the whole, teachers in the school were
positive about the presence of the Blue Box. Three principals viewed their Blue Box
therapists as becoming part of the school community. Other principals regarded their
therapists as supporting the teachers by giving consultation and feedback on the
emotional lives of children. HSCL teachers regarded the therapists as dedicated and as
experts in the field of emotions. They talked about other teachers in the school and how
some were supportive of the service whilst others did not understand it and perhaps only
wanted it if they saw behavioural changes in children and young people. They attributed
these different teacher attitudes to their personalities.
The two therapists’ focus groups expressed mixed reactions about working in schools, rather than working in their own private practices. These feelings were based in three general areas most of which had to do with the locus of control. The first of these areas related to control over referrals, where the therapists felt that at times they would have liked more control over which children they were seeing. Therapists felt in some instances that the children referred had little or no external support from other caring adults and they reasoned that in private practice this situation wouldn’t arise as parents actively sought, accompanied and supported their children in therapy.

A feeling was expressed that perhaps when school found a child’s behaviour problematic, they should consider the child’s background support system more.

I think some of the kids come to us and the school – while they refer them on – see them as a bit of a problem – like in one school I’m aware there’s sometimes, problematic kids they send on cos they feel like they have to be seen to do all they possibly can for that, so they refer them on. They don’t I don’t know if they think too much about the child and I don’t know if the parents are that available so in ways I think the kids are – and if they get to have a relationship and a supportive relationship that they need then maybe that is valid (Focus group therapists 2).

Implicit in the last extract is the feeling that schools sometimes refer children because they need to report that they are doing something for the child, but that in fact it is the child’s background that needs to be addressed. In a similar way another therapist questioned the suitability of the classroom itself for some vulnerable children, wondering if the child was being seen as the problem and not the influences that background factors had in shaping the child’s perhaps necessary behaviour.

you could – sort of characterise the kid as you know – if you don’t keep an eye on it – as having the problem when in fact what they’re doing sometimes is just – you know, highlighting their behaviour is the best way to survive in a in a tough situation and – so if they come from a – let’s say very fragmented family and they’re all over the place, the boundaries aren’t there then it’s probably not the best for them to shut up and sit down and be quiet in a classroom – you know maybe the best thing for them is to be troublesome so people can get to see and look out for them or something so – when you go and try and get a - yea you’re going to try and meet a teacher about the child – in a way it’s kind of difficult – the child might not be the issue at all it might be a lot of other things – it might be – the classroom environment isn’t the most suitable sometimes for this child (Focus group therapists 2).

Establishing boundaries in terms of the therapy times and the continuity and confidentiality of the space were also issues in schools that were commented on by both groups in respect to setting and holding boundaries. There was agreement that the length of time that Blue Box therapy had been established in the school affected the schools’ understanding of these issues. Problems to overcome in these areas were
requests by teachers to change or move therapy sessions or therapy rooms, or teachers
and other school staff walking into therapy sessions despite notices on the door, or lack
of privacy due to the situation of the room in the school where things outside could be
heard.

The disruptions would be down to nearly zero now – other people walking in or someone
walking up to the window and saying – Oh my wee one was looking in – but that doesn’t happen
now – but it would have in the first years and – it does take years to actually get it in – not weeks
– you think a few days in a row would have them convinced. While I’m in the session – the
schools are getting it – it’s a slow process – and they’re now getting – you know now you’re
hearing back – or I’m hearing back from the principal – well I know you don’t change the time,
so this is what’s happening on this day and no so you’re not getting pushed from all around now
(Focus group therapists 1).

The music therapy room – the art therapy room here – many of our music and art therapy rooms
in many of our settings are inadequate – now are they acceptable is another thing but they’re –
you know they are leaky and people do hear and probably if you can hear in, then maybe - in
some instances - can they hear out (Focus group therapists 2).

Another aspect of maintaining the confidentiality of the child was discussed by
therapists in terms of the difficulties of talking about the progress of a child’s therapy
with teachers. The therapist worried about the places that conversations took place, as
teachers sometimes asked questions in corridors, and how much should be revealed to
teachers about what went on in a child’s session.

Therapist 1. I think it’s tricky to hold confidentiality and to really respect confidentiality and still
feedback to the school. You know and I was really torn today as well – have I done the right
thing and the wrong thing and the school are trying to support and help but I have had – even
spoken about confidentiality today with the girl and about the fact that she could trust the space.
So you’d feel really like – in feeding back to parents and teachers – that’s a real issue.

Therapist 2: Yea – I always try to have this idea in my head about a fuzzy pane of glass where
you just give them a sense of where you think the child is at without talking about the session
kind of thing; without talking (Focus group therapists 2).

Therapists in both groups talked about maintaining confidentiality in terms of the
position of the therapy room in school, interruptions from people walking in, hearing
things from outside and being overheard, and balancing how much to convey to school
about the progress of the child without breaking the child’s trust in the therapeutic
relationship. In the second therapists focus group the discussion was centred on having
no control in schools of what went on outside the room.

The point is I can’t control what happens outside the room (Focus group therapists 1).

Therapists talked about the above issues with one commenting

A therapist on their own is much more autonomous, you can decide quite a lot more. You can
negotiate quite a lot more directly with some referrals (Focus group therapists 2).

The third area that has already been seen in the first extract above refers to the
therapists’ perception that schools were more concerned with behavioural issues than
with underlying emotions. This was evident in both therapists focus groups where therapists expressed being under pressure to produce behavioural changes in the children they were seeing.

I would, I do feel pressure from teachers or from the school that we should see changes in behaviour while they are in therapy and I think that’s still there (Focus group therapists 1).

After a long discussion on these three issues, both groups added that on the other hand if they weren’t in school they wouldn’t be seeing this particular group of children at all, and all were in agreement that it was this marginalised group that were in need of support.

There is a few groups whose only engagement with society is through school so you just wouldn’t see kids – the kids would never get near this opportunity otherwise (Focus group therapists 1).

There was agreement with the principals that the school was a holding place that provided certain boundaries.

One advantage is they’re around and the school is looking after them as well – it’s a holding environment for some kids who don’t have holding and probably would not see us if it wasn’t for coming to schools – we wouldn’t see them at all (Focus group therapists 2).

One therapist broadened out this consideration of the advantages and disadvantages in working in schools to suggest that perhaps Blue Box had a wider remit which was to influence the ways schools approached the needs of more marginalised children.

And I do think engaging with this more in school is important cos I know part of me – part of my being here, and I’ve heard it from others as well, I would like to see changes in school as well, as to how they look at you know - just a bit – I’d like to see a move away from a very - sometimes it feels quite formal and rigid the way they want to be with the kids, more – if they could allow those that seem to be a bit on the outside – the outer edges – give them a bit more space to be themselves and also, all a bit idealistic, but you know – I believe strongly in it and if I wasn’t in schools I’d be sort of ignoring that, and while it’s harder to be in the school I think, It also gives a chance for the Blue Box to be trusted by its schools and the organisation to keep going almost – and you know eventually maybe to have just that bit more input – we’re probably having it already, influencing, but – and probably eventually to have more and more of actually – more and more input and influence on the way they work with kids.

**Summary**

Therapists talked about working in schools in terms of three areas where they felt they would have liked to have more control. The first area was concerned with school referrals to the service which they felt did not always take into account the background support needed for the child from their own families. This was not an issue in private therapy practice where the parents always accompany the child. A suggestion was also made that perhaps schools sometimes referred children from difficult backgrounds in order to make it look as if they were doing something for the child. The second area was
concerned with the difficulties of maintaining confidentiality in the school setting as opposed to private practice because of lack of control about what was going on outside the therapy room. The third area was related to feeling the pressure from schools to produce behavioural changes in children rather than follow the child’s own therapeutic agenda. Despite these issues causing concern, the consensus amongst the therapists was that the school also provided containing boundaries and that if the therapy was not situated in the schools, children from certain backgrounds might never get the chance of accessing therapeutic support.
With regard to children with emotional issues, the way therapists perceived their relationships with teachers and the teachers’ needs, is illustrated in the data taken from the focus group discussions, but also from some therapists’ journals. Illustrative excerpts from the journals of three different therapists will be given in the shaded boxes to follow.

Therapists’ views of how teachers in the school viewed the presence of the Blue Box agreed with the view expressed by one HSCL that it depended on the personality of the teacher. The therapists agreed that there were some teachers who were very involved with and concerned about the emotional development of children, especially the HSCLs who liaised with individual therapists and often spent time talking to them about the children attending arts therapy.

Where I am I have – I just happen to have a home school liaison who fitted into a slot where another one–she was very organised and set a time aside to meet me after sessions and you know so she comes up – she used to come up with her books and we’d sit down and talk for about half an hour – so this one is keeping it on and it’s quite nice actually – we’ve a nice – you know you give a sort of a feel over all as to how things are going and she connects in about what’s going on for them outside of that as well and it is quite good and actually I appreciate it because I know in other ones - I didn’t get – in other schools – or in secondary school it might start off like that and then just falls apart with meetings and other things going on and – even if this one is a bit like that – but most of the time we do get time and I do appreciate that (Focus group therapists 2).

One therapist in focus group 1 explained that one of the class teachers took on an almost parental role with one of the children she worked with who didn’t have support from home.

I find actually some of my teachers – one teacher in particular would have nearly taken on the role of parent in offering the child support around the therapy. There’s one child I finished with recently and the teacher assumed that role, and wishing her luck in her last session and welcoming her back and asking her how she got on, where the parent didn’t link and wouldn’t have been aware (Focus group 1).

There was a general feeling though, that teachers were busy and under pressure of teaching requirements and sometimes it was very hard to meet with them in school if the therapists felt it necessary to talk about the emotional needs of a child in their class.

The teachers are less available to me in my school.... timing wise and even their eagerness, yes, it’s a different – a different dynamic, they’re not ---- invested in the emotional side of the children in that way – […] the teachers are interested but – they take more of a back seat in the emotional welfare of the kids (Focus group 1).
There was recognition of differences from school to school in terms of relationships with teachers, with there being agreement that the longer the therapist had worked in the school the better the relationships with school staff had become, which agreed with the views of principals.

I think the longer you’ve spent in the school and the longer you’ve invested in a relationship with the teachers and had a chance to talk with them...I think there’s more of a sense of understanding...you know there’s a lot of work that goes into that communication (Focus group 1).

A difference was noticed between primary and secondary school staff with some therapists finding it more difficult to connect with staff beyond the HSCL at secondary level. Other therapists talked about the value of the care team at secondary level and felt that this allowed for more organised interaction in cases where the therapist attended care team meetings.

Therapists noticed that some teachers seemed in need of support themselves because they were dealing with such demanding emotional needs from the children they were teaching. Therapists were sympathetic to the stress placed on teachers by the acting out of certain children and young people, recognising the difficulties of trying to teach when emotional difficulties interfered.

You know some of the students would be absolutely breaking the teachers’ hearts and they would be fit to throttle them whereas you knew that it was a miracle they physically managed to get into school that morning (focus group therapists 2).

There was a discussion about how the teachers often wanted to talk about their own feelings and difficulties to the therapists as if they too were lacking emotional support in holding the difficulties of the children.

Th.1. do you know what I find sometimes you’re sitting listening to the home school liaison about all the difficulties they have – you’re doing a bit of therapy with them for 15 minutes as well – sitting listening and hearing and giving a bit of feedback on it

Th.2. I met the home school teacher yesterday and she just looked at me – I want black paint – black paper– cos I really, really want – just black paint. I just went – that bad? – worse, worse. Making time to meet – it doesn’t happen.

Th.3. I always think when people say that jokingly – I used to – it used to happen a lot over in S and they’d go Ah (therapist’s name), I need to go to you for an hour like, and I’d say – I’d always say, I’m noting that down cos I know you’re joking but I also think there’s something serious underneath it because they’d do it a few times you know maybe two or three of the same teachers would do it – you know it is –it is hard work and they are looking for some sort of an outlet for them (Focus group therapists 2).
Teachers’ need for emotional support talked about in the focus group was validated by the following extract from a therapist’s journal (Journal Entry 1) where s/he described the interaction with a distressed teacher.

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| Link person spoke with me in between clients and again after school – she was quite upset and overloaded by information received from a parent the previous week. Parent whose child is with link for learning support opened up about a very fragile and unstable home environment after years of trauma and abuse. The child in this school mum reported as having panic attacks……. Link person seemed traumatised just by listening and said she’d thought of ringing me for support last week when all the information had landed to her. She said she couldn’t shake it off and couldn’t forget about it or get it out of her mind. The parent had been quite explicit in details and this had shocked the link person.  

I feel also that it’s important that this ‘offload’ came to the link person totally unrelated to her role as Link person – the parent wouldn’t have known her role or the possibility of therapy in the school for the pupils. (Journal extract music therapist Oct 11th 2012) |

The journal entry above refers to the teacher being traumatised by hearing the traumatic experiences of a parent. This phenomenon has been termed ‘vicarious trauma’ and will be talked about further in the discussion section of this report. Another therapist in their journal (Journal Entry 2), also observed a level of violence amongst children in a different school that seemed to reverberate around the school having a traumatising effect on staff.

From an overall perspective the therapists felt that generally teachers fell either side of a divide in understanding and supporting children’s therapy in school.

