‘Doing something and getting it right’?

Constructing alternative approaches to emotional wellbeing in the classroom

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Disclaimer

This work is being submitted for the award of Doctorate of Applied Educational Psychology. This piece contains no material that has been accepted for the award of any other university module or degree. To the best of my knowledge this work contains no material previously published or written by another person except where due reference is made.

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Abstract

This piece of research explored the construct of emotional wellbeing and how it is supported in the classroom. UK government policies and national strategies have emphasised the importance of supporting emotional development in educational contexts, yet wellbeing has proven difficult to define and the theoretical assumptions underpinning interventions shape the discourses and social practices that surround it.

Evidence suggests that young people are best supported through universal approaches and, as such, teachers are being challenged to provide more than academic instruction. A systematic review of the effectiveness of teacher led emotional wellbeing interventions examined three key points: the theoretical underpinnings of the interventions, teacher practice, and how emotional wellbeing was constructed on the basis of the employed outcome measures. The findings indicated that the majority of interventions were based on behaviourist and cognitive-behavioural models. Teachers' roles were constructed as doing something to 'solve' problems and reduce 'social inadequacy'. This assumption was based on viewing emotional wellbeing from a structuralist perspective using observable and often standardised measures. One study, in contrast, used narrative and biopsychosocial approaches indicating the promising emergence of alternative avenues for educational practitioners.

The review highlighted the lack of exploration and acknowledgement of the experiences and values of individuals. My research project aimed to take a social constructionist stance to privilege individuals' voices over discourses of global truths around wellbeing. Narrative approaches fitted with this position and, as such, narrative therapeutic conversations were used as a method to collect the views of three individuals in a small case study. The stories of the young person, parent and teacher were analysed using constructionist grounded theory.

The findings showed that the use of narrative approaches illuminated the possibility for change in both the understanding of emotional wellbeing outside

of structuralist notions, and classroom practice in response to emotional wellbeing. The adoption of a narrative approach both as a therapeutic method and as a research framework was considered in the context of a social constructionist theory. These new understandings have implications for educational psychologists' practice in encouraging a shift away from the global knowledge constructed through categorisation, pathologising and solving, towards acknowledging local knowledges in which skills, strengths and resources are privileged.

Chapter 1 . What do teachers do to support emotional wellbeing? A systematic review of theory, practice and outcomes

Abstract

Emotional wellbeing is an important construct in UK educational policy and practice. Schools are increasingly being challenged to support emotional wellbeing. Evidence suggests that pupils may best be supported through universal provision; the classroom teacher may often be best placed to do this.

This systematic review looked at the effectiveness of whole class, teacher led interventions to support emotional wellbeing focussing on: the theoretical underpinnings of the interventions; practice, in relation the role of the teacher in delivering interventions and the outcome measures used to deem what is termed emotional wellbeing.

The review examined 12 published, empirical studies. In relation to theory, over half of the studies (N=7) were based on behaviourist or cognitive-behavioural models, and where effect sizes were provided, these were small to medium. One study showed promising use of more social constructionist approaches through narrative therapy, yielding medium to large effect sizes. In relation to teacher practice, there was a large variation in their level of investment into programmes in terms of amount of training received, length of intervention, and access to ongoing consultation. This highlighted the role of other professionals such as educational psychologists (EPs) in facilitating the integration of psychological knowledge into classroom practice. In relation to outcome measures, all studies used observable measures of behaviour to construct emotional wellbeing.

The majority of the studies explored emotional wellbeing from a medical, structuralist perspective. Recommendations for further research therefore considered theoretical and methodological concerns around the lack of focus on individual experiences. Further consideration should be given to exploring individual experiences and privileging people's voices.

1 Introduction

1.1 Increasing the focus on wellbeing in educational practice

Government policies and national strategies such as Targeted Mental Health in Schools (TaMHS) (DCSF, 2009; 2010a); Social and Emotional Aspects of Learning (SEAL) (DfES, 2005) and Inclusion Development Programme: Supporting Pupils with Behavioural, Emotional and Social Difficulties (DCSF, 2010b) have emphasised the importance of social and emotional development in educational contexts.

Schools are being challenged to offer more than the promotion of academic learning by taking on the early identification of emotional problems and running interventions provided by practitioners working in universal services (GPs, health visitors and youth workers) (Grieg, 2007; Rothi, Leavey, & Best, 2008). As such, EPs are increasingly likely to be involved in facilitating teachers in the promotion of emotional wellbeing through case work or research (Wigelsworth, Humphrey, Kalambouka, & Lendrum, 2010).

There has been increasing recognition of the link between the wellbeing of young people and outcomes in learning, daily school and home functioning, poor attendance or truancy, and school drop-out (Reddy, Newman, De Thomas, & Chun, 2009). Evidence suggests that children who may be described as having behavioural, emotional or social difficulties (BESD) are supported most effectively when there is universal provision for all pupils, reinforced by targeted support for those with particular needs (Weare & Markham, 2005; DCSF, 2009). This approach involves viewing the child not just in terms of their problems but in relation to the environments and structures of which they are a part (peer group, school, family and wider community). In view of this, schools and support services must develop an integrated way to address whole-school approaches to emotional wellbeing delivered by teaching staff.

This review aimed to examine the literature around what teachers do to support wellbeing, focussing on: the theoretical principles underpinning interventions; practice, in relation to the role of the teacher and outcomes measures indicating what is constructed as emotional wellbeing.

1.2 Defining emotional wellbeing

The concept of emotional wellbeing has proven difficult to define with at least 20 published competing definitions (MacDonald, 2006 cited in Hall, 2010). Emotional wellbeing is frequently entangled with definitions of mental health implying a medical based model that 'treats' deviations from the 'norm' (Wells, Barlow, & Stewart-Brown, 2003). In schools, young people perceived to have difficulties in this area tend to be labelled as BESD. Many definitions of mental health and emotional wellbeing are criticised for failing to acknowledge a diversity of abilities and for not consulting young people about their own experiences of wellbeing.

Based on the definitions given in a range of reviews examining emotional wellbeing interventions (Evans, Harden, & Thomas, 2004; Weare & Markham, 2005), I understood emotional wellbeing as being fundamental to the quality of life of individuals, families and communities which encompasses: self confidence, assertiveness, the capacity to initiate and sustain relationships, and the capacity to face and resolve problems. I was cautious in stating a definition as I did not want to assume a universal 'truth', but rather I was interested in exploring different experiences of wellbeing by reviewing a range of studies that made claims about wellbeing outcomes.