Whereas last year I felt I had two good people who – because of how they were themselves could buy in a bit more to the work of supporting the child and it’s something about I don’t know whether the environment of the school might have perfectly good people fall either one side or the other – some will just be more supportive of children, more caring of them even though they might be giving them difficulty, and others would just be very annoyed with them and very angry with them and giving out about parents and around and kind of yes/no is my answer....to the question...it does depend (Focus group therapists 2).
Summary

Therapist agreed with HSCLs about their relationships with teachers varying with the personality of the teachers involved. Most therapists felt they had good relationships with the teachers and that these relationships improved with the length of time they had been working in the school. Some therapists found it difficult to meet teachers and attributed this to the teachers’ lack of time, especially at secondary level. All of the therapists agreed that the HSCL or link person was their greatest ally and one therapist mentioned the value of care teams at secondary level. Therapists were sympathetic to the problems teachers faced in dealing with children with emotional difficulties in a classroom situation. A number of therapists cited incidents where they felt teachers had been traumatised by hearing about or witnessing violence in relation to children and their parents. Therapists also noted that in some instances they felt they were giving therapeutic support to teachers by listening to them. Therapists also noted that though most teachers were supportive of children, some seemed to lack patience and become annoyed with children’s difficult behaviour.
The areas of difference and compromise in engaging with the two organisational cultures of schools and the Blue Box therapy service are looked at here through the perceptions of both school and therapists. Some of the therapists’ concerns about working in the school have already been seen under the themes above but will be expanded on here. The school principals were specifically asked to say what were the disadvantages of having the Blue Box services in the school, and these will be looked at below. Seven of the principals stated that they didn’t see any disadvantages or they only saw minimal disadvantages and some of the principals who stated this added ‘the advantages far outweigh the disadvantages. These answers may have been influenced by their knowledge that I was from the Blue Box and they felt that giving negative views of the service might jeopardise their access to it, though this in itself indicates that they must want it to continue.

As brought up in the excerpt above, the other main disadvantages talked about were again around space, both the physical space that had to be provided for the therapist to work in and the space in the timetabling, which was more of an issue for secondary schools. Most principals that said they had problems providing a space for the therapy also regretted that they couldn’t provide somewhere better for the therapist. One principal went as far as stating s/he wished s/he could build a therapy suite.

Unfortunately, the one disadvantage is that where (the therapist) is located here is rather Dickensian I would say because we’re very caught for space around here. But s/he operates in a very old part of the building and s/he makes the best of the situation but I’d love to be able to provide a lovely art therapy suite but unfortunately that’s, that’s not available you know. I’d have nothing but positives to say about it to be honest, about the Blue Box initiative (School 15 Secondary).

One secondary principal gave more consideration to the possible disadvantages of the service and talked about both practical and psychological misgivings that s/he had. The subject of young people missing out on classes was talked about and how s/he wondered if some teachers just washed their hands of young people who were sent to
Blue Box because they felt someone else was doing something for them. S/he also wondered about young people who had might have been dealing with difficult emotions returning to classes straight after a session. This would also have been a concern expressed by Blue Box therapists in their focus group discussion. In addition, and conversely, s/he also felt there wasn’t enough therapy offered and wanted more.

I think that would be the timing of it – I think if you’re taking the child out of the hustle and bustle of school and then bringing them in there and then turning up whatever gets turned up and then sending them back in, you know – and also while they’re in there they’re actually missing out on their education. [...] I know practicalities, but I don’t think it is ideal, you know, they are missing out – the same child could be getting resource or it could also be getting you know it could be getting more time in coaching you can’t lose that – lose sight of that – you know the realities of that because you do the child a dis-service then missing out on their education then – that would be one of the disadvantages. Any other disadvantages? - maybe if you could, you know – it may be a way of kind of people washing their hands of the child a little bit you know – oh he’s going to Blue Box, that’s sorted, now he was long enough left with me at the start I don’t want to take responsibility for him so I’ll send him to Blue Box – you know, because that’s being looked after that finishes the problem, but we’ll see you know. Ah disadvantages of the Blue Box – maybe not enough of them I would think – you know maybe art therapy as well as music therapy, you know might be another way of accessing other children in other ways you know, it would clearly have that option anyway if we did. The finances are restricting enough because we have four children, we only get so many hours for so many children, we’d like to get to more children, we’ve a list (School 17 Secondary).

On the subject of missing classes to go to therapy, a number of other principals stated that they would prioritise Blue Box over lessons because the children they were sending were unable to engage with school work anyway, when they were so pre-occupied with emotional problems.

So I mean I don’t see any disadvantage to it. It’s helping the children it’s very little use for them to be – I don’t think it’s any disadvantage to take them out of class for a couple of hours because these are problems that are going to affect their performance anyway. So I mean I can’t think of disadvantages around it (School 12 Primary).

Well, the school’s run on a timetable, and if the child’s missing a class then there’s a – they could be missing an exam class, but there’s nothing you can do about that, we have to make a judgement call and it’s a better option for the child at a given point (School 3 Secondary).

Another disadvantage mentioned by four principals was the issue of funding. Two principals felt the service should be mainstreamed to guarantee a continued service, and two other principals mentioned raising funds to give a contribution to Blue Box.

I suppose what is an issue is that you’re waiting year to year to know if Blue Box will have their funding and if they’ll be able to provide the service for another year and we don’t - I think initially schools like to control everything and - separate organisations - but I think by getting involved over the years we’ve learnt to work in harmony with the organisation so it’s not really an issue like the idea that it would be just cut off you know. So if something like that were mainstreamed it would obviously be the ideal scenario, once it would include what’s good about it in the mainstreaming, you know (School 5 Primary).

So you decide what are your important things, so we put aside amount there a few years ago and said that regardless we were going to keep it, but I know it’s only about half the cost of the service, but we thought, the board of management thought it was important enough that they would do that.
And I was glad of that - that the board knows the importance of this to the kids, the parents and the staff so they supported it (School 2 Primary).

I have given (amount of money) when I’ve had it. So maybe I’ll continue to do that – but I mean money would be scarce enough, we can always find plenty of uses for it. So maybe that’s a disadvantage (School 12 Primary).

Two of the principals talked about the issue of confidentiality from a different perspective from that given by the therapists. One of these principals was alone in claiming that the therapist was too confidential and that s/he should know everything about each child as the person who protected and safeguarded the welfare of the children in the school. S/he also felt that the confidentiality of the therapist gave out a message that school staff couldn’t be trusted.

Yes the flow of information is terribly important, and the other thing - what it was saying to us about – I can fully understand the business of the child, opening up to the therapist and the therapist, almost if you like assuring the child that they’re not going to actually discuss that with another individual, and yet I sort of feel that open information – it’s sort of saying to the teacher, look, you’re not a confidential person, we cannot share that information with you, you’re at a different level with this child than we are, and yet the teachers in primary school are here in loco parentis. There’s a contradiction, there’s a dichotomy to be resolved here (School 1 Primary).

This excerpt brings up the other side of the concerns expressed by therapists about how much to tell the school. This principal was very concerned with child protection issues and talked about past experiences where the school wasn’t told enough about certain children by other agencies. The comparison of the school culture to a family was again highlighted and in this case came in conflict with the therapy organisation’s stress on confidentiality as an essential component of the child’s therapy.

From the therapists’ point of view there were a number of clashes between the culture of the schools and the culture of the Blue Box. The cultural milieu of Blue Box arts therapists was to maintain an open non-judgemental and unthreatening stance towards children and young people, encouraging them to express their feelings, whatever they might be, within the safety of their session. This ethos was often in conflict with the ethos of the school which though avowing a similar approach, was sometimes observed by therapists as digressing from this in practice. Both therapists’ focus groups discussed hearing teachers shouting at children through the walls and wondered how this impinged on the children in the therapy rooms.
In the excerpt from a therapist’s journal (Journal Entry 3), the therapist was struck by how the teachers could imagine that a small boy should be held responsible for his mother not coming into school.

One therapist recognised the different agendas of school and therapy and how this affected their approach to children’s behaviour.

It’s a systems thing or something as well if you think about it – you’re going in as a therapist so you’re looking out for a set of things with the kids – d’you know about nurturing containing and expression is a good thing and that – but if it was you were the teacher in there and that you wouldn’t necessarily be looking for those – you wouldn’t be looking for – expressions of anger or – do you know what I mean – You’d be looking for someone who can – come along with you as you go through the journey from A to B to C and to allow you to bring others along as well – so you’re looking for a whole different set of things from the kids like you know – it is – it’s hard to meld them together sometimes (Focus group therapists 2).

Sometimes teachers seemed unsympathetic to the plight of certain children and used their therapy session as a way of punishing them for misbehaviour. The therapist below refers to this dilemma when going to the classroom to fetch a child for therapy. The dilemma was compounded by the breaking of time boundaries, as therapists had expressed that these were very important to their work in terms of setting up a safe secure and predictable framework for the child.

Where I – this year ....(sigh) I’ve one who I think sort of gets it but it’s a bit funny they still see it as a bit of a reward to come out to therapy and has kind of – oh no no he can’t come yet because he’s been bold I’m going to hold him and try and – you know you’re almost kind of tongue-tied, well ah I won’t start a debate here at the door of the classroom, and another one who’s quite strict and quite stringent with them and quite – sometimes negative about them (Focus group therapists 2).
This aspect was also noted in a different therapist’s journal (Journal Entry 4) about another teacher. It brings up the issue of divided loyalties for the child, the control of the teacher and their understanding of the therapy. It also shows by implication how much the children want to attend the therapy if teachers can use its withdrawal as punishment.

The need for the therapists to adhere rigidly to the day, time and place for each child’s therapy is part of the culture of a therapy organisation’s holding of strong boundaries which give a message to the client that the therapy space is safely held and important. Within the school culture there are timetables and routines which provide a similar kind of structural holding, but with more emphasis on organisation and control. Because of this, schools often change timetables and lesson times to accommodate activities such as sports and swimming and other school events. Therapists on the other hand are not flexible in this way for therapeutic reasons and hence this is one of the areas where the two cultures clash. This area was mentioned in one interview by a principal and a link person.

Principal: I suppose, we had an issue then last year where, where we wanted them to swap over times and it was explained to us that day – you know teachers were a bit annoyed – this child is going to the dentist at 10 o’clock. Why could you not take the 12 o’clock child – but that was explained and I could understand where that was coming from.

HSCL: But at the time people were saying – that was stupid, you know (laughter).

Principal: Teachers are always swapping and changing you know (School 14 Primary).

A lot of entries in therapists’ journals were logging all the interferences in the school day that meant their clients missing sessions. Some significant entries were similar to the one in Journal Entry 5, discussing the impact of traumatic events on children and highlighting clashes between therapeutic and school cultures.
Another therapist wrote about how grateful s/he was towards the link teacher in the school who was also the HSCL. The entry (Journal Entry 6) highlights the co-operation and the tensions between the therapist and the link person in schools regarding the work around referral and arranging therapy sessions. It also illustrates the occasional conflicting relationship between school and parents regarding referring a child to therapy.

Waiting for a client - who is in classroom being disciplined for breaking rules – (on a fence on school perimeter without permission – may or may not have been!) Have spoken with Teacher just as session was due to begin.

Earlier other client spoke of feeling sick and had vomited earlier – Teacher aware

Client told me of fighting with other girl in class (‘bully’) and of a ‘fight’ (or argument) near house yesterday evening. During session I spoke of feelings (of sickness) and how they might relate to fighting – fear anger etc.

Good session – client didn’t seem sick and spoke of being ok at end.

Shown me a note from her Mum to Teacher re fight and asking for Teacher to ‘keep an eye’ on client. She said she didn’t show it to Teacher ...but I could. When I did show it – Teacher impatient with the way client has been for a few days (while fighting with other girl) and said she’d speak to her (!?!). I’m left with feeling unsure about wisdom of showing note to teacher or broaching subject of client’s difficulties because Teacher seemed focussed just on her behaviour (and her own impatience with that) without considering what might make clients act in a challenging way i.e. fear/anxiety etc.

I’m just wondering how therapy culture and education system culture fit into one another at present and what sacrifices therapy has to make (often invisible even to the therapist). (Journal entry TH 2)

So impressed with the understanding and efficiency of my link person in school! Perfect example was how she managed to fill the seventh space at the eleventh hour after a Mother retracted her consent. Initially I felt like I was re-burdening her with having to look through her list for yet another ‘needy’ student, her response to the news was fuelled with frustration that this Mother had disregarded the offered support, frustration all round! I found myself thanking her for her efforts like it was some sort of mantra. I was cringing near the end of the day when I heard myself saying ‘thanks M’ for the hundredth time. It made me think about the tricky balance we’re aiming to achieve between not bothering them too much with all this paper work and phone calls we need them to attend to on our behalf and the fact that the school are lucky to have this service and they should attend to their inevitable responsibilities. (Journal entry TH 3 22.09.11)

The tension described by the therapist between feelings of guilt in taking up the time of pressurised HSLs and the need to fulfil the demands of the therapy organisation’s requirements, is an inevitable outcome of the two cultures different organisational expectations.
Summary of Superordinate Theme 3

The data gathered above, indicates that though the organisational tensions were recognised by both the school and the therapy organisations, both were willing to work around these in the service of addressing the pressing emotional needs of children and young people. Principals and teachers felt that a major advantage of the service was that it happened within the safety of the school where they could ensure that children attended on a regular basis – something they had no control over when children were referred to outside services. As part of this they had access to the therapists in terms of feedback and support, and a number expressed the opinion that the therapist became part of the school. Some principals saw the presence of the service in the school as tangible evidence of the school’s caring ethos. Most principals interviewed saw no real disadvantages in having the service in the school apart from lack of space for the therapist. The issue of missing lessons was discussed by three principals with two stating that they prioritised arts therapy above lessons for children whose emotional difficulties prevented them from learning. Two principals found the therapist’s adherence to time slots for their clients difficult to understand and felt they should be more flexible. Three of the principals talked about problems finding voluntary funding for the service and two principals felt that the service should be mainstreamed to guarantee its continuity.

Therapists discussed aspects of school that jarred with the therapeutic culture, such as hearing teachers shouting or being negative towards children. They understood this might arise from the pressures teachers were under when needing to show results. They talked about the problems of keeping the space and time for children in the school culture where there was more flexibility in terms of changing lessons and rooms around. Therapists also noted a tension between needing organisational help from the teachers and feeling guilty about taking up the little time they had. Despite a loss of autonomy that therapists felt when working in the schools, they agreed that it was the best place to see more marginalised children who would otherwise never get any therapeutic support.
Summary of Results Chapter

The summary that follows links findings from the results chapter with the research questions.

What are the expressed needs of certain schools in Limerick in relation to children from socially disadvantaged areas with emotional difficulties that influence them accessing the Blue Box service?

Teachers and therapists attributed children’s emotional problems to traumatic aspects arising from them living in marginalised communities and families.

There were a large number of children and young people in schools with serious emotional problems that teachers felt unable to address.

Statutory provision of psychological services could only accommodate a small proportion of these children and some of these services were remote from the school.

Principals and teachers perceived that the Blue Box arts therapists had the expertise, time and space to address the emotional problems of children whose needs were not being met by the school or state services.

What are the school and parental responses to the Blue Box arts therapy service?

The schools accessed the Blue Box organisation because they observed it effecting change in the emotional lives of children they had concerns about.

Because of its organisational set up principals regarded the Blue Box arts therapist as professionals that supported teachers as well as children.

Parents bought into the service when they saw it positively affecting their children and some parents requested the service.

What are the perceived effects of arts therapy with children in these schools?

Teachers and parents saw positive changes in children and young people following their attendance of arts therapy sessions.

Parents and teachers observed that children and young people wanted to attend arts therapy in the school and valued the emotional space it provided.

Children and young people demonstrated their emotional investment in their arts therapy sessions through their drawings and words and their willingness to attend.
How does the culture of the arts therapy service as an outside agency, interface with the culture of the schools?

Principals expressed that the Blue Box organisation was professional and fitted into the school where it became part of the schools’ caring ethos.

Principals stated that the main advantage of the Blue Box intervention was that it happened within the safety of the school during the school day.

The schools and the arts therapy organisation adapted to each other’s cultural differences to achieve a common aim in addressing the emotional needs of marginalised children.
Chapter 5

Discussion

Introduction
In this chapter, themes arising in the results chapter will be discussed with reference to the literature, to elucidate why seventeen primary and secondary schools in Limerick include a non-statutory, arts therapy organisation in strategies to address the emotional and behavioural difficulties of their students. The discussion will be framed within the spheres of the interrelated contexts introduced in the literature review from the macro to the micro levels. The numerous issues that have arisen are complex and interwoven, with the limitations of space necessitating restricting the discussion to some of the central themes. It is recognised that other important issues such as child protection, and social welfare have not been included in the discussion due to such limitations.

The choice of a hermeneutic phenomenological approach in this research allows for the movement from the particular to the whole in a hermeneutic circle and it is in this spirit that the discussion takes place. The particular choice of issues that will be explored therefore, move between macro and micro levels and relate to the three superordinate themes that arose from the analysis of the data in the light of the literature presented. To aid the clarity of the discussion these often overlapping themes will be organised under three main headings which are themselves related to the three superordinate themes arising from the data analysis: a) Influences on the Parameters of Emotional Difficulty b) Accessing Arts Therapy c) An Intercultural Encounter

Influences on the Parameters of Emotional Difficulties, reflects findings under the first superordinate theme and will be related to the literature moving from influential wider issues, to issues particular to the context of the research. The discussion will, therefore, move from macro to micro issues to reflect some of the influences that have a bearing on the perceived problems and the needs of the schools.

Accessing Arts Therapy will be divided into two sections. In the first section under the sub-heading ‘An Unusual Intervention in Schools’ there will be a consideration of reasons why arts therapy interventions are not widely recognised in schools. This first section will provide a platform for discussion in the second section under the sub-heading ‘the Appropriateness of the Intervention’ In the second section the discussion
will focus on whether the Blue Box arts therapy intervention was an appropriate response to the expressed needs of the schools, the parents and the children and young people referred.

An Intercultural Encounter will focus the discussion on the interaction between the cultures of the schools and the Blue Box in the light of the literature provided. Following this discussion, limitations of the research will be identified, followed by areas for further research and policy implications.

**Influences on the Parameters of Emotional Difficulties**

The discussion under this heading focuses on the first superordinate theme in the results section which mapped the parameters of children’s emotional difficulties in schools as perceived by the research participants. These emotional difficulties were contextualised by the participants as arising from experiences of living in marginalised communities. In the perception of school principals, there were significant numbers of children in their schools exhibiting emotional difficulties on a spectrum from mild to severe. Teachers expressed that they did not have the time or expertise to address the more severe emotional problems they were encountering in schools, which was one of the main reasons given to explain why they were accessing the Blue Box service. In terms of numbers, the highest levels of need amongst participating schools were reported by principals in DEIS primary schools serving marginalised areas of the city. In some of the schools in this research the levels of children with unaddressed emotional difficulties were estimated by principals as above 25% of the school population, with estimates reaching as high as 75%. Though these figures may seem excessive when compared to national averages, Humphreys, McCafferty and Higgins (2011) also found high levels of emotional difficulties amongst children from marginalised areas of Limerick, and based on their findings concluded that:

Taking into account findings on diagnoses of learning, behavioural and mental health problems, as reported by parents/carers, it would seem that many children who have emotional and behavioural difficulties (based on proportion in the abnormal range (SDQs)), have not been diagnosed with such problems by health care or other professionals in primary care and/or education (Humphreys et al 2011. 4.2.5).

The intractable nature of the intergenerational transmission of emotional problems (Fonagy et al 2004) was recognised in the reflections of both teachers and therapists. The longevity and persistence of problems arising from the prevalence of on-going community and family trauma were identified as two of the most pervasive and damaging aspects of living in marginalised communities in Limerick. This observation
was made by Hourigan (2011) and Humphreys et al (2011) when researching in these communities. Principals, teachers, parents and therapists in this study specified community and family violence as one of the main causal factors in traumatising children. These perceptions also explained the underlying fear for children’s safety that was evident in the interviews, whilst also influencing what could be talked about and brought into the open (Hourigan 2011). Hourigan (2011) linked the culture of fear in marginalised communities in Limerick to the strength of family loyalty and a sense of belonging. She proposed that where economic status cannot be achieved through the channels available to more affluent sections of society, some families in Limerick had turned to criminality and intimidation to achieve economic and social status within their own marginalised groups. Similar observations were made in the American context in reference to marginalised Afro-American groups (De Coster and Heimer 2006). Fear, generated by intimidation and violence, together with fierce family loyalty and inter family feuding permeated these marginalised groups and affected the developmental trajectory of children born into such communities (O’Connell 2011).

Principals and teachers revealed their widespread agreement that community and family difficulties comprised the underlying causal matrix from which the majority of the emotional disturbances of their students were emerging. Their descriptions of the community and family difficulties they were observing were closely aligned to the social problems arising from poverty and marginalisation identified in the literature in this area (Bynner 1998, MacDonald and Marsh 2005, Frazer and Devlin 2011, Borooah, Dineen and Lynch 2011). Frazer and Devlin (2011) viewed the main causes of poverty and marginalisation as inherent in structural inequalities. On a more local level Humphreys et al (2011, 6.2) found that problems of marginalisation in Limerick were difficult to define, ‘have many independencies and are often multi-causal’. To help alleviate these problems, Frazer and Devlin (2011) recommended government strategies such as supporting large families and lone parent families through economic reforms. Despite such recommendations, it seems that the situation for the more marginalised in Irish society has actually worsened in recent years due to austerity measures such as cuts in the welfare system, lone parent payments and child benefit rates (ESCR 2015). The neoliberal nature of Ireland’s economic and social policies has been blamed for this worsening situation:

Nothing about Ireland’s story suggests there is any prospect of a redistribution of wealth to reduce inequality; rather, Ireland’s neoliberal policy regime has firmly steered decision-makers towards policies that deepen inequality, often with perverse effects (Fraser, Murphy and Kelly 2013 p 50).
Influences on the education system operating under neoliberal policy have been explored in the literature section of this thesis. It was suggested that globalised neoliberal policy regimes impact on education policy by commodifying education (Giroux 2012 Ball 2012) and creating a culture of performativity and managerialism (Ball 2012 Lynch 2012). In addition, success under such regimes requires a certain level of economic, social and cultural capital (Bordieu 1977 Touraine 2009 Tzanakis 2011 Brosio 2011). This kind of capital, especially in the Irish context, appears much easier to attain amongst the middle classes in whose interests the current system is maintained, perpetuating inequalities largely determined by accidents of birth (Tormey 2010 Power Flynn Courtois and Kennedy 2013). Similarly, policy decisions are influenced by a SMART approach, where support is required from evidence-based research. This research is deemed most robust when it takes the form of randomised controlled trials (Cooper and Jacobs 2011). Such quantitative research is involved in producing statistical data which requires increasingly complex ways of measuring, testing, dividing, and classifying performance in every aspect of the education system so that outcomes can be compared and benchmarked across individuals, schools and education systems nationally and internationally (Ball 2012 Novoa 2013). Eivers (2010) asserts that this endeavour is linked more strongly to economic than to educational concerns, and drives curricular content (Novoa 2013). In this climate, research in areas that are more ephemeral and difficult to quantify, such as those described in this research, cannot provide the hard evidence of positive outcomes that might be recognised as motivators for policy changes by educational planners. Privileging an economic agenda in education therefore, leads to an overemphasis on technical subject areas that advance the economy whilst reducing the importance of subjects reflecting the affective areas of human experience (Lynch 2012) which are essential for the well-being of society as a whole. In addition, rather than emphasising the interdependency and care aspects of humanity, such rationalistic approaches engender individualistic self-promotion that reproduces societal inequalities and contributes to the breakdown of community (Noddings 2012 Touraine 2009 Reay 2005 Sayer 2005). Neoliberal influences help explain the low status of emotional considerations in education policy (Ball 2012 Hargreaves 2000).

It has been suggested that use of the language of positivity also supports the neoliberal agenda (Ferguson 2007 Jensen 2011 Freeden 2013). In keeping with promoting positivity, recent literature exploring marginalisation and educational disadvantage
espouses a strengths-based approach and emphasises building resilience (Hanafin and Brooks 2005 OMC 2007 Kickbusch 2011 Grogan Holland and O’Dea 2015). This approach is regarded as providing a more desirable positive model than the deficit model that had been applied to marginalised populations previously (Hanafin and Brooks 2007 Kickbusch 2011). Understandably, moving away from deficit labelling and the language of disadvantage is seen as less stigmatising (Spring 2007). However, motivational forces underlying this shifting emphasis need examination. There is a danger that privileging positive emotions may enhance a neoliberal agenda by emphasising the individual’s responsibility to acquire positive thinking whilst deflecting responsibility from governments to examine structural inequalities that cause socio-economic marginalisation (Ferguson 2007). Similarly, though concentrating on strengthening individual resilience in the face of existential pressures sounds desirable, it also implies that the individual is responsible for succeeding despite adverse conditions that are beyond their control. This is particularly true for some sections of the community who possess low cultural, social and economic capital (Bordieu and Passeron 1977) due to a combination of historic factors which have led to their marginalisation. However, the literature shows that overcoming the material problems of pervasive and historic poverty are more to do with political policy making than individual resilience (O’Connell 2011). Solutions to problems of marginalisation in Limerick have concentrated on the regeneration of marginalised areas where ‘there is a notable absence of acknowledgement of structural factors and economic inequality as the root causes.’ (O Connell p 242). Interventions aimed at addressing the difficulties in such communities will be ineffectual without recognition of structural factors at a macro-level. Programme participants at a local level, are often drawn from the least marginalised of marginalised communities who are most likely to participate in such programmes and show the most positive improvements. An overbalance towards concentrating on positivity and resilience therefore, runs the danger of making invisible the non-participating and most marginalised in society (Downes 2007 Hourigan 2011). The results of this research show that despite the multiplicity of interventions introduced, there are still a significant number of children and young people whose emotional needs are not being met and who do not attain resilience and positivity due to persisting structural inequalities.

In the perceptions of principals and teachers in this research, the inadequacy of the statutory provision for children experiencing more severe emotional difficulties in
schools, indicates the apparent invisibility of the scale of these difficulties amongst children from marginalised areas. A number of principals referred to the lack of sufficient resources provided to address the emotional difficulties of their most marginalised students. Two principals stated there was nothing there to answer the more extreme emotional needs of their pupils and the majority of principals referred to the deficit in provision of NEPS psychologists (Ryan and Downes 2007). Similarly, the majority of principals cited long waiting lists for CAMHS, plus difficulties for families in accessing this service due its remoteness from schools. Perceptions were that NEPS was mainly concerned with educational problems and that (at the time when the research took place) SNA provision was not directed towards children with emotional and behavioural problems (Cooper and Jacobs 2011). Perceptions of lack of support for more serious emotional difficulties left teachers attempting to address the holistic needs of distressed children, whilst also striving to educate them to required standards (O’Brien 2008 Fisher 2011).