1.3 The implications of a definition: theoretical assumptions

The different theoretical perspectives, training routes and legal frameworks that shape health and education systems lead to different ways of describing and framing problems. It is also recognised that some practitioners from education backgrounds feel uncomfortable using what they see as 'medicalised' language.

From a social constructionist perspective, understanding of the world occurs as a result of social processes and interactions in which people are constantly engaged with each other (Burr, 1995). It invites us to be critical of the view that conventional knowledge is based upon objective, unbiased observation of the world. It is, therefore, in opposition to positivism and empiricism in traditional science (Burr, 2003). The way we understand the world and the categories, concepts and definitions we assign to things are historically and culturally specific.

Knowledge and social action go together. Each different construction of the world invites a different action from human beings. For example, in the mental health world, the social action appropriate to BESD may be to offer medical and psychological 'treatment'. Constructions are therefore bound by power; power deems what is permissible for different people to do and for how they may treat others. Foucault (1965) challenged the dominant idea of power and knowledge in theories by critiquing practices which inherently transform people into objects or things. Scientific structuralist notions in these theories look for underlying structures affecting individuals and assume certain truths about how we all came to be. 'Dividing practice' (cf. Billington, 2002; 2006) identifies some individuals as different, resulting in their separation from the rest of society. In this way, the medicalisation of behaviours can encourage society to judge what is normal and abnormal, thus marginalising some individuals (Foucault, 1965, 1979).

Scientific classification provides a method for defining norms (Foucault, 1979). Scientific classification through the use of standardised diagnostic testing is the practice of making the body a thing. In much of the existing literature on emotional wellbeing a number of standardised anxiety and depression scales are used in what is deemed to be the 'gold standard' of research.

The impact of this has implications for the theoretical assumptions of different approaches and interventions. When people have used scientific classification to describe concerns, problem definitions are offered in terms of "expert knowledge" (Smith, 1997). Traditional therapies (psychoanalytic, cognitive, behavioural) generally assume that therapists' or researchers' objectivity provides the foundations for their being experts in defining problems and solutions (Smith, 1997). These strategies take little account of individuality. Others based on psychotherapeutic principles, such as narrative therapy (White, 2007) emphasise the complex roots of behaviour and the possibility for long term change taking into account individual voice and experience.

1.4 Policy and classroom practice

Promoting the emotional wellbeing of children and young people is a key aspect of UK government policy, indicating the need for a strong evidence base. A number of studies report on largely psychiatric interventions (both drug and therapeutic) which have been found to be effective with children and young people with "diagnosed mental disorders" (Neil & Christensen, 2009; Maxwell, Aggleton, Warwick, Yankah, Hill, & Mehmedbegovic, 2008). Government policy such as TaMHS (DCSF, 2009) is keen to support all young people whether or not they are experiencing difficulties in relation to emotional wellbeing. To inform this broader and more holistic framework for action, other reviews of evidence are likely to be valuable especially those which focus on ways of supporting young people and families in non-clinical settings.

The school system has been identified as an ideal arena in which to implement early intervention for emotional wellbeing. The move towards more widespread implementation of programmes has resulted in the increased attention on understanding the complexities involved in carrying these out under "real world conditions" (Domitrovich & Greenberg, 2000). One benefit is that large numbers of children can be reached in one go, reducing the need for lengthy waiting lists to attend clinical appointments. Targeting particular needs in school rather than through specialist services can be much more effective.

The most effective programmes in schools are thought to have the following characteristics: they provide a backdrop of universal provision for all children and then target those with special needs effectively; they are multi-dimensional and coherent; they create supportive climates that promote warmth, empathy, positive expectations and clear boundaries; they tackle issues early when they first manifest themselves and then take a long term, developmental approach which does not expect immediate answers (Weare & Markham, 2005).

Teachers are important social agents in the classroom, influencing pupils' behaviours through their own behaviour (Blackman, 1984, in Hayes, Hindle and Withington, 2007, p.8). As the teacher has a consistent presence in the primary classroom he or she can provide opportunities to practice new skills learned through programmes. This highlights the need for teachers to increase their knowledge and understanding of emotional wellbeing and not to position it all

under a broad BESD umbrella. Teachers are well placed to support wellbeing and it may be the EP's role to facilitate the development of an understanding in teachers and to work with them to ensure that established psychological knowledge becomes integrated into the actions of those who are interacting daily with pupils which is the focus for this study.

2 Method

2.1 Reviewing the research

A wide range of theoretical stances on emotional wellbeing are emerging, such as cognitive behavioural, social learning and psychotherapeutic models. An investigation into which strategies are most effective can be augmented by access to good quality research findings. Reviews can provide a shortcut to such findings (Evans, et al., 2004). Systematic reviews use a specific method and criteria to maximise the potential for valid and reliable findings. While quantitative methods and randomised controlled trials (RCTs) were once recognised as the 'gold standard' in research (Booth, 2001), these methods are now being questioned. They may lead to data saturation whereas meta-ethnography (seeking to acquire new perspectives and themes on a topic through qualitative data) might be a more sympathetic paradigm to the area in which these studies are conducted.

I drew on findings from RCTs and quasi-experimental trials yielding predominantly quantitative data, though some studies also included some qualitative data through interviews, focus groups and questionnaires. Data synthesis was conducted using the Miles and Huberman (1994) method of cross-case analysis. This allows for clustering data in various ways using summary tables based on content analysis with both qualitative and quantitative findings (see Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2005). Miles and Huberman's (1994) approaches are highly systematic. The emphasis on data in tabular form assists in ensuring transparency. However, Miles and Huberman's (1994) emphasis on highly disciplined procedures is seen by some as unnecessarily and inappropriately stifling interpretive processes.

In contrast, Dixon-Woods, et al. (2005) view integrative and interpretive methods as not being completely distinct. I considered the debate and while integrative is sometimes synonymous with positivist, I adopted the view of Dixon-Woods et al. (2005) that integrative methods are a synthesis rather than a type of review where the focus is on summarising data under concepts that are well specified. This did not prevent my review from fulfilling interpretive functions as I still made interpretations of the findings in terms of implications for practice.

2.2 Review methods

I followed the methods outlined by Petticrew & Roberts (2006) (see Table 1, adapted from Cole, 2008). This involved a number of stages but initially it was necessary to define an explicit review question to drive the decisions that were made.

I aimed to use the review to address the question: What do teachers do to promote emotional wellbeing?

In addressing this question, I focussed on the theoretical basis of the interventions and how this had implications for the role of the teacher, and how emotional wellbeing was understood in terms of outcome measures and change.