Teachers in this research identified lack of space, time and expertise to address the needs of children with more extreme emotional difficulties in their schools. The literature suggests that there are a number of factors that contribute to these perceptions. From a wider perspective, it has been argued that the emphasis on cognition and competition in Irish education (O’Brien 2008) leaves little space for emotional issues and the promotion of the ethics of care. Istance (2003) suggested that the conservative organisational model of schooling, reflected in the Irish school system, is no longer an appropriate response to the 21st century’s diverse and complex educational needs. Models of schooling that adhere to timetables, subject areas and the pressures of meeting required standards, militate against real efforts towards equality, inclusion and catering for diversity. More flexible schooling scenarios are suggested by Istance, with different kinds of learning environments, one of which places schools at the centre of communities. Within this scenario, caring learning communities would be made up of different professionals working as teams, sharing expertise and individualising approaches to each child’s particular needs. This multidisciplinary approach has also been advocated in regard to mental health service provision. Mental Health service users expressed a preference for a multidisciplinary model, rather than a medical model, where a variety of approaches from different team members could provide more holistic and individualised care (Vitale and Mannix McNamara 2013). In such an organisational climate, teachers would be under less pressure and flexible negotiations on issues of
space, time and expertise would become a much stronger possibility (Istance 2001, 2003).

In the current research, there was evidence that principals and teachers’ defined their roles in terms of teaching, with the assumption that their students would fall within an acceptable spectrum of emotional stability. As one principal stated, ‘You see we are tutors, we are not therapists or we are not psychologists’. Such perceptions explain why principals and teachers felt that the needs of students with severe emotional difficulties were outside their remit and required support from professionals with training in psychological and therapeutic areas. Ironically, teachers’ perceptions of their lack of expertise in dealing with emotional and behavioural difficulties may have arisen with the growth of the ‘Special Educational Needs’ sector in education (Tomlinson 2012). Inclusion agendas, in competition with pressures to raise educational standards, have driven the expansion of a ‘special needs industry’ which justifies teachers concentrating on raising standards whilst also incentivising them to identify more and more children as being in need of special help (Tomlinson 2012). Classifying children as having ‘special needs’ is in itself problematic, engendering a proliferation of new categories of disorders that require expert diagnoses and in some cases, medication. There is a strong correlation between those identified as having special needs, and belonging to lower socio-economic classes. Envisioning education as the means to economic advancement, with the imperative for every individual to become useful in economic terms, exacerbates class divisions and overrides educational aspirations that aim towards real equality and inclusion. The SESS advises schools to follow the three stage plan laid out by NEPS when encountering serious emotional/behavioural issues (Banks, Shevlin and McCoy 2012) which are based on individual behaviour programmes. NEPS in turn advises that difficulties that reach stage three on their continuum of support, without them being satisfactorily resolved, require mental health interventions such as those offered by CAMHS which utilises a medical model. Both NEPS and CAMHS are under resourced due to cutbacks and restrictions on recruiting arising from the recession (CAMHS 2012-2013, DES 2014 p 330). This was born out by the perceptions of principals of a shortfall in provision of these services and a lack of special needs supports. As a result of these factors, the Blue Box service was seen as a solution to addressing the needs of excess numbers of children with emotional difficulties that the schools and statutory provision were unable to accommodate.
It would be reasonable to assume that children’s emotional needs, expressed by school principals in this research, are not localised solely to marginalised areas of Limerick. Indeed, three of the schools that engaged the Blue Box service were non-DEIS schools that had smaller numbers of children from marginalised backgrounds with similarly unmet emotional needs. Social class factors influence accessing therapeutic support for children’s emotional difficulties. Middle class parents have both the economic and cultural capital required to source expensive, private psychological assessments and therapies for their children. Sections of the community with depleted economic and cultural capital have no access to such resources to address their children’s emotional needs. Evidence from the research by Humphreys et al (2011) identified local schools and GPs as ‘gateway’ services where families could be reached who might not be able or willing to engage with any other service. Parents expressed satisfaction with these gateway services, and used specialist services which were situated outside these familiar environments, to a much lesser extent (Humphreys et al 2011, p 42). This finding indicates that services might be availed of if they were situated within ‘gateway’ services such as schools’ or GPs’ premises. The findings of this research support the perception that parents find it difficult to attend statutory services for their children outside the school, and that school is an appropriate place for children’s services to be located. The operation of the Blue Box arts therapy intervention within the school, gave economically disadvantaged parents the opportunity to access a therapeutic service in a familiar setting and this accessibility and affordability was perceived as one of the service’s main advantages by every principal interviewed.

**Accessing Arts Therapy**

The discussion under the second superordinate theme moves in to focus on the Blue Box arts therapy intervention itself and on participants’ views of how the Blue Box service was perceived to be meeting the needs expressed by the schools. Initially, it is necessary to discuss some of the factors that make the choice of the Blue Box intervention by the schools an unusual one. This will be followed a consideration of the appropriateness of such an intervention in the perceptions of the research participants.

**An Unusual Intervention in Schools:** There is agreement in the literature that the needs of marginalised children are multifaceted, requiring a systems approach when considering possible solutions (Fleming and Gallagher 2002 Frazer and Devlin 2011 Humphreys McCafferty and Higgins 2011). Various systemic interventions, offering support in marginalised children’s development, were already in place in the schools
participating in this research. These included the initiatives under the DEIS system, the School Completion Programme and in some schools, the Incredible Years programme. These programmes were mainly directed at the social, educational and behavioural difficulties of marginalised children. The Blue Box intervention however, was specifically directed at emotional and relational aspects, including the effects of trauma which, it is contended here, lie at the heart of children’s social and behavioural problems and their difficulties with learning. The psychotherapeutic orientation of Blue Box arts therapists, differed from the behavioural orientation of NEPS psychologists and the clinical orientation of CAMHS, and offered a different and complementary perspective. Arts therapies with children are based in humanistic psychotherapy, the creative arts and play, with the relational aspects of the interaction with clients being the central focus. The importance of relationships in the educational context is well recognised, as caring relationships are regarded as central to general well-being (O’Brien 2008 Teaching Council 2012 Grogan Holland and O’Dea 2015).

Apart from special needs support services there were a number of health and educational initiatives aimed at addressing the inequalities arising from marginalisation within schools. On the level of specifically targeting emotional difficulties and mental health, the approaches taken have mainly operated at a universal level with a bias towards behavioural methods (Cooper and Jacobs 2011). Focusing on behaviours and ways of changing these fits in with the recommendations of SMART planning, and evidence based programmes using RTCs (OMC 2007). These kinds of interventions using checklists and programmed delivery can produce the kind of statistical evidence of before and after changes, favoured by educational planners. Outward behaviour can be observed and measured whereas the emotions implicit in behaviour are complex, ephemeral and difficult to differentiate and quantify. In addition, a behavioural approach obviates the necessity to examine underlying assumptions about emotional forces and their implication in reproducing societal inequalities and prejudices (Zembylas 2010). Consequently, interventions aimed at improving the internal emotional milieu that are not tied to rationalist educational protocols, are rarely given the kind of evidence based status deemed most desirable for operationalising the use of such interventions in schools (Gilroy 2006 McLeod 2011).

Cooper and Jacobs (2011) point out that in education, psychotherapeutic interventions have fallen from favour. These authors trace this to the anti-psychiatry movement of the 1960s and the move to a social constructivist view of emotional and behavioural
problems. They suggest that psychotherapeutic approaches fell from favour because they appeared to locate the problem in the individual child rather than in the wider system. Also, on a pragmatic level, psychotherapeutic interventions were viewed as economically less attractive than universal programmes as they necessitated a one-to-one or small group approach. Paradoxically, it is argued that therapeutic concepts, imported into educational theory are working in tandem with the neoliberal agenda in constructing a version of subjectivity that is individualised and coherent (Brunila 2012). This criticism is levelled at the use of concepts that have infiltrated educational discourse, borrowed from psychotherapeutic theory, which include the language of ‘disorder, addiction, vulnerability and dysfunction’ (Brunila 2012 p 478). One contention is that the motivation behind the therapeutic ethos is in line with the neoliberal agenda in relocating problems of structural inequality to inadequacies in the struggling individual. A similarly critical stance has been taken by Furedi (2009) and Ecclestone and Hayes (2009) who contend that the ‘dangerous’ therapeutic turn in education could be viewed as social engineering, infantilising learners, reducing intellectual rigour and fuelling an industry of therapeutic support workers. While they admit that there is a percentage of children with mental health problems, they argue that these children’s problems should be addressed by mental health professionals and not teachers, compounding the concentration on academic achieving. These critical points of view illustrate the lack of clarity in the use and understanding of therapeutic concepts. Unsurprisingly, universal programmes promoting positive mental health are favoured in education, with the additional benefit that they can be evaluated using RTCs, fitting in with the data driven economic nature of educational policy making (Weare and Nind 2011).

Psychotherapeutically based arts therapy interventions therefore, struggle for widespread recognition by educational policy makers, even though they are being accessed on the ground by a number of schools around Ireland. As Pellegrini (2010) suggests, perhaps the apparent disorderliness of the emotional content dealt within psychotherapy based interventions is not easy to tolerate, making the relative certainties of psychological approaches more acceptable. It might also explain the initial scepticism of arts therapy expressed by three principals in this research. One principal expressed his wariness before he knew what arts therapy entailed. He equated some therapies with ‘head-rubbing,’ implying that they had an unscientific new-age association. Principals reported that this kind of scepticism was dispelled when teachers observed that
attending arts therapy had positive effects on the children referred, such as improvements in behaviour and relationships with peers. This would suggest that teachers’ initial scepticism arose out of a lack of familiarity with, and understanding of, arts therapy due to it being a relatively new intervention in schools in Ireland.

There are not many other examples that can be found of organisations similar to Blue Box which directly arose out of initiatives from arts therapists. The only other comparable organisation is the art therapy in the school system of Miami-Dade Florida, funded from the local school board budget. The literature (Bush 1997 Isis Bush Siegel and Ventura 2010) suggests that art therapy has thrived in schools in this American county because the art therapists involved are also required to hold a teaching certificate which allows them to be paid from educational funding. This in turn has implications for the orientation of the therapy where there is an expectation that it will directly support learning objectives. In contrast, the driving force behind the Blue Box initiative was a Salesian sister, following in the tradition of Don Bosco by looking for ways to enhance the well-being of the poorest children in society. This was achieved through building caring and respectful relationships with children whilst recognising the need for order and education. The underlying motivation was therefore, more concerned with human flourishing than individual self-advancement. As the Blue Box organisation was ‘not for profit’, it had to find funding from a number of sources and though schools were asked for donations, continuation of therapy was not contingent on receiving them. Though some funding was also obtained from government sources, there was an overall lack of resourcing. The perceptions of some of the principals were that one of the disadvantages of Blue Box was that the continuity of the service was uncertain, and this was attributed to the precarious nature of Blue Box funding, with some principals even suggesting that the service should be mainstreamed.

**The Appropriateness of the Intervention:** Disturbing behaviour, whether arising from externalised or internalised emotions, was seen by teachers and therapists in this research to be related to traumatic background influences in the lives of the children and young people. Developments in neuroscience support the use of psychotherapeutic interventions which address community and relational trauma by attempting to access the unconscious and somatic aspects of individuals’ trauma reactions. Such trauma reactions may not be accessible to reasoning and cannot easily be verbalised and integrated (Steele 2002, Siegel 2003, Van derKolk 2003, Sunderland 2009, Schore
Verbal counselling and cognitive behavioural approaches may therefore not be the most appropriate ways of addressing trauma, especially in children, who find identifying and talking about emotions particularly difficult. The arts therapies provide a vehicle for traumatised children and young people to express themselves through somatic and sensory activities and play within the support of a caring therapeutic relationship (Malchiodi 2012). As such arts therapies can be regarded as an appropriate intervention for children and young people exhibiting distress as a result of the kind of environmental and familial trauma arising from living in marginalised communities (O’Brien (i) 2008 Hass-Cohen and Carr 2008 Malchiodi 2008 2013).

The appropriateness of arts therapy in addressing the emotional difficulties of children and young people in schools (Bush 1997, Wengrower 2001, Karkou 2010) was recognised by the research participants and was borne out by perceptions of the effects of therapy. These effects were identified by the teachers and parents who observed children becoming happier, having increased self-confidence, settling in class and getting on better with peers. In addition, arts therapy was regarded as non-stigmatising and attractive to children and young people because it was based in the arts rather than in verbal counselling. Therapists noticed that greater parental involvement in their clients’ therapy produced more visible effects such as increases in self-agency and greater confidence in their communication with adults. The need for parental involvement is supported in the literature on arts therapies with children (Karkou 2010). Therapists questioned the therapeutic value of seeing clients who lacked parental involvement and who were still in the middle of on-going traumatic situations. Despite reservations about seeing unsupported children, who were often from the most marginalised backgrounds, they felt that they were providing something valuable in terms of a positive adult relationship even when visible changes were not observable by the school. The idea that one positive relationship with a caring adult can increase self-esteem and resilience is supported by findings in the My World Survey on youth mental health (Dooley and Fitzgerald 2012). Therapy with the most marginalised group of children and young people provides support that is lacking elsewhere. Supportive therapy as opposed to in-depth therapy is discussed by Prokofiev (2010) in relation to children who may not be in a stable place when referred to arts therapy. Prokofiev (2010) indicated that supportive arts therapy focuses on the child’s arts work, where interpretations are not made but instead the therapist provides a consistent and benign presence. In supportive arts therapy traumas are not actively addressed but the arts
activities and play in the sessions are seen as the child’s way of working through earlier developmental stages and having space to express different emotions.