1	Clearly define the review question in consultation with anticipated users
2	Determine the types of studies needed to answer the question
3	Carry out a comprehensive literature search to locate these studies
4	Screen the studies found using inclusion criteria to identify studies for in-depth review
5	Describe the included studies to 'map' the field, and critically appraise them for quality and relevance
6	Synthesise study findings
7	Communicate outcomes of the review

Table 1: The systematic review stages (from Petticrew and Roberts, in Cole, 2008)

This led to a set of criteria which helped me develop a search strategy. As there is danger in missing relevant research and therefore biasing any conclusions, a systematic review aims to bring together all relevant studies. However, no review can be completely free from bias. The review was produced using tools developed by the EPPI-Centre which is part of the Institute of Education in London.

2.3 The initial search

I searched for studies using outcome evaluations through a number of electronic databases using a wide range of search terms (Table 2). Initial scoping searches of existing reviews helped to focus the research question and allowed an estimate of the size of the literature field. A preliminary review of the literature identified a wide range of terms used to describe emotional wellbeing and the attributes of associated interventions.

Target population terms	School-base*/ teach* led/ teach* / school staff */ primary school*
Outcome terms	Mental*/ mental health* / emotion*/ emotional well* / pupil*
Intervention terms	effect* / efficac* / promot* / prevent* / univers* / whole school*

Table 2: Terms used for the literature search

This also ensured that the current research was not duplicating studies already published. From this it was identified that universal school approaches had been reviewed though not specifically those that were teacher led. Once the scoping search was completed the full search could be carried out.

The following databases were searched: Web of Knowledge, PsycInfo, Wiley Interscience, CSA Illumina, Informaworld and the British Education Index. These more science-based search engines were used as the majority of existing papers found through the scoping exercise were based in clinical journals, scarcely being represented in educational journals or in qualitative research. Most studies used 'mental health' and 'emotional wellbeing' interchangeably. Searches were carried out between June and October 2009.

An opportunity for conducting citation searches and hand searches of relevant journals could have proved insightful. However, the scale of the literature arising from the initial searches (over 2000 papers) meant that this was beyond the scope of the current research. Therefore it is acknowledged that there may be some publication bias as a result of the search being limited to online databases and peer reviewed journals. Although this might not be an exhaustive list, strict relevance criteria were applied in order to reduce this bias.

Cole (2008) outlines the inclusion criteria as “a set of agreed conditions that studies must meet in order to be included at different stages of the review, based on the research question” (p.30). I selected relevant abstracts and articles using the criteria in Table 3. The initial search terms were broad and identified over 2000 publications of possible interest. Of these, 103 were obtained for further review as they met the initial set of inclusion criteria.

PARTICIPANTS	Children between the age of 3 and 13, and teachers in their schools
SETTINGS	Mainstream primary, nursery or Head Start settings
INTERVENTION	Led by teacher (with or without additional training) to the whole class. Interventions that were also delivered to parents were included. Studies were included if they were aimed at the whole school population and if they evaluated interventions that were school based with the aim of promoting emotional wellbeing or preventing mental illness. An inclusive approach was taken including interventions using a variety of theoretical perspectives.
STUDY DESIGN	Treatment targets had to include a feelings or behaviour based measure of emotional wellbeing and state what is meant by emotional wellbeing. Studies needed to report details of the content and delivery of the intervention.
TIME, PLACE AND LANGUAGE	Studies were reported in English and completed since 1997 as similar studies before that have been included in other systematic reviews.

Table 3: Initial inclusion criteria

2.4 The in-depth review

At the next stage additional criteria were added to the 103 studies to identify those to be included in the in-depth review (Table 4).

Studies which met these criteria were judged to be sound. There were two stages to this identification process. Firstly, titles and abstracts were screened to exclude any ineligible studies. This identified 63 studies. Following this, I examined the full texts of the remaining reports. A total of only 12 studies met all of the inclusion criteria.

PARTICIPANTS	Single case studies and those incorporating a mix of ages were excluded. Studies not solely delivered by teachers were excluded. Studies including children with high risk status, mental health issues deemed clinically diagnosable or those with special educational needs were excluded. Studies were excluded if the intervention came about after a natural disaster, for example, tsunami, local disaster such as a school shooting or a national disaster such as terrorism.
SETTINGS	no additional criteria
INTERVENTION	Studies had to show how the intervention was incorporated into the school curriculum for all children.
STUDY DESIGN	Studies had to report quantitative measures and include data collection thus eliminating any meta-analyses or reviews. They were required to demonstrate that comparison groups were similar at the start of the study on any confounding variables.
TIME, PLACE AND LANGUAGE	Studies had to take place in English speaking countries (UK, USA, Australia and Canada). Studies were only published in peer reviewed journals thus dissertations and books were eliminated.

Table 4: Final inclusion criteria for the in-depth review

2.5 Description of the studies

Studies deemed to meet the inclusion criteria were analysed according to study aims, type of intervention programme and theoretical basis, method of data collection and outcome measures. This is presented in Table 5.

A summary of outcomes and associated effect sizes are given in Table 6. Some studies provided their own calculation of effect size; where this was not the case Cohen's d was calculated using an online effect size calculator (Curriculum Evaluation and Management Centre, 2006) if sufficient data was provided. Effect size is the measure of the distance between the sampling distributions of the two experimental groups, in other words, the size of the effect of a 'treatment' assuming it works (Coolican, 2005). Cohen (1988) describes effect sizes of .20 as small, .50 as medium and .80 as large. However, caution should be made when interpreting effect sizes as a 'small' effect may be important in an intervention which is cheap or easy to implement or 'small' effects may be more achievable for serious or intractable problems (Coe, 2002).

Study	Participants	Number	Context	Purpose	Study method	Intervention and teacher training	Data collection	Outcome measure(s)
Barrett and Turner (2001)	Learners: Age 10-12 years (m=10.75 years; SD= 0.53) Teaching staff EPs	489: 152 psych led group 253 Teacher led group 84 control group	10 primary schools (Australia)	Compare effectiveness of teacher or psychologist led intervention	Randomised Controlled Trial (by schools)	**FRIENDS for Children** Cognitive behaviour model 10 weekly sessions and two booster sessions led by teacher or psychologist **Training:** 1 day intensive training for teachers	Children's self completed questionnaires (Pre and post intervention)	Spence children's anxiety scale Children's depression inventory Revised children's manifest anxiety scale
Domitrovich et al (2007)	Learners: Age 3-4 years (m=51.4 months; SD=5.91)	246: 120 M 126 F	Two Head Start settings in low SES areas 10 intervention and 10 control classrooms (USA)	Developing: awareness of self and others' emotions; self control; problem solving skills; positive classroom environment	Quasi experimental mixed block design – non randomised matching of control groups	**Pre-school PATHS** Affective-Behavioural-Cognitive-Dynamic (ABCD) model 1 session per week during Circle Time (total 30 sessions) **Training:** Two day teacher training and 1 day booster	Direct child assessment Teacher questionnaire Parent questionnaire	Kusché Emotion Inventory Assessment of Children's Emotions Scale Denham Puppet Inventory Inhibitory control Problem solving – challenging situations task Teacher and parent rating social behaviour
Hallam (2009)	Head teachers Class teachers Non teaching staff Learners: Age 5-7 years Age 7-11 years (no M & SD measures)	29 84 19 4237 (2163 post test) 5707 (3311 post test)	172 primary schools (UK)	Developing social and emotional skills on whole school level	Repeated measures design – pre and post test ratings No comparison group	**SEAL** Social and Emotional Aspects of Learning Varied in the extent that curriculum was implemented **Training:** Not all had teacher training	Staff interview/focus groups Teacher ratings Pupil questionnaire	Classroom/playground behaviour Staff-pupil relationship Respect for others Motivation towards school Self esteem and motivation Emotions of self and others Social skills and relationships Attitudes towards school Academic work

Table 5: Description of the studies' methods and outcomes

Study	Participants	Number	Context	Purpose	Study method	Intervention and teacher training	Data collection	Outcome measure(s)
Han et al (2005)	Learners: Age 4-5 years (m=4.4 years; SD=0.3)	166: 93 F 73 M	12 pre-kindergarten classes; low SES (USA)	Addressing emotional and behavioural problems, promote pro-social skills	Randomised Controlled Trial (by schools)	**Pre-Kindergarten RECAP** Cognitive behaviour model and social skills training Curriculum 2-3 times week **Training:** Ongoing training of teachers (4 hrs per week)	Parent and teacher report of : Child behaviour checklist Social skills rating system	Child behaviour checklist – behavioural and emotional problems Social skills rating system – cooperation, assertion and self control Internalising problems Externalising problems Total social skills
Linares et al (2005)	Learners: Age 8-11 years (m=9.58 years; SD=0.44)	119: 57 intervention 62 control	13 classrooms in different schools in one school district. Diverse ethnic group (USA)	Impact of program on cognitive social emotional competencies	Quasi-experimental design Pre, and post (1 yr and 2 yr) Schools matched on SES and pupil attainment	**UNIQUE MINDS SCHOOL PROGRAM** Narrative therapy, bio-psychosocial model and general systems theory model 30 mins once per week **Training:** No training, teachers provided with manual for lesson plans	Student self report measures Teacher rating Interviewer rating Classroom observation Academic grades and achievement	Self efficacy Problem solving skills Social and emotional behaviour Classroom climate Academic grades
Lowry-Webster et al (2001)	Learners: Age 10-13 years (no m & SD measures)	594: 314 F 280 M	7 Catholic schools in metropolitan area. 3 groups per school (Australia)	'Train the teacher model' to prevent anxiety and mental health difficulties	Randomised Controlled Trial with waitlist control Schools matched for size, demographics and SES	**FRIENDS for children** **FRIENDS for parents** Cognitive behaviour model 1hr session per week for 10 weeks; two booster sessions after 1month and 3 month; 3 Teacher led parent sessions **Training:** Intensive 2 day teacher training workshop and mentoring	Self report questionnaire pre and post measures between and within groups	Spence children's anxiety scale (social phobia, OCD, generalised anxiety) Revised children's manifest anxiety scale (chronic anxiety) Children's depression inventory Risk analyses-split learners into high/low anxiety based on pre-scores

Table 5: Continued

Study	Participants	Number	Context	Purpose	Study method	Intervention and teacher training	Data collection	Outcome measure(s)
Merrell et al (2008)	Learners: Age: 10-11 years (no m & SD measures)	120: 56F 64M	One elementary school near major metropolitan area (USA)	Effectiveness of social emotional learning (SEL)	Quasi experimental Within group changes (no control)	**STRONG KIDS CURRICULUM (GRADE 3-5) AND (GRADE 6-8)** Affective-Behavioural-Cognitive-Dynamic (ABCD) model 45mins per week for 12 weeks by school principal **Training:** Principal received prior training from a consultant; Teachers received prior training from consultant and ongoing support	Pre and post test measures Self report questionnaires (developed by research team)	Social emotional knowledge Effective coping strategies Internalising behaviour symptoms
Raver et al (2008)	Teachers: (m= 40yrs; SD=11) 25% bachelor degree or higher Learners: Pre-school children (no age measures)	87 at baseline, increased to 90 455 at baseline, increase to 509	Head Start centres in 7 high poverty areas selected using exclusion criteria 35 classes in total with 15-16 children each with 2 staff (USA)	Effectiveness of teacher training and consultation Promoting positive classroom management to increase school readiness	Cluster Randomised Controlled Trial with pair-wise matching (by schools)	**CHICAGO SCHOOL READINESS PROGRAM** adaptation of **Incredible Years** Behaviourist model **Training:** Teacher training 5 x 6hr sessions (Ave 18 hrs) Mental health consultation from trained social worker 4hrs week in class (ave 82 hrs total over study period)	Observation schedules from blind observers	Classroom quality - Positive climate Negative climate Teacher sensitivity Behaviour management

Table 5: Continued

Study	Participants	Number	Context	Purpose	Study method	Intervention and teacher training	Data collection	Outcome measure(s)
Sawyer et al (1997)	Learners: Intervention (m=8.2years; SD=0.7) Control (m=8.4 years; SD=0.7)	Intervention: 102 : 41F 61M Control: 86 : 40F 46M	2 primary schools matched for SES (Australia)	Reducing emotional and behavioural problems and Improving social problem solving skills	Quasi experimental control and intervention group Pre, post and 1 yr follow up	**ROCHESTER SOCIAL PROBLEM SOLVING TRAINING** Cognitive behaviour model and social learning theory 20 weeks (term 2&3) 34 lessons **Training:** Teacher training and regular mentoring; training manual	Children self report measure Teacher and parent report measures Teacher report	Social skills Sociometric scores (peer acceptance/rejection) Internalising behaviour Externalising behaviour
Sharp and Davids (2003)	Learners: Primary 2 and 3 (no specific age data)	246 total Return rates varied from 17% to 74% in schools	Primary schools in medium sized authority in Scotland (UK)	Early intervention evaluation study of preventing aggressive anti social behaviour	Quasi experimental non random control and intervention Longitudinal study	**FAST TRACK PROGRAMME** Developmental model Affective-Behavioural-Cognitive-Dynamic (ABCD) model Intervention: PATHS whole class curriculum; small group social skills training; parent skills training; home school liaison Control: PATHS only **Training:** Two full days and teacher support groups	Teacher and parent ratings	Nursery behaviour rating scale Home behaviour ratings scale