The children’s rights literature advises that children and young people should be given a voice in deciding what will enhance their own well-being (Ruddock and Flutter 2004 Kickbusch 2011 Leitch 2011). This research suggests that the Blue Box arts therapy intervention provided a dedicated time and space for children and young people to voice a wide spectrum of their feelings and to explore the issues that were most important to them. This was facilitated within a trusting relationship with the arts therapist whose interventions aimed to assist the processing of trauma and the co-creation of more coherent and ordered narratives and strengthen a sense of self (Fonagy Gergely Jurist and Target 2004 Seigel 2012 Schore 2012). This opportunity for children and young people to creatively explore and expand their personal worlds and develop alternative perspectives within a caring relationship with an adult, has also been recognised as enhancing individual wellbeing and increasing resilience (Fonagy et al 2004 O’Brien (i) 2008 Prokofiev 2010). The important issue of children’s choice in attending arts therapy needs to be explored. Children are often not able to recognise or ask for help for their emotional difficulties. This means that it is largely the observations of adults in their lives that decide their need to attend arts therapy (Weitz 2004 Roth and Fonagy 2005). Referrals to the Blue Box service were made by teachers based on their observations of the needs of children in their classrooms. Research indicates that this kind of informal referral can be as effective as using psychological screening instruments (Dwyer Nicholson and Battistutta 2006).

Though this research indicated that principals and teachers largely determined which children attended Blue Box arts therapy, this did not apply in every case. Teachers noted that some children asked to go to arts therapy. Given that the majority of children were directed towards arts therapy by teachers, and in some case parents, their main area of choice was in whether to engage in the sessions. As one secondary principal explained, some young people chose not to go to any kind of therapy and some chose to attend arts therapy for a while, but the majority of children and young people referred, agreed to come and then were reluctant to finish. Adult participants in the research noted the great extent to which children valued the emotional space provided by arts therapy. The sets of pictures drawn by children and young people themselves, and their verbal expressions often indicated what appeared to be their increasing involvement in the
therapy relationship and their developing self-images. As one art therapist pointed out, the next step for arts therapists is to advocate for such children and young people in schools by facilitating their voices to be listened to in a way that will affect the wider system. Collecting participating children’s and young people’s drawings and words, rather than using a psycho-behavioural instrument such as the SDQs hopefully brought closer their reality as individuals and gave some indication of their investment in arts therapy voiced in both images and words (Ruddock and Flutter 2004, Leitch 2011).

Similarly, parental choice and parental involvement arose as issues that were important, in relation to children’s referral to arts therapy in schools, and deserve further discussion. One therapist noted that in a situation outside school, a parent identifies an emotional need in their child and then looks for a therapy service to address it. This choice may only be open to those with economic and cultural advantages. In contrast, when teachers suggested a child needed therapy to a parent, it is not clear if parents understood what they were agreeing to for their child. In cases where parents did not manage to attend initial meetings with the therapist, consents for therapy had to be obtained from parents in their homes by the HSCL teacher. Arts therapy was explained to parents in general terms at this meeting. Both teachers and therapists questioned the extent to which parents understood the arts therapy process their children were entering.

The evolution of psychotherapy, of which art therapy is a branch, arose in middle-class strata, where money and time were available for investment in personal exploration and development (Dworkin 2012). As such, coupled with being framed in difficult to understand terms, it remained beyond the access and aspirations of families struggling to survive economically and socially. As part of the current research, children’s arts therapists asked the parents of their clients if they would give signed consent to meet the researcher to give their perceptions of their child’s arts therapy intervention. Though initially there may have been little understanding of what arts therapy was about, eighteen of the parents, notably all female, signed agreements to meet the researcher to talk about their child’s arts therapy. Despite the researcher being unknown to them, the majority of these women talked in depth about their lives, their children’s experiences and their impressions of how attending arts therapy had affected their child. It was noticeable that even mothers who were from quite marginalised communities, and may not have had the ability to articulate what they felt as expressively as more advantaged parents, spoke openly about their children’s emotional needs and how their arts therapy sessions had been important to them. In line with the research literature discussed, it
was evident that it was mothers who were bearing the brunt of their children’s emotional problems. These problems arose from experiencing community and family difficulties which in turn were systemically generated by poverty and low social status (Reay 2005 Gillies 2005 O’Brien (iii) 2008). The researcher’s feeling was that in addition to needing more financial support, some of these mothers were in as great a need as their children of having a safe non-judgemental space where they could express their feelings to another caring adult. It seemed from the results of these interviews that although parents might not always actively seek arts therapy, they bought into it when the school suggested it and they saw their child benefiting from it by appearing happier in themselves. This is in line with the observation made by Gillies (2005) that working class mothers’ emotional energies went into ensuring their children survived in an education system where their children endured the emotional damage of persistent failure. The parents interviewed expressed their feelings that arts therapy had been useful for their children, and in some cases had helped them also. These reactions suggest that parents felt that arts therapy was acceptable to them and was an appropriate intervention in their children’s schools.

There is a need for further research into the unseen parents that gave consent for their child’s arts therapy through the HSCL teachers in their homes. It was very unusual for parents to refuse the offer of the service when it was made, though one example of this is referred to by a therapist in their journal entry. Discussion took place in both the therapists’ focus groups and the focus group of HSCL teachers about parents’ understanding of what their child’s arts therapy entailed. It was noted by the teachers and the therapists that some parents were vulnerable themselves and lacked feelings of self-agency to the point where they accepted the advice of schools without apparent question. This is understandable in the current climate of surveillance of parenting (Timimi 2012) and the reliance on ‘expert’ advice in childrearing practices (Gillies 2005 Timimi 2012). There was some disagreement between the teachers and the therapists about why such parents did not actively involve themselves in making choices for their children. In the light of this, some HSCL teachers questioned the extent to which parents cared about their children. Therapists on the other hand, stated that they had never seen a parent, no matter how marginalised, who didn’t love their child and expressed the intergenerational nature of the erosion of their self-agency. Hanafin and Lynch (2002) found a discrepancy between teacher’s appraisal of marginalised parents’ interest in their children’s education and their actual feelings. They suggested that
teachers’ perceptions were based on middle class assumptions that failed to fully recognise the investment of marginalised parents in their children’s care and education. Similarly, Hargreaves and Lasky (2004) concluded that sociocultural and moral distance between teachers and parents interfered with teachers’ emotional understanding of parents and their subsequent dealings with them.

In summary then it appears from the results of this research that though arts therapy is an unusual intervention in schools, it is also an appropriate intervention that suits the needs of the schools in addressing the more extreme emotional needs of marginalised children. In addition, it is an intervention that is accepted by children and parents and actively chosen when its effects are observed.

**An Intercultural Encounter**

This research explored the phenomenon of an arts therapy intervention service that had been accessed and become established within a number of schools in Limerick. The finding of this research indicated that despite teaching and arts therapy being different disciplines with different cultural mores, a successful working relationship was established between teachers and arts therapist within the school setting. This was exemplified by principals of participating schools stating that the arts therapist had become part of the school family or community. The issues involved in this intercultural encounter will be explored in this section.

The literature on school culture points to contested definitions, with many different perspectives being taken to its meaning (Prosser 1999 Dussel 2013). Some approaches are based on the assumption that school cultures are holistic in nature and permeate the organisation, affecting everyone equally (Fullan 2006 Dussel 2013). Other approaches envisage school cultures as a multiplicity of complex interactions between individuals, groups and sub-groups which in turn interact with the larger external culture (Prosser 1999 Dussel 2013). The discussion here will begin by taking a holistic view in exploring the cultural differences between schools as organisations and arts therapy as a profession. This will be followed by focusing in on the particular contexts of the current research taking the approach that school cultures involve a multiplicity of complex interactions (Prosser 1999 Dussel 2013). The latter approach is also in keeping with overall approach of this research which draws on different interrelated contexts and disciplines. In this way the current research can offer some insights into ways in which
an arts therapy organisation maintains its own professional culture within the cultures of the schools in the particular context described.

From a holistic perspective, Wengrower (2001) refers to arts therapy in schools as a partnership of two different professions where there is an ‘intercultural encounter’. She identifies the main cultural and sometimes conflicting differences between the professions of teaching and arts therapy. Amongst these she identifies the school culture as reflecting some of its underlying organisational rules. These basic organisational rules were identified by Tyack and Cuban (1995) as governing the division of space and time, the classification and grouping of students, the shaping of knowledge to be taught through school subjects, and structures of progress and accreditation. Wengrower (2001) proposed that, schools as organisations are directed towards the collective and the universal, requiring individuals to comply with common standards and conform to prescribed group mores. In contrast arts therapy culture emphasises individual uniqueness and difference, accepting the existence of internal unconscious conflicts and contradictions that affect the trajectory of psychosocial development. Wengrower (2001), states that the main tasks of the teacher are to make demands of children for standards to be achieved, to test and evaluate and to show measurable results. The tasks of the therapist, in contrast, are to encourage the child to express aspects of their inner world in an accepting and non-demanding way with the aim of facilitating the development of emotional stability and self-realisation. Both professions espouse a culture of care (Teaching Council 2012) and stress the importance of respectful relationships.

Research in the area of arts therapies in schools has indicated that arts therapists struggle to maintain their own professional identities when working within the school culture (Wengrower 2001 Nissimov-Nahum 2008). As a minority culture, individual arts therapists have to find a balance in deciding how far to integrate themselves into the culture of the school (Karkou 2010 Nissimov-Nahum 2008). One of the advantages of the Blue Box organisation, both for the therapists who worked within it, and the schools that accessed it, was that arts therapy organisational protocols and child protection practices and supports were being established and manualised. School and therapists’ packs were compiled and updated regularly in line with therapist and teacher feedback. These could be referred to by the schools and the therapists so that there was a stated organisational structure for the work overall. In addition, the supervisory team at Blue
Box were on call to therapists in the schools and supervised their work. They also acted as mediators between the schools and the therapists when any organisational difficulties arose. This meant that therapists could call on the backing of the Blue Box organisation when schools made demands on them that they felt jeopardised the integrity of the therapy situation. Conversely, schools had faith that the Blue Box organisation was vetting and supervising the individual arts therapists. On these grounds and on the integrity of the individual therapists who were part of the organisation, schools referred to the Blue Box therapists as professionals. By creating an organisational structure based on the culture of creative arts therapy, Blue Box was in a better position professionally than arts therapists working individually in schools. This structure supported Blue Box arts therapists in maintaining their overall culture in the face of organisational pressures exerted by the schools.

Principals in the current research portrayed their school cultures as supportive of more emotionally vulnerable children through conceptualising their schools as families and communities and described how internal organisational structures reflected this. There was a tacit acceptance of the current school system by principals and teachers who participated in this research, with very little questioning about whether the school system itself contributed to the emotional problems their students were encountering. In some respects, it seemed that principals of primary and secondary schools interviewed took on an almost parental role in relation to their students, expressing the need to keep them safe. The way that principals framed their schools’ caring ethos, and their needs in relation to marginalised children demonstrated their own emotional involvement in the lives of their students (Kelchtermans, Piot and Ballet 2011). Teaching has been recognised as a profoundly emotional activity (Kinman Wray and Strange 2011). Being emotionally engaged with the teaching of traumatised children often takes an emotional toll on teachers (Hill 2011). One of the effects of long term work with traumatised groups has been identified as a change in the world view of the professional to seeing the world as an unsafe place (Knight 2013). This was evident in the responses of a number of principals when they were describing what they felt were the causes of their students’ emotional problems. It also seems to be a factor in principals regarding themselves as protecting children within the safety of the school. Their involvement with children and their families also drew them outside the confines of the school as this quote from a principal illustrates
It isn’t easy to drive down to a house on a Friday evening and sit there and wait for somebody because there is a suicide threat and you don’t want to leave without handing over to somebody in the house you know.

This extended responsibility felt by some of the principals, explained why they expressed the desire to see services such as doctors, dentists, speech therapists and therapy services available on the school site. Their feeling was that more vulnerable families were not able to take their children to such services which were located outside their familiar surroundings. If these services were located within the school environment the principals, in loco parentis, would then be able ensure children’s attendance. This desire expressed by the principals interviewed, would fit into a more progressive schooling scenario and one that was more suited to areas of socio-economic marginalisation. Istance’s (2001) scenario discussed earlier, envisaged schools as core social centres ‘enjoying widespread recognition as the most effective bulwark against social, family and community fragmentation’ (Istance 2003 p 24). In this, both the services and professionals would work together on the school site, sharing expertise in the interests of meeting each child’s needs, in a way that seems compatible with the expressions of some of the principals in this research.

Individual arts therapists experience certain common difficulties in fitting arts therapy culture into the culture of schools as Wengrower’s (2001) paper has indicated. Despite its organisational structure and supports, Blue Box arts therapists also noted similar difficulties. They identified the difficulties in holding the child’s therapy space within the organisational structure of schools, where group activities and lesson changes threatened to interfere with children’s sessions. From the schools’ perspective the culture of arts therapy that required adherence to set times, spaces and discrete sessions in the interests of the individual child, sometimes appeared inflexible to the schools. The schools’ emphasis on the homogeneity of the group meant individual interests were less important and the alternative perspective of the arts therapists sometimes caused some annoyance. Blue Box arts therapists also recognised some aspects of the professional tensions pointed out by Wengrower (2001) and Nissimov-Nahum (2008). They talked about occasions when a power struggle arose about who held sway over an individual child attending their therapy session, themselves or the teacher. This tension usually arose when the perceptions of the teacher were that a child that was ‘acting out’ in class was somehow being rewarded for their difficult behaviour by attending arts therapy. In some cases, the discrepancy between the caring ethos of the arts therapy and the caring ethos of the school was noticed by therapists when children returned to some
classes after arts therapy sessions. Occasionally, teachers’ reactions seemed unsympathetic towards the returning child. Research has shown that teachers have a greater difficulty with children from lower socio-economic backgrounds who externalise their emotions, and may act more negatively in response to them (Darmody 2007 Byrne and Smyth 2010). Hargreaves’ (2000) research talks about the difficulties teachers have when their emotional efforts are not rewarded by a reciprocal response from their students and the ensuing feelings of anger or resentment that may arise. Children’s obvious preference to go with the therapist to their arts therapy session may be resented by some teachers on these grounds. Teachers’ perceptions may also be that the arts therapists had an easier task in dealing with the emotional difficulties of individual children, whilst they struggled with teaching and trying to manage the much larger class group (Nissimov-Nahum ibid). These factors may have contributed to discrepancies between the espoused caring ethos and actual practices observed by therapists on the ground (Daly 2006).

The difficulties in maintaining a caring ethos in the face of different educational demands, organisational structures and staff personalities were not extensively discussed by principals. One secondary principal did, however, express frustration that the holistic achievements of more marginalised students would never be recognised. Given their starting point, these students had made significant progress towards emotional health whilst still failing to meet the standards of academic performances that schools are judged by in national ratings. Fisher (2011) identified an anomaly in educational directives to promote active citizenship based on emotional health, when there is a hidden curriculum of citizenship based on performativity which detracts from the well-being of those who are systemically disadvantaged in these performance stakes. Significantly, there was also no mention from principals and teachers of the numbers of students who were on shortened days, suspended or excluded from schools. Therapists had noted that these disciplinary procedures had sometimes interfered with the continuity of children’s therapy. Maintaining a caring ethos in schools therefore comes into conflict with institutional demands. As Noddings (2012) points out below:

From the perspective of care ethics, the teacher as carer is interested in the expressed needs of the cared-for, not simply the needs assumed by the school as an institution and the curriculum as a prescribed course of study. We can therefore anticipate a possible conflict that will have to be resolved by caring teachers: When should teachers put aside the assumed need to learn a specific aspect of subject matter and address the expressed need of the student for emotional support, moral direction, or shared human interest? (Noddings 2012 p 772).
The results of this research indicate that, taking into account the shortfall in alternative provision, the main motivation principals expressed for accessing the Blue Box was based on an ethic of care (Noddings 2012) for the well-being of their children. Principals talked about their need to address the emotional problems of children so that their disturbing behaviour would improve, as it was causing distress and difficulties for themselves, for the teaching staff and for other children and young people in the learning environment. Though there were some expectations by schools that arts therapy would change children’s externalising behaviour, overt references to expectations that the function of arts therapy was to directly support learning were noticeably absent. However, the majority of principals thought that the emotional difficulties their students were experiencing significantly impeded their ability to learn, whether these difficulties manifested in externalising or internalising behaviours (Steele 2002 Schore 2003 Siegel 2003). The arts therapists, perceived pressure to change the acting out behaviour of their clients but none of them expressed feeling pressure to directly support learning objectives. The literature in this area from the US and UK indicates that in school environments:
Addressing emotional or social needs is seen as a way of supporting learning, i.e. developing skills and achieving cognitive outcomes (Karkou 2010 p 14).

The perceptions of those involved in this research does not support this particular view, though there is an implicit understanding that improvements in the child’s emotional world and the resolution of trauma (Steele 2002) will enable them to be more open to learning.

Like the schools, the Blue Box organisation also espoused a culture of care. The organisational structure and support offered by the Blue Box was in the form of written protocols and clinical supervision. These were essential ways of supporting the arts therapists in maintaining a caring ethos with children and young people in schools. Organisational supports allowed the arts therapists to process their own feelings when faced with the distressing emotional worlds of the children and young people they were working with in schools. Time and space for emotional issues were prioritised in this culture. In contrast, educational expectations in schools exert different pressures on teachers, allowing them far less time and space to focus on their own and their students’ emotional issues (Hill 2011 Kinman Wray and Strange 2011). Discrepancies between the schools’ caring ethos espoused by principals, and the perceptions of the schools’ students have been explored by Darmody (2007) and Leitch (2008). In the perceptions
of both teachers and therapists maintaining a caring ethos was dependant on the personalities of individual teachers. This observation was made in relation to incidents referred to by members of both organisational cultures, where a caring ethos seemed to be lacking. Therapists in this study surmised that some teachers’ apparently unsympathetic attitudes toward students may be due to trauma reactions, or teacher burnout.

In this respect, serious traumatic events affecting the parents and children in the communities the schools serve may have the effect of traumatising teachers as well. This kind of trauma by association is termed vicarious trauma (Trippany White Kress and Wilcoxon 2004 Van Bergeijk and Sarmiento 2006) and there is an increasing amount of literature which examines the causes and signs of vicarious trauma in the caring professions and ways of preventing its occurrence. The emotional toll of working with marginalised and traumatised children can be emotionally draining for teachers (Van Bergeijk and Sarmiento 2006 Darmody and Smyth 2011 Hill 2011). A proportion of teachers who become too empathically connected to their students run the risk of being vicariously traumatised by their experiences. The emotional toll of teaching in marginalised areas was recognised by the arts therapists and also discussed in the finding of Limerick Health Promotion Unit (2008). A number of Blue Box arts therapists observed this kind of emotional strain in some of the teachers they worked with. One therapist’s journal entry described the vicarious traumatisation of a teacher after she had listened to a parent describing her own traumatic experiences. Other therapists talked about occasions when teachers had jokingly asked if they could come to therapy as they needed it as well. In some ways it seemed that the Blue Box service was also supporting such teachers by offering an empathic ear when they were overwhelmed by hearing a parent’s or a child’s traumatic experiences. Arts therapists working with traumatised children receive emotional support and guidance through regular clinical supervision sessions with more experienced therapists. Clinical supervision serves a dual purpose in ensuring the ethical and professional standards of the service are upheld, and in supporting the processing of emotions that arise in the therapist, in response to working with the difficulties of their clients. Therapists wondered whether teachers working with children with severe emotional difficulties on a daily basis were in need of a similar system of supervision and support.
It has been noted in the literature that one of the aspects of teachers becoming overwhelmed by the demands of their jobs, especially in areas where they are dealing with traumatised children (Hill 2011), is to become aloof, or detached and in some cases to become cynical and acerbic in relationships with students and staff. The perceptions of one principal and one teacher that some teachers might feel that sending a child to art therapy meant they didn’t have to do any more for them, or that certain teachers just wanted to get difficult children out of the classroom. These reactions seem to indicate that aspects of secondary traumatisation or burnout might be a contributory factor. The desire to remove the problem elsewhere was also mentioned by therapists who felt that sometimes the schools referred a child to arts therapy simply in order to be seen to be doing something.

Despite the intra-cultural differences explored, there seemed to be an understanding between the schools and the Blue Box about the overall benefits of the arts therapy intervention. Because the arts therapy organisation had developed ‘in tandem with the schools’ as one principal pointed out, the schools’ needs and the emotional needs of the children had affected the development of an organisational model that was adapted to the school environment. Karkou has suggested that: ‘it is possibly time for arts therapists to develop ways of working that are tailored around the school culture’ (Karkou 2010 p 297). The Blue Box initiative is an example of one way this has been realised within the particular context of schools serving marginalised communities in Limerick. There was a shared understanding by both organisations, of the particular needs of children and young people from these areas. With this shared understanding, it appears from the research results that, on a holistic level, the organisational cultures of the schools and the arts therapy organisation were able to accommodate and to adapt to each other’s differences. The general unifying agreement between the two cultures was that the school setting seemed to be the only place where the emotional needs of the most marginalised group of children were being addressed. This perception was also identified in the international context by Wengrower (2001) when discussing the intercultural encounter of art therapy and schools.

Often, families of children who require tertiary prevention are not cooperative for a variety of reasons, and as a result do not take their children to treatment or mental health centers. In these cases, the education system becomes the only place where this need is met (Wengrower 2001 p 112).

Drawing on the perceptions of principals, teachers and therapists it appeared, that though inevitably there were a number of areas where the multiplicity of complex
intercultural interactions came into conflict, there seemed to be an overall consensus. The consensus was that given the level of emotional need and the shortage of interventions to meet them, the schools setting, though not ideal, was the most appropriate places for the arts therapy interventions to take place. It also appeared that the Blue Box initiative added another important and complementary dimension to existing initiatives in responding to the expressed needs of schools in relation to the emotional needs of children. The location of the intervention in the schools also responded to the expressed needs of principals to ensure the safety and well-being of more vulnerable children and families they felt may never get to outside psychological services.

Given the slow nature of changes towards a more equitable education system (O’Connor 2014), the schools in this research are making an innovative move in including an arts therapy intervention as part of their caring approach. Their perceptions are that children with emotional problems do not necessarily need diagnoses as much as they need a dedicated time, space and a caring relationship, such as that which Blue Box arts therapists offer. This on-the ground initiative has developed in the absence of adequate statutory provision. It was a response to local needs and as such was a bottom-up approach involving collaboration and partnership between the arts therapy organisation and the schools. This collaborative approach allowed participating children and young people to feel seen, heard and recognised as valuable individuals with their own unique differences and needs. It supported the work of teachers and offered spaces with trained professionals where children’s trauma and emotional confusion could be safely explored, understood and clarified. It also offered a vehicle for the feelings of children and young people to be heard by teachers and parents through the mediation of the arts therapists, which increased a shared understanding of their perspectives. Interventions such as arts therapy allow not only the expression of culturally acceptable ‘positive’ emotions, but also the expression of less acceptable negative emotions arising from negative life experiences. By accepting this spectrum of emotions, it is recognising these children’s realities and giving them an opportunity to have a real voice in expressing their experiences and their needs in a way that enhances their resilience and increases their well-being.

**Limitations of the Research**

Limitations of this research will be discussed under three general areas which include; a) insider considerations b) research participants, and c) research areas.
**Insider Considerations:** As an art therapist working within the Blue Box organisation and the schools, my position as an ‘insider’ researcher could be seen as one of the main limitations of this research. Though I have strived in the methodology chapter to make influences on my own potential biases clear, in my supervision sessions I was made aware of the impossibility of identifying all of these and of reaching the kind of transcendental objectivity that Husserl described. As a result, I relied on continuous consultation with both academic and clinical supervisors, colleagues and teachers to check my methods and my interpretations of the data, with the consciousness that other syntheses of these discussions and conclusions were still possible. Similarly, as I was known to many of the research participants, this may have had the effect of influencing how they responded to me and which aspects of their experiences they presented in the light of this. Given that the schools paid very little for the Blue Box arts therapy service due to its charitable status, principals of schools may have given more positive feedback with hopes of maintaining continuity of service.

**Research Participants:** Limited resources and time influenced the variety of research participants approached for their perceptions of the Blue Box. One group that might have been included if there was more time, were the social workers who were involved with the families of a number of the participants, and who also referred children to the service either privately or through the schools. As the service has grown, other agencies such as the family courts and Guardians Ad Litem of children in care have added to referrals to the service and their expectations of arts therapy and the Blue Box would also have been valuable.

Within the groups of research participants approached, there was a limited number of parents who agreed to talk about their experiences of the service and those that did respond and agree to interviews were doing so because they had mainly positive perceptions of the service. If there had been more time available, capturing the views of other involved parents might have been possible, if they had been willing to be interviewed by the HSCLs who visited them in their homes.

**Research areas:** The choice made to include the wider contexts that surround the research area chosen, also had a limiting effect on the other areas of that could have been explored. It may have added depth to the contextual background of this research if there had been space to include clinical examples of arts therapy sessions with case studies or vignettes, though this would also have had further ethical implications. The
addition of case studies with comparisons of similarities and differences in age, gender and ethnicity might have been of added benefit, though a large number of such individual case studies have already been published in the British arts therapy literature. The concern however, was to present a wider picture, limiting the opportunity to include more detailed research into the particular approach operationalised by Blue Box.

In addition, there were other important avenues that could not be followed in the time and space available, including exploration of child protection issues in the research context, and the inter-agency handling of this.

**Implications for Further Research**

Some implications for further research follow on from the limitations identified above. There is scope for independent researchers to explore the efficacy of arts therapy in the school setting schools, and particularly the Blue Box arts therapy service. Methods of evaluating the effectiveness of such interventions in Ireland, without losing the nuances of the emotional content, also deserve further research and development. Different methodological approaches might be used, with the inclusion of evaluative instruments where appropriate. This would allow for comparisons of outcomes with this study.

Further areas to explore might include: comparisons of short-term and long-term arts therapy outcomes; the long term effects of attending arts therapy in the sample schools; exploring the perceptions of children and young people who had attended arts therapy in schools by focussing in on their particular experiences after a period of time; an arts based study of children and young people’s experiences of arts the arts therapy service.

Further research into other perspectives of the Blue Box service could be gathered from social workers, family support workers and youth workers who have been involved with the research participants. As there are a number of independent arts therapists working in schools around Ireland, research is also needed in relation to their experiences of working in schools. Such research would allow comparisons between working individually as an arts therapist in schools and working for an arts therapy organisation such as Blue Box. Additionally, research in this area would allow for more extensive findings on arts therapy practices and outcomes with larger number of participants in different urban and rural schools around Ireland. There is a need for such research into the extent of arts therapy interventions in schools in Ireland because the findings of this particular research show that a significant number of schools access arts therapy interventions, with principals interviewed expressing that they would like more arts therapy to be made available. Such findings need to be brought to the attention of the
Department of Education and Skills and the Department of Family and Children where much needed funding of arts therapy interventions might be considered in the light of growing research in this area.