Table 5: Continued

Study	Participants	Number	Context	Purpose	Study method	Intervention and teacher training	Data collection	Outcome measure(s)
Webster-Stratton et al (2008)	Learners: Age (m=63.7 months; SD=12.7) 50% male/female Teachers: 95% female (39% Head Start settings; 30% kindergarten; 31% 1st grade)	1768 in 160 classrooms 153 in 120 classrooms	Head Start settings and Elementary Schools (USA)	Prevention of at risk children Teacher training programme to increase positive teaching and increase school readiness	Randomised Controlled Trial matched pairs intervention and control Pre and post measures	**INCREDIBLE YEARS CHILD TRAINING CURRICULUM AND DINOSAUR SCHOOL** Social learning theory Dina dinosaur social skills and problem solving curriculum 30 lessons per year (at least 2 x per week) 15-20 min circle time and 20 min small group session **Training:** Teacher training 4 days (28 hours)	Classroom observation Teacher and pupil reports Children's self report Qualitative data	Teacher classroom management and teaching style (harsh, inconsistent, affectionate, social and emotional, effective discipline) School readiness Conduct problems Disengagement Classroom atmosphere Problem solving skills
Williford and Shelton (2008)	Learners: Age 2– 4 years (m=4:1 years)	Approx 600 screened leading to: 59 intervention 37 control	Head start settings: 40 classrooms in 3 large and 4 small settings (USA)	Effectiveness of teacher consultation; reducing externalising behaviour; increasing use of positive class strategies	Quasi experimental Allocation at settings level rather than class Baseline, post and 1 yr follow up	**Modified version of INCREDIBLE YEARS TEACHER AND PARENT TRAINING** Behaviourist model Weekly individual sessions **Training:** 1 group training session and weekly individualised consultation	Self report questionnaire – parent and teacher Child rating scales – parent and teacher	ADHD behaviours Externalising behaviour Parenting stress Parenting scale of behaviour management Teacher strategies

Table 5: Continued

Study	Theoretical model	Outcome measures	Effect size and sig (*=p<.05)
Barrett and Turner (2001)	Cognitive behaviour model (Beck, 1976)	Self reports of anxiety	ES=.34 (* teacher and psych led)
		Cognitive, affective and behavioural signs of depression	ES=-.5 (*teacher led)
		Trait anxiety and social desirability	ES= .3 (*teacher and psych led)
Domitrovich et al. (2007)	Affective-Behavioural-Cognitive-Dynamic (ABCD) model of development (Greenberg & Kusché, 1993)	Recognising emotion concepts	ES= .36 *
		Knowledge of emotion expression	ES= .37 *
		Anger bias	ES= .40 *
		Affective perspective taking skills	ES=.28 *
		Inhibitory control	Ns
		Attention and visual-spatial memory	Ns
		Behaviour responses to social problems	Ns
		Adaptive positive behaviour (cooperation, interaction, independence)	ES= .37; .50; .26 respectively *
		Problem behaviour (tantrums, physical aggression, explosive behaviour, social withdrawal)	ES = .24 (*for withdrawal) All others NS
		Interpersonal relationships	ES=.36 *
Hallam (2009)	Social and Emotional Aspects of Learning (DfES, 2005) based on social learning theory (Bandura, 1977) and humanistic psychology (Maslow, 1970)	Self esteem and motivation	No info to calculate ES *(Ns for KS2)
		Awareness of emotions in self and others	*KS1 & 2
		Social skills and relationships	*KS1 only
		Attitude towards school	*KS1 & 2
		Academic work	*KS1 & 2
Han et al. (2005)	Cognitive behaviour model and social skills training (Pre-K RECAP, Han, 2001)	Internalising problems (anxious, withdrawn)	ES=.30 (* teacher rating only)
		Externalising problems (attention problems, aggression)	ES=.30 (*teacher rating only)
		Social skills (total score, cooperation, assertion, self control)	ES=.14 (total score) (*all except self control)

Table 6: Theoretical model, outcome measure and effect size

Study	Theoretical model	Outcome measures	Effect size and sig (*=p<.05)
Linares et al. (2005)	Narrative therapy (White, 1995); Biopsychosocial integrative approaches (Stern, 2002); General Systems Theory (Von Bertalanffy, 1968)	Self efficacy (effort, talent, context)	ES=.55*
		Problem solving skills	ES=1.01*
		Social and emotional functioning in the classroom (attention, emotional competence, compliance, lack of aggression)	ES=.60 *
		Observation of classroom climate (level of interest, communication, lack of disruption)	ES=.45 Ns
		Academic grades	ES=.24 read; ES=.42 Maths
Lowry-Webster et al. (2001)	Cognitive behaviour model (Beck, 1976)	Self reports of anxiety	ES=.65 *in both groups
		Trait anxiety and social desirability	ES= -.33 *both groups
		Cognitive, affective and behavioural signs of depression	ES= -.18 *intervention group only
		Risk analyses for anxiety	More moved from high to low risk in intervention group
Merrell et al. (2008)	Affective-Behavioural-Cognitive-Dynamic (ABCD) model (Greenberg & Kusché, 1993)	Knowledge of healthy social emotional behaviour	ES=.94 (* study 1) ES=.79 (*study 2)
		Internalising behaviour	ES=.05 (ns study 1) ES=.35 (*study2)
Raver et al. (2008)	Transactional theory (Arnold et al., 1998) Behaviourist model and teacher coaching	Positive emotional tone of classroom	ES=.89 *
		Negative classroom environment (teacher expression of anger, sarcasm, harshness)	ES=.64 *
		Teacher sensitivity towards needs	ES=.53 *
		Behaviour management – classroom expectations and redirection of challenging behaviour	ES=.52 (Ns)
Sawyer et al. (1997)	Cognitive behaviour model (Beck, 1976) Social learning theory (Bandura, 1977)	Ability to cope in problematic social situations	*both groups
		Peer relationships (sociometric scores)	ES=.13 (acceptance)* ES=.39 (rejection)*
		Internalising behaviour (anxious, withdrawn)	Teacher: ES= -.05 (*post test) ES= -.05(*follow up) Parent: ES=.05 (*post test) ES=.10 (*follow up)
		Externalising behaviour (attention problems, aggression)	Teacher: ES=.06 (*post test) ES=.24 (*follow up) Parent: ES=.22 (*post test) ES=.30 (*follow up)

Table 6: Continued

Study	Theoretical model	Outcome measures	Effect size and sig (*=p<.05)
Sharp and Davids (2003)	Developmental model Affective-Behavioural-Cognitive-Dynamic (ABCD) model (Greenberg & Kusché, 1993)	Nursery behaviour rating scale (observable behaviours)	No ES data; *between intervention and control
		Home behaviour rating scale (observable behaviours)	Not enough data collected
Webster-Stratton et al. (2008)	Social learning theory (Bandura, 1977) Behaviourist model based on reward and sanction	Teacher classroom management and teaching style (harsh, inconsistent, affectionate, social and emotional, effective discipline)	ES range from 1.24 to .51 all significant
		School readiness	ES= -.82 *
		Conduct problems	ES= -.70*
		Disengagement	ES= -.29*
		Classroom atmosphere (cooperation, Problem solving, interest, focus, on-task behaviour)	ES= 1.03*
		Problem solving skills (positive and negative strategies)	* (no ES data)
Williford and Shelton (2008)	Social learning theory (Bandura, 1977) Behaviourist model (Skinner, 1953) consultation model	ADHD symptoms & externalising behaviour (psychopathology and strengths/resources)	*between groups and over time
		Parenting stress (caregiver-child relationship)	NS
		Parenting responses to discipline (laxness, over reactivity, verbosity)	*(in particular decreased verbosity in intervention group)
		Parent knowledge of behaviour strategies	*(in particular increased knowledge in intervention group)
		Ease of administering teaching strategies (positive and limit-setting strategies) to promote behaviour change	*between groups and over time

Table 6: Continued

3 Findings

3.1 What theoretical basis underpins early interventions?

3.1.1 Behaviourist model

Interventions underpinned by behaviourist models (Bandura, 1977; Skinner, 1953) assume aspects of 'unwanted behaviour' can be modified or reduced through selective reinforcement with rewards and sanctions (Hoagwood and Erwin, 1997). These behavioural models and associated functional assessment approaches implicate the behaviour of others (i.e. teachers) in the child's environment in the reinforcement of positive behaviours and the removal of negative ones.

Three studies evaluated interventions that included aspects of behaviourist principles though did not solely rest on these models. Two also involved teacher coaching and consultation and one stated it had elements of transactional theory (the idea that children with behavioural difficulties engage in a spiralling cycle of negative coercive processes with teachers leading to chain reactions of escalating emotional difficulty in the class) (Arnold et al., 1998). Common to all three studies was the measure of externalising behaviours (conduct problems, attention difficulties and ADHD symptoms) and the implementation of teaching strategies to reduce these behaviours. All studies reported significant reductions in externalising behaviour but with varied levels of effectiveness (effect sizes ranging from -.29 to -.70). There was also a difference in teaching strategies in terms of use and ease of use (effect sizes ranging from .52 to 1.24), and these were measured in terms of teachers expression of anger, positive enjoyment of pupils' learning, sensitivity towards need, and rewards and sanctions towards challenging behaviour.

3.1.2 Cognitive behavioural model

Four of the studies were based on the principles of cognitive behavioural therapy (CBT). Cognitive behavioural models (Beck, 1976) seek to challenge maladaptive internal schema (understandings) of the social environment and correct cognitive distortions using logic and evidence (Cole, 2008). It is considered to involve training to reflect on negative automatic thought, finding alternative explanations and problem solving (Pugh, 2010). The tendency to use this approach stems from previous research supporting CBT as the method

of choice in interventions for children deemed to have anxiety disorders (see Neil & Christensen, 2009 for a review).

Of the four cognitive behavioural studies, two focussed on reducing self reports of anxiety and depression, with small to medium effect sizes (.34 to .65) in reducing anxiety in children in the intervention groups, and small effect sizes (-.18 to -.5) indicating reduced signs of depression in intervention groups. Two studies focussed on reducing disruptive behaviour classifying it into externalising (aggression, disengagement, emotional regulation) and internalising behaviour (social withdrawal). The effect sizes range from small (.30) to medium (.60) though one study explored follow up data where the effect sizes fell to .24 for externalising behaviour indicating that, potentially, gains are made in the short term but may not be sustained after programme implementation ceases.

Two of the cognitive behavioural studies also explored the development of socially desirable behaviour through social skills scores (ES=.14) and sociometric scores, indicating small effect sizes for both peer acceptance and rejection in intervention groups (.13 to .39). Therefore, in this instance, the outcome measure was not directly linked to the principles of CBT in reducing 'faulty' thought patterns.

3.1.3 Affective-Behaviour-Cognitive-Dynamic (ABCD) model

The ABCD model (Greenberg and Kusché, 1993) holds that children's adjustment and coping, as reflected in behaviour, are determined by an integration of emotional and cognitive development. An underlying premise is that emotional development is a critical precursor of many cognitive functions, thus children's thoughts and actions are influenced by their emotional awareness. Intellectual growth must be accompanied by the development of emotional competencies, such as the ability to understand the emotions of others and to utilise constructive strategies in the expression of one's own emotions.

Three studies indicated the use of ABCD principles. Two explored the recognition and knowledge of emotions, how to express them, and the development of perspective taking and problem solving skills, fitting the model's assumptions about emotional awareness. All three studies also used measures

of observable behaviour, both externalising and internalising, again with small to medium effect sizes (.37 to .5) and with some non-significant results. More noteworthy is the large effect size (.94) for knowledge of healthy social and emotional behaviour in one study. While this model attempts to move away from purely behaviourist models, there is no clear difference in effectiveness based on their chosen outcome measures of observable behaviour but more so for emotional knowledge.

3.1.4 Social learning theory

Social learning theory (Bandura, 1977) and social skills training was identified in five of the studies with interventions drawing on aspects of the principles which state social influences alter people's thoughts, feelings and behaviour in a similar way to CBT principles. Indeed, of the five studies using these principles, two also claimed to be guided by CBT principles. The theory behind social skills training is to use reinforcement in order to coach young people in what is deemed appropriate social behaviour (cooperation, assertion and self control). Again, the majority of outcome measures were based on observable externalising and internalising behaviour but additionally outcome measures addressed relationships, self esteem and ability to manage problematic social situations. The findings indicated significant improvement in social skills and ability to cope in social situations although insufficient data was given to calculate effect sizes.