In a related area, given the difficult emotional nature of working with children and young people with emotional difficulties, further research into the nature and extent of teacher traumatisation and burnout is needed in the Irish context. Approaches other than behavioural ones should be researched in answer to how teachers might deal with the stress of coping with children with emotional difficulties. This kind of research requires the inclusion of more integrated approaches that take into account evidence of the role of emotions in every aspect of consciousness. Such research might inform different approaches to school organisation and teacher training, and allow for more collaborative and of diverse ways of addressing children’s individual needs, especially in area of inequality and marginalisation

Policy Implications
The following discussion highlights some of the implications for policy that have been central strands throughout this research. In relation to issues regarding neoliberal ideologies and their impact, raised in the literature chapter, macro level policy implications will be considered briefly. This will be followed by considering the implications of the results of this research for educational policies based on the assumption that increasing the teaching of reading and maths skills adequately addresses equality issues. Finally, implications for teacher training will be briefly indicated in the light of the previous discussion.

Educational policies in Ireland reflect the tension between economic and social agendas (Gleeson 2010). Critics of the current education system have pointed out its inherent inequalities arising from its traditional and continuing neoliberal approach (Lynch 2006 Power O’ Flynn Courtois and Kennedy 2013). This approach legitimises educational consumerism and choice based on wealth and position, which benefits some sections of society whilst disadvantaging others (Kennedy and Power 2010). The neoliberal nature of educational policy making has influenced the growth of an outputs-based model of education where there is a technicist concentration on measurable indicators in every area (Novoa 2013 Lynch 2012 Gleeson and O’Donnabhain 2009). Such reliance on measurable outcomes fails to capture the nuanced needs of more marginalised children and young people beyond assessing their levels of literacy, numeracy and early school leaving. Policies attempting to equalise educational opportunities have been based on
providing additional educational programmes such as the DEIS programme, whilst leaving the inequalities of the system itself untouched (Tormey 2010). On a macro level, if political policy makers are truly concerned with educational equality, there is a need to consider changing the education system in more radical ways. This would include moving from output-led models of schooling towards more equitable schooling models similar to that which Istance (2001) advocates, where there is a more community based approach concentrating on the holistic and often technically unmeasurable needs of each individual. Such policy changes would give much greater support to schools in becoming the centres of communities with collaboration between the community, services and professionals on the school site. The principals of marginalised schools in this research have expressed their need for such a model and have successfully collaborated with arts therapists in their schools, whilst also expressing their need for other services to be included to meet the holistic needs of their children and their families.

The results of this research challenge policy assumptions that more teaching of maths and reading skills leads to greater educational equality. In The National Strategy to Improve Literacy and Numeracy among Children and Young People it was posited that literacy and numeracy were amongst the most important skills that schools should impart (DES 2011-20). It was also asserted that: ‘the acquisition of these skills is one of the greatest contributions that we can make to achieving social justice and equity in our country’ (Ruari Quinn 2011). As a result, recommendations were made to reconfigure teacher education at primary and secondary levels to emphasise training in the area of teaching these skills. In regard to these proposed changes it was noted in the brief for the new minister of education and skills in 2014 that:

Both reconfigured programmes include substantial school based time and an increase in literacy and numeracy modules (and other pedagogical courses) at the expense of the Humanities subjects which the bulk of student teachers took to degree level (DES July 2014).

This substantial use of school based time to promote better teaching of literacy and numeracy with assessments and rating scales and comparisons, therefore, leaves less time and space for holistic educational considerations and for addressing the emotional difficulties that prevent children from less advantaged backgrounds from learning successfully. Emotional difficulties are particularly prevalent amongst children in DEIS schools as explored in this research. Policies such as this therefore, need to be reassessed in the light of current findings if they are being promoted as a means of
providing justice and equity to children from marginalised areas. In evaluating the literacy and numeracy programme so far, it was noted that:

While there have been improvements in reading in DEIS schools since NA 2009, there has been no real reduction in the gap between pupils in DEIS urban schools and pupils in other school types. The large proportion of very low achievers in reading in DEIS urban Band 1 schools is a particular concern. With some exceptions, performance in mathematics in DEIS schools is still well below national standards (DES 2014).

This research has illustrated that teachers feel that emotional difficulties prevent children and young people from successfully engaging in learning in the current school system, even with the existing DEIS interventions. Current psycho-neurobiological research supports these findings, advising that addressing childhood trauma and establishing stability in children’s emotional states are prerequisite to their successful learning (Steele 2002 Van der Kolk 2003 Fonagy et al 2004 Sunderland 2009).

Existing policies in the area of addressing children’s emotional needs come from the perspective of promoting well-being and advocate a whole school approach. The three tier system in operation is based on the assessment that there are very few children in need of more focused individual support (Grogan Holland and O’Dea 2015). This is clearly not the case in schools in marginalised areas of Limerick. As a result of this underestimation of the numbers in need of more intensive emotional support, policies in this area need to be re-assessed. The shortfall in resources for the interventions that do exist indicate that despite an apparent emphasis placed on promoting children’s well-being in schools, there is a discrepancy between the espoused intentions and the reality on the ground. This research has indicted that arts therapy interventions are compatible with the needs of the sample schools and address the underlying trauma and emotional difficulties of children that the schools’ resources cannot reach. Recognition of the efficacy of the arts therapies in schools in addressing this neglected area needs to be reflected in future policies directed at understanding EBDs and increasing children’s well-being.

Related to the above are implications for policy in relation to the training and support of teachers. Teachers have to perform a difficult balancing act in addressing both the educational and the emotional needs of diverse school populations. It is questioned whether teachers in the current school system with its many competing demands, can realistically be expected to have expertise in every area pertaining to the holistic development of children and young people, especially those from areas of marginalisation and social exclusion. Policy decisions need to reflect the need for further training and support for teachers in the area of maintaining emotional health and
awareness. Currently there is an emphasis on outward behavioural manifestations of children’s emotional disturbance with recommendations that teachers should be better trained in managing and modifying these in the classroom (Darmody and Smyth 2011). The results of the current study suggest that, where possible, addressing the underlying emotional causes of disturbing outward behaviour might be more beneficial. This would indicate that teachers might benefit from more comprehensive training in neurodevelopmental and attachment theories which would allow them to understand undesirable behaviour in children and give them more insight into how their reactions might better effect change.
Chapter 6

Conclusion

This research was undertaken to explore reasons why seventeen primary and secondary schools in Limerick were accessing an arts therapy service to address the emotional needs of at-risk children and young people. The majority of the schools using the arts therapy service had DEIS status and were situated in areas of the city where there were high levels of economic and social marginalisation. The research was contextualised by considering the macro, meso and micro influences, that helped shed light on the multiple issues involved. In the perceptions of participating school principals, there was a significant number of children and young people from marginalised communities attending their schools, whose emotional difficulties were not being adequately addressed. As a result, these schools had accessed and incorporated an independent arts therapy intervention that provided one-to-one individual arts therapy sessions to children referred by their teachers. The arts therapy organisation had itself expanded and developed to meet the perceived needs of the schools. To explore this collaborative approach to addressing children’s emotional needs, perceptions were gathered from the teachers, parents, children and arts therapists who were involved in the arts therapy intervention. Such an intervention, based in the arts and drawing on psychodynamic therapeutic principles, though being accessed by individual schools around Ireland, has remained largely invisible in the education system. Because the Blue Box arts therapy intervention involved a co-ordinated group of arts therapists working within a significant number of primary and secondary schools in one town, it provided a unique opportunity to explore the use of arts therapy in schools in Ireland. An independently organised arts therapy intervention is unusual in the Irish school system, where mental health interventions are generally undertaken by statutory bodies using methods that are behaviourally based and universally targeted. Researching this unusual collaboration between the Blue Box and the schools also provided the opportunity to explore the complexity of systemic pressures that influence the development of emotional difficulties in children from areas of economic and social exclusion.

Based on the perceptions of the research participants, the results of this research indicate that the emotional impact on children living in marginalised sections of the community has not been fully recognised or addressed by current statutory interventions aiming at equalising education opportunities. Neoliberal pressures at macro, meso and micro
levels were identified that militate against equality agendas and perpetuate experiences of marginalisation. Influenced by such macro pressures, tensions are evident in the school system where education is conceived both in terms of furthering economic growth and as a means of promoting equality and inclusion. Neoliberal influences increase the emphasis on rational, technical and measurable aspects in education, overriding aspirations towards a holistic education based on a culture of care. The tensions arising from this imbalance, reflect the traditional divisions between reason and emotion and the attribution of reasonableness to the male and emotionality to the female. It has been argued here that emotions are inseparable from cognition and that interdependency and care are core to inter and intra-personal integration and human flourishing. Approaches to promoting an inclusive society therefore, need to bring the emotional aspects of being, back into relationship with the rational, behavioural and cognitive. This would entail recognition of the foundational values of empathy and care that are largely unrecognised and unrewarded aspects of mothering, teaching and fostering community cohesion.

Children’s rights and well-being literature advocates a holistic approach, recognising the contextual and embedded nature of children’s well-being issues. The emphasis is on building positive attributes such as physical and mental health, happiness, confidence social skills and resilience. The adult participants in this research expressed their disturbance at seeing unhappy children whose well-being is severely compromised. These children are finding it difficult to negotiate the current competitive education system that demands an economic, cultural and socio-emotional grounding they are not receiving. The current system pre-supposes a middle class child whose parents’ possess the economic social and cultural capital that is needed to inculcate the attitudes and symbolic knowledge required to successfully engage in the school system. In contrast, survival modes of living arising from intergenerational experiences of poverty and trauma, do not facilitate the building of symbolic structures in children, that are foundational to learning systems in schools. The results of poverty and trauma are also manifest in children’s behaviours that appear deviant in an educational setting based on middle class assumptions, values and norms. It has been suggested that maintaining the status quo in the current schooling system and adding compensatory educational programmes is not an adequate response to addressing the systemic educational inequalities that compromise these children’s rights to flourish. At a macro level, different schooling scenarios need to be considered which encourage and facilitate more
flexible and equitable educational possibilities where partnerships and collaboration relevant to the needs of children from all social contexts are made possible.

In the absence of such systemic changes at both societal and education levels, attempts to address educational inequalities by focusing on the measurable academic and behavioural components of children’s difficulties, are missing an essential emotional core. Arts therapy interventions address this core issue by taking into account the ephemeral and pervasive influences of emotional disturbance, arising from experiencing marginalisation and trauma, on children’s ability to successfully negotiate the current school system. Arts therapists’ immersion in the arts, sensitises them to the flow of consciousness in all its ambiguities and facilitates their recognition of the verbal and non-verbal communication of emotional content. Coupled with their psychotherapeutic training they are able to work at a symbolic level to enrich and nurture children’s emotional and symbolic development through creative play and the arts within the security of a caring relationship. This additional expertise and the emotional support supplied by the Blue Box arts therapists, were recognised by the schools as filling a gap that was created by the lack of time, expertise and resources available to teachers. The results of this research indicate that this intervention was valued by teachers, parents and children and enriched the caring ethos espoused by the schools. The paucity of statutory financial support for this intervention reflects the current undervaluing of the emotional realm of children’s development as well as overlooking the expertise and emotional labour required by those that care for children’s emotional well-being.

This research has been based in hermeneutic phenomenology which supports the view of the researcher that there are many different perspectives and interpretations of a phenomenon that are valid in the pursuit of meaning. The richness of the data from all the participants whilst giving as wide a picture as this researcher strove to provide, might have yielded many more avenues for exploration that were not possible within the time and space constraints of this research. As this research is unique in exploring the work of an arts therapy organisation working within the Irish education system, more research in this area is required from the individual arts therapists working individually in schools in Ireland. It is hoped that what has been presented here will cover some groundwork for further research in inclusive education, arts therapy in schools, and the mental health and well-being of children and young people.
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Appendices

Appendix 1

Ethics Approval by email.

Anne.OBrien <Anne.OBrien@ul.ie> 6/23/10

to Jim.Gleeson, me

Dear Antonia, Jim

Thank you for you Research Ethics application which was recently reviewed by the Education and Health Sciences Research Ethics Committee. The recommendation of the Committee is outlined below:

Project Title: EHSREC09-128 Containing And Spilling: An Investigation Into An Arts Therapy Service Working Within The School System In Limerick
Principal Investigator: Jim Gleeson
Other Investigators: Ed Kuczaj, Antonia Brown, Mary Carmel O’Donoghue, Austin Creaven.
Recommendation: Approved

Regards

Anne O’Brien
Administrator to Education and Health Sciences Research Ethics Committee
Appendix 2

Examples of Information and Consent Forms

University of Limerick
OLLSCOIL LUIMNIGH

Information Sheet and Consent Form for Principals and School Staff

My name is Antonia Brown and I am employed by The Blue Box Creative Learning Centre as an art therapist and member of the supervisory team.

I am currently undertaking a four year PhD research project, based at University of Limerick, entitled; “Containing and Spilling: An Investigation into an Arts Therapy Service Working Within the School System in Limerick”

The aims of this research are:

1. to explore the arts therapy approach to addressing the emotional/social/behavioural difficulties some children and young people are experiencing in the school setting;
2. to evaluate the effectiveness of the arts therapy interventions in schools provided by the Blue Box Creative Learning Centre;
3. to examine how the Blue Box service interfaces with the culture of the school.

The first part of the research will involve an enquiry into the needs of the school in this area and the Principal’s reasons for accessing the Blue Box Service with their views on its strengths and weaknesses. These will be sought during a taped interview conducted by the researcher with consenting Principals and/or the teacher who acts as link person with the Blue Box therapist.

This will be followed in 2010 – 2012 by evaluating the effectiveness of Blue Box interventions using the Strengths and Difficulties Questionnaires, given by the individual arts therapist working in each school. The questionnaire will be filled by, consenting teachers and parents of new Blue Box clients and by the clients themselves, at the start and end of a series of arts therapy sessions. The questionnaires and anecdotal reports from participants will be analysed to identify any perceived changes following a series of arts therapy sessions.