3.1.5 Biopsychosocial approaches, narrative therapy and general systems theory

One study claimed to be influenced by a combination of theories. Biopsychosocial theory (Stern, 2002) takes a critical realist epistemology in assuming the child's self and experience is shaped by biological, environmental, psychological and social factors. Narrative therapy is based on social constructionist assumptions and offers a different way of helping others to become more knowledged about their lives, the skills they exercise and how these can be rendered significant in order to address current predicaments. The study drew on elements of the narrative therapy technique 'externalising' (separating problems from the person). Finally, in applying general systems theory (Von Bertalanffy, 1968), students identified positive and negative

feedback loops and figured out where in a sequence of events they can break the vicious cycle that has ensued.

Using pupil and teacher ratings and observation measures, a medium effect size (.55) was found for scores of self efficacy. Interestingly, medium to large effect sizes (.6 to 1.01) were found for gains in social and emotional functioning in the classroom as measured by attention, emotional competence, compliance, lack of aggression and problem solving. This was the largest effect size among all the studies. This was also only one of two studies exploring academic grades and indicated that the intervention not only alters social functioning but has a positive effect on academic achievement (effect sizes from .24 to .42). Despite this evidence being from only one sound study, the understanding is that a more holistic approach can achieve greater effect sizes than CBT or social skills training.

3.2 What do teachers do to support emotional wellbeing?

Part of my review question aimed to address teachers' role in supporting emotional wellbeing. Although current national standards in Qualified Teacher Status expects newly qualified teachers to identify and support children who underperform academically or emotionally, it is unclear whether they are given the skills to do so (Rothi, et al., 2008). This may have implications for the number of studies relying on measures from teacher reports or observations of children's behaviours.

All of the studies used interventions that were led by teachers but their level of investment varied in terms of length of delivery, amount of training and access to consultation and supervision. The length of sessions varied from 30 minutes per week to 90 minutes per week with some programmes running for 10 weeks and others up to 30 weeks. A small number of studies also included 'booster' follow up sessions requiring teachers to retain their knowledge of the principles and run sessions following a break.

The amount of training delivered to teachers ranged from no training or the provision of an instruction manual up to more than four hours a week for a number of weeks. Five studies involved ongoing consultation from a professional (such as an EP or mental health practitioner) throughout the course of the intervention. Teachers were seen to make changes in the way

the classroom was run when they were given extensive training and mentoring to support them to integrate it into the classroom but there appeared to be no relationship between length of training and outcome measures in terms of effect sizes. The only notable differences were Raver et al. (2008) which provided ongoing consultation and Webster-Stratton et al. (2008) which provided a four day intensive training package. Both studies produced large effect sizes and focussed on teacher discipline, management and classroom climate outcomes.

It is noteworthy that extensive training delivered to the teacher can be seen as an 'expert model' and too manualised, that is they are instructed to do something and get it right in a prescribed way. Furthermore, the assumption that there is consistency between teachers and settings following only brief training may be difficult to accept (Pugh, 2010). Those involving consultation between professionals and teachers to individualise programmes were seen as more acceptable. Webster-Stratton et al (2008) reported that 80% of teachers said the curriculum was easy to implement and that it met the needs of their students. 53% said they would like further training to continue to use the programme in the next year. Williford and Shelton (2008) reported that teachers receiving consultation rated strategies as less difficult to implement and more effective over time than teachers in a comparison group. Therefore, consultations based on specific problems within a class may increase teacher efficacy. If programmes can be adapted so that specific challenges can be addressed it may increase the use of effective strategies by teachers.

One of the review studies showed that staff confidence in dealing with behaviour issues in the classroom was enhanced, teachers were more aware of children's circumstances and staff stress was reduced. The beliefs held by these teachers changed from trying to manage behaviour in order to teach the class to understanding individuals' emotional needs. However, the notion in most studies was that teachers need to 'do something' and 'do it right' for a period of time. What was not explored is whether the underlying principles guide teacher practice beyond the realms of the empirical investigation. The need for consultation from other providers, such as EPs, raises interesting questions about the level of ongoing support teachers might need to assist pupils with potential emotional wellbeing difficulties especially if outcomes are to be sustained.

3.3 What do studies mean by emotional wellbeing?

While I was guided by my working definition of emotional wellbeing I was interested in exploring what each of the studies took to be emotional wellbeing. Given that many studies assumed similar definitions, the outcome measures were quite different. Some studies explicitly stated that the focus was to improve behaviour, attendance and academic performance and that enhancing children's wellbeing was not the prime concern. Other studies examined emotional wellbeing in terms of classroom and school climate. Positive classroom climate was reflected as creating warm, positive and well-organised places to be. Linares et al (2005) identified no significant effect on ratings of classroom climate despite teachers rating pupils' social-emotional competence as higher. The reason this may not have translated to classroom-level improvement may have been the small sample size. In the absence of intervention, classroom quality deteriorated over the course of the school year illustrated by greater negative climate (teachers' expressions of anger and sarcasm) and lower positive climate (teachers' enjoyment of the children's learning), lower teacher sensitivity (responsiveness to children's needs) and lower behaviour management scores (appropriate structure and redirecting of children).

Pupil-teacher and pupil-peer relationships were another focus based on questionnaires and sociometric data. Relationships were deemed better and calmer if problems were discussed and solved and teachers were seen to listen more to pupils. Whole class interventions enabled teachers and pupils to focus on the same issues at the same time leading to a better working climate. Knowledge of emotions was also deemed an important measure examined using standardised emotional inventories and scales.

The majority of studies were based on behaviourist or cognitive behavioural theories and, as such, understood wellbeing in terms of observable behaviours generally categorised as externalising behaviour, internalising behaviour, response to difficult social situations and problem solving behaviour. Some studies used psychometric scores on anxiety and depression scales. The use of standardised measures calls into question the potential for dividing practices in this area (Foucault, 1979), marginalising those deemed to be different from the norm and taking a positivist view that difficulties can be 'fixed'.

The method of obtaining scores for categorised behaviour is also a challenge. Information tended to be derived from a variety of sources including children's self report measures, parent and teacher rating scales and peer sociometric scores. Using child self reports may access the most detailed information about themselves through introspection. However, self awareness follows a developmental trajectory; older children may be deemed to be more accurate responders than younger children (Wigelsworth, et al., 2010). Furthermore, by providing fixed choice measures, the reporting of individual experience is limited. Using peer, teacher or parent reports may provide insight from a different perspective but can be from a restricted frame of reference.

While the majority of the reviewed studies used information from a combination of sources, the reliance on solely quantitative data fails to take into account individual lived experiences. The interventions were aimed at promoting wellbeing or reducing problems but do not give a clear picture on what 'it' is that they aim to change. There appears to be a need to consult with the individuals who are the focus of interventions to gather a richer picture of the experience of the construct of emotional wellbeing.