In addition, a number of arts therapists will, with permission, journal their experiences of working in the school and their observations will contribute to some insights into the interface between The Blue Box Creative Learning Centre and the culture of the school.

Participation in this research is wholly voluntary and no-one will be included without their written consent. Consent for inclusion in the research can be revoked at any point during the project.
Any information collected by any means during the study will be treated as confidential and no identifying names of students, schools or specific locations will be given to ensure anonymity of participants.

All the material collected will be stored in a secure confidential space with access restricted to researchers only.

A research report detailing methods and results will be written at the end of the project.

It is hoped that the outcomes of this research will give some insight into the emotional needs of school aged children from challenging backgrounds and how arts therapy interventions are attempting to address these needs within the school setting. It is hoped that the findings will have implications for future planning in the wider educational and therapeutic contexts.

If you have any concerns about this study and wish to contact someone independent you may contact:

Chairman Education and Health Sciences Research Ethics Committee
EHS Faculty Office
University of Limerick
Tel (061) 234101
Email: ehsresearchethics@ul.ie
University of Limerick
OLLSCOIL LUIMNIGH

Consent Form

I ______________ (print name) ______________

Principal/Representative of _____________________________ (School)

Have read the information above and understand that if permission is given to carry out the above research in the school that no identifying information concerning the school its staff or pupils will be revealed in the research report, or at any other stage, and that anonymity of the school and any participants will be respected at all times. I understand that any data collected will be stored in a secure manner to ensure confidentiality.

I also understand that if desired I am free to review and revise the interview transcript, to request information, and to withdraw permission for inclusion in the research at any stage during the project.

Signed: ____________________________

If you have any concerns about this study and wish to contact someone independent you may contact: Chairman Education and Health Sciences Research Ethics Committee EHS Faculty Office. University of Limerick. Tel (061) 234101 Email: ehsresearchethics@ul.ie
University of Limerick

Informed Consent for participation in Research Project

Focus Group HSCL

My name is Antonia (Toni) Brown and I am employed by The Blue Box Creative Learning Centre as an art therapist and member of the supervisory team.

I am currently undertaking a four year PhD research project, based at University of Limerick, entitled;

“An Investigation into an Arts Therapy Service Working Within the School System in Limerick”

The purpose of the research is explore the perceptions of all those involved in the Blue Box creative arts therapy service in order to illuminate the issues around social/emotional/behavioural difficulties being experienced by children and young people in schools where the service operates, and to examine how this service interfaces with the culture of the school.

The first part of the research involved an enquiry into the needs of the schools accessing the Blue Box service through interviews with school Principals. There was full participation in this section of the research by all the schools involved. As a means of gaining more in-depth views on working with the children and young people referred to the service, their arts therapist and their families, I would like to hold a focus group on this subject with Home School Liaison teachers who link with Blue Box therapists.

The focus group discussion will be taped and transcribed with all participant’s names, or any other identifying data removed to ensure anonymity. All the data will be kept in a safe and confidential manner and the analysis of results circulated to participants on request.

I …………………………… Have read the information above and understand that if I participate in the focus group as part of the research described above, that no identifying information concerning myself, the school its staff or pupils will be revealed in the research report, or at any other stage, and that anonymity of myself, the school and any participants will be respected at all times.
I also understand that I am free to review and revise the focus group transcript, to request information, and to withdraw from participation in the research at any stage during the project.

Signed: ________________________

If you have any concerns about this study and wish to contact someone independent you may contact:

Chairman Education and Health Sciences Research Ethics Committee
EHS Faculty Office
University of Limerick
Tel (061) 234101
Email: ehsresearchethics@ul.ie
Information Sheet for Parents

Antonia Brown, an art therapist, is carrying out a research project called “An Investigation into an Arts Therapy Service Working Within the School System in Limerick City”, to find out how your child is feeling before, during and after a series of arts therapy sessions.

In order to do this your child’s Blue Box arts therapist will ask your child to draw a picture of themselves before the start of his/her Blue Box arts therapy sessions, during the course of the sessions and on their last session.

No names will be used on any of these pictures. The pictures will be kept in a private and safe locked place.

There will be a number of other children taking part in this study and none of them will be identifiable because their names and those of the schools and locations will not be written anywhere on the pictures. Instead confidential codes will be used so that no-one who takes part, can be identified.

At the end of the study a report will be written about the study and one part will contain a discussion on aspects of the pictures that might reflect changing feelings over the time of the therapy sessions.

Copies of some of the pictures may be included in the report but no names or other identifying information will be given about who drew the pictures so they will remain anonymous. This may be read by a number of people and eventually published, but everyone who took part will remain anonymous. It is hoped that this project will be helpful in finding out what are useful ways to promote the wellbeing of children and young people of school age.

If you have any concerns about this study and wish to contact someone independent you may contact:

Chairman Education and Health Sciences Research Ethics Committee
EHS Faculty Office
University of Limerick Tel (061) 234101 Email: ehsresearchethics@ul.ie
University of Limerick  
OLLSCOIL LUIMNIGH

Consent Form

I __________________________ (print name) ________________________________

Parent/Guardian of ______________________________________________________ (name of child))

Have read the information above and understand that if permission is given for my child to participate in the above research in the school that no identifying information concerning my child, myself, my family, my child’s school its staff or pupils will be revealed in the research report, or at any other stage, and that anonymity of the school and any participants will be respected at all times. I understand that any data collected will be stored in a secure manner to ensure confidentiality.

I also understand that if desired I am free, to request information, and to withdraw permission for inclusion in the research at any stage during the project.

Signed: __________________________

If you have any concerns about this study and wish to contact someone independent you may contact:

Chairman Education and Health Sciences Research Ethics Committee
EHS Faculty Office
University of Limerick Tel (061) 234101 Email: ehsresearchethics@ul.ie
Antonia Brown is carrying out a research project called “An Investigation into an Arts Therapy Service Working Within the School System in Limerick City”.

As part of this study she would like to get an impression of how you see yourself before during and after a set of therapy sessions.

In order to do this, she has asked your Blue Box art/music therapist to ask you to draw a picture of yourself, or something that represents you, on an A4 sheet of paper, using 6 colouring pencils. The first drawing will take place before your first art/music therapy session.

Your name will not be on the drawing so it will be anonymous.

You will be asked to draw yourself again at some time during the year and at the end of all your therapy sessions so that there will be three drawings in all.

With your permission your therapist will take the drawings to be looked at by a group of art therapists who will not know who you are.

It is possible that copies of your drawings may be shown in the final report of the study, but no name or any information on who you are or which school you go to will be shown.

There will be a number of young people taking part in the study and none of them will be identifiable because the names of the students, parents, teachers, schools and areas will not be written anywhere in the study. Instead confidential codes will be used so that no-one who takes part can be identified.

At the end of the study a report will be written and in one part there will be a discussion about what the pictures showed. This report may be read by a number of people and eventually published, but everyone who took part in the study will remain anonymous.

If you have any concerns about this study and wish to contact someone independent you may contact:

Chairman Education and Health Sciences Research Ethics Committee
EHS Faculty Office
University of Limerick
Tel (061) 234101
Email: ehsresearchethics@ul.ie
Consent Form

I ______________________ (print name) ______________________

Have read the information above and understand that if I give my permission to take part in the above research in the school that no identifying information about me, my family, or my school will be put into the research report, or used at any other stage. I understand that any drawings collected will be stored in a private and secure place.

I also understand that if I wish I am free to, to ask for more information, or to withdraw my permission to take part in the research at any stage during the project.

Signed: ________________________________

If you have any concerns about this study and wish to contact someone independent you may contact: Chairman Education and Health Sciences Research Ethics Committee EHS Faculty Office. University of Limerick. Tel (061) 234101 Email: ehsresearchethics@ul.ie
Antonia Brown is trying to find out how you see yourself. To do this she has asked your Blue Box therapist to ask you to draw a picture of yourself during your first art/music session. You will get a piece of paper and six colouring pencils to do it with. You do not have to put your name on this sheet as it will be collected and kept in a safe place. Later on in the year you will be asked to draw yourself again, and this drawing will also be collected. On your last session you will be asked to draw yourself one more time so there will be three drawings in all.

These drawings will be looked at by some art therapists who won’t know who you are. Your name will not be on them so no-one will know that they are about you. They will be kept in a safe place. A lot of other children who go to Blue Box art/music therapy will be asked to draw themselves too. Their names will not be on their drawings so no-one will know who they are. At the end of the year all the drawings will be looked at. Antonia Brown will be writing about the drawings and copies of some of them might be used as well. The writing and pictures may be seen by a lot of people. No-one will know that you were one of the people who drew the pictures because your name won’t be on any of the sheets.

If you have any concerns about this study and wish to contact someone independent you may contact: Chairman Education and Health Sciences Research Ethics Committee, EHS Faculty Office, University of Limerick Tel (061) 234101 Email: ehsresearchethics@ul.ie
University of Limerick
OLLSCOIL LUIMNIGH

Consent Form

My art/music therapist ____________________________ (name of therapist)

Has read the information above to me ____________________________
(name of child) and I understand that if I draw pictures of myself that my name
will not be on the sheets so no-one will know that the drawing was done by me,
so no-one will know about me my family or my school.

I also understand that if I wish I am free to ask more questions, or to say I want
to change my mind about agreeing to do these drawings at any time.

Signed: ___________________________ (child)

Signed: ___________________________ (art/music therapist)

If you have any concerns about this study and wish to contact someone independent you
may contact: Chairman Education and Health Sciences Research Ethics Committee EHS
Faculty Office. University of Limerick. Tel (061) 234101 Email: ehsresearchethics@ul.ie
Dear Parent of........................................................................................................................

My name is Toni Brown and I am doing a study of the Blue Box arts therapy service that I hope will help improve understanding of how children’s feelings are considered in schools.

As part of this study I am trying to find out what you think about how going to Blue Box arts therapy has been for your child.

I am hoping to meet as many parents as possible to find out what they think about the Blue Box arts therapy service and how it has affected their children this year.

If you agree to meet me, anything you tell me in the meeting will be anonymous as I will not be writing down the names of you or your child or the name of the school your child is attending.

The feelings of all the parents I meet will be written into the study report which you can read when it is finished if you wish. No individual parent or child will be identifiable as no names will be used. The study report may be published at a future date.

I would be grateful if you would agree to talk to me for 10 minutes after you have met your child’s Blue Box therapist in May/June to tell me how you think they have been doing and what you feel about the Blue Box service. If you will allow me, I will note down what you are saying. Anything I write down will be read back to you so you can change it if you don’t agree with what is written.

**If you agree to meet me I would be grateful if you could sign the consent form below**

**Consent**

I consent to meeting with Toni Brown to discuss my child’s experience of Blue Box arts therapy this year. I understand that anything I tell her will be anonymous and may be used as part of the study report.

Signed........................................................................................................................................

If you have any concerns about this study and wish to contact someone independent you may contact: Chairman Education and Health Sciences Research Ethics Committee EHS Faculty Office. University of Limerick. Tel (061) 234101 Email: ehsresearchethics@ul.ie
Appendix 3: Question Sheets

a. Principals

Interview Questions to Principals/Link People

1. In your estimation what proportion of the students has serious emotional/behavioural problems that need to be addressed?
2. What are the most prevalent issues arising among this group?
3. How well do children with these issues engage in learning?
4. What are the current options available for addressing these issues?
5. How is the Blue Box service perceived within the school?
6. How effective do you find the BB service in addressing the issues that students are referred with?
7. Does the presence of Blue Box in the school have any effect on the wider school context?
8. What are the advantages of the Blue Box service in comparison to mainstream services?
9. What are the disadvantages?
10. Given the choice and the resources what forms and levels of intervention would you choose to address the needs of these students?

b. Focus Group HSCLs

Interview Questions for HSCL Focus Group

1. What is it like being a Home School Community Liaison Teacher working with Blue Box?
2. How do the staff of your school respond to your input on the work with Blue Box?
3. Does linking with the Blue Box therapist place extra demands on you?
4. Do parents buy into and support their children going to Blue Box?
5. What are your hopes for outcomes for children going to Blue Box therapy?
c. Focus Groups with Therapists

Questions for Therapists’ Focus Groups

1. What are the major issues amongst children who are being referred to you in schools?

2. Do you think these referrals are appropriate?

3. What do you attribute the causes of these children’s emotional difficulties to?

4. Are you able to meet parents and teachers on a regular basis for all your clients?

5. In your opinion do you think parents and teachers understand and buy into the therapeutic process?

6. What do you consider to be the essential elements of your arts therapy practice with children and young people?

7. Have you noticed any changes in a child or young person in the course of their arts therapy that you attribute directly to your interventions?

8. What are the advantages and disadvantages of practicing arts therapy in schools as opposed to private practice?

d. Parent Interviews

Questions Raised in Parent Interviews

1. What were your general feelings about your child attending Blue Box arts therapy?

2. Did you ask for your child to attend arts therapy?

3. How did you feel when the school suggested your child should attend arts therapy?

4. Have you noticed any differences in your child while they were attending arts therapy?

5. What is your overall view of the Blue Box service?

e. Children’s Drawings

Short Guidelines for Collecting Final Drawing

- Ask client to draw self for last time in one of the finishing sessions (it doesn’t have to be the final one)
• Following them completing the last drawing show photocopies of previous drawings so client can see all three drawings together.

**Questions to ask at final drawing of clients**

• Ask for client’s view of the drawings and if they can remember doing the previous ones.

• Ask how they feel about the arts therapy now they are at the end of the year