3.4 Limitations of the systematic review

Several limitations of the review are acknowledged. Firstly, because of the problems with defining emotional wellbeing it is likely that my search strategies missed studies that would have met the inclusion criteria. Secondly, the bias towards finding studies in clinical and medical journals as opposed to educational journals may have limited the range of theoretical models underpinning the strategies evaluated. Furthermore, because the scope of the search did not include hand searches or unpublished papers it may be open to publication bias. This suggests that studies which yield significant results are more likely to be published and studies which do not are more likely to be rejected. Thirdly, the subsequent inclusion of only twelve studies, only two of which were UK based, may limit the generalisation of results in informing UK policy and practice. Therefore, the studies included in my review represent a particular section of all potentially relevant literature and as such my conclusions must be interpreted within this context.

4 Conclusions and implications for practice and research

Through the review question I have highlighted three key areas of discussion: theory, practice and outcomes, all of which have implications for further research and practice.

Firstly, in some studies there was little evidence of a shift away from seeing emotional wellbeing and difficulties as problems located within individuals (the so-called medical model) towards a more context based approach where behaviour is seen as a response to a particular situation or where 'problems' are constructed by the language used by the people around the young person. The use of cognitive behavioural models, as taken to be the method of choice in previous reviews (Neil & Christensen, 2009), did not necessarily yield greater effect sizes than those based on behaviourist or social learning models and theories. The implication for using cognitive and behaviourist theories is the influence of modern power in assuming we have to change 'abnormal behaviour' (Foucault, 1979). Indeed, most studies were not framed at supporting children but framed in terms of trying to reduce social inadequacy. One study showed promising use of techniques such as narrative therapy in exploring a less structuralist view of problems and produced the largest effect sizes in terms of classroom ethos, practice and self efficacy. Further research from a social constructionist framework may provide alternative insights into emotional wellbeing.

Secondly, the role of the teacher could be explored further. Teachers have a large responsibility to run interventions and do not always feel skilled to do so (Evers et al, 2002). The notion of 'intervention' may also imply a sense of power; teachers must be trained to 'do something' and ultimately feel they must 'get it right'. The lack of training and the need for ongoing consultation from professionals in many of the studies indicates the need for future studies to explore alternative ways in which EPs could facilitate and scaffold the integration of psychological knowledge into all classroom practice, not just through discrete interventions.

Finally, the lack of consensus of a definition of emotional wellbeing highlights caution in interpreting studies that make claims about effectively improving 'it'. The reliance on adult views of observable measures of behaviour fails to

consider individual experience and pupil voice. Young people are rarely consulted or participate in the development of systems that are designed to support them (Todd, 2007). Further work exploring young people's experiences of emotional wellbeing may prove more insightful when considering how to support it. In conclusion, this review has highlighted the complexity of emotional wellbeing and that in supporting it and developing future policy and practice we must consider the interlinking of theory, practice and outcomes.

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Chapter 2 . Bridging the gap: emotional wellbeing, qualitative research and the turn to narrative therapy

1 Introduction

My systematic review examining teachers' role in supporting emotional wellbeing highlighted three key points of interest: theoretical assumptions of interventions, the role of the teacher in delivering interventions, and what is deemed to be emotional wellbeing based on particular outcome measures. I wanted to explore these areas further as the construct of emotional wellbeing is an important factor in government policy and educational practice: Targeted Mental Health in Schools (TaMHS) (DCSF 2009; 2010a); Social and Emotional Aspects of Learning (SEAL) (DfES, 2005); and Inclusion Development Programme: Supporting Pupils with Behavioural, Emotional and Social Difficulties (DCSF, 2010b). My interest in emotional wellbeing developed from my involvement in delivering TaMHS training and support to schools within the authority in which the research was conducted.

Having reviewed the context and complexities of emotional wellbeing, however, there appeared to be a lack of qualitative research and detailed stories of individual accounts of what emotional wellbeing means. In this research study I aimed to privilege the voice of individuals in describing their relationship with wellbeing, reflecting on how this fits with their beliefs and values. I felt it would be helpful for professionals who engage in supporting young people to hear individuals' own discoveries about wellbeing in the classroom rather than relying on scientific classifications and objective, observable measures which depicts emotional wellbeing as an absence of mental illness or lack of social inadequacy. I wanted to describe an alternative to educational psychologists' (EP) practice that is not about looking for solutions or outcomes. In doing so I considered whether EPs should attempt to change things systemically if they do not know what they are changing, what they want to change 'it' into, and how they want to change it. Insights into what wellbeing is for individuals can create a richer, more detailed picture. This opening in the literature led me to develop a narrative, strength-based approach to my research. This document considers the underlying ontology, epistemology and methodology that informed my research study.

2 Ontological and epistemological assumptions

2.1 Ontology

My intention was to explore the lived experiences of individuals and how they make sense of emotional wellbeing and associated 'problems' in their lives. Using a qualitative approach I took a relativist ontological position that assumes there are no objective realities, rather individuals construct their own interpretations of their experiences. In doing so I was assuming a diversity of interpretations that can be applied to the world. Robson (2002) states that:

"Scientific accounts and theories are not accorded a privileged position; they are equivalent to other accounts (including lay ones). Different approaches are alternative ways of looking at the world and should be simply described, rather than evaluated in terms of their predictive power, explanatory value or truth value" (p25).

Thus, while the studies in the systematic review used objective, scientific measures of wellbeing, this should not be given any more credence that listening to the views of individuals.

Relativism is often challenged as assuming 'anything goes' in relation to ethics, politics and truth claims. Supporters of relativism argue that if we were to believe that something reflects the true or only way, it could restrain us from interacting in any other way. To suggest 'anything goes' or that relativism is arbitrary is to take an oversimplified view; there are 'knowledges' rather than 'knowledge'. So in narrative therapy when we talk about people becoming more 'knowledged' about their lives, it is the coming to know different stories and understandings (White, 2007). The same event can be described in different ways giving rise to different ways of perceiving and understanding it, yet neither way of describing it is necessarily wrong.

2.2 Social constructionist epistemology: challenging the foundations of knowledge

Narrative approaches are underpinned by social constructionism. This stance allows us to be critical of the notion that our observations of the world are objective and unbiased and is in opposition to positivism and empiricism in traditional science (Burr, 2003). Categories given to understand ourselves may

be bound by cultural normative prescriptions so our ways of understanding are historically and culturally relative. These are a product of the social processes and interactions in which people are constantly engaged with each other.

Taking social constructionism as my epistemological stance is congruent with the beliefs underpinning the adoption of relativist ontology; different constructions of the world can only be judged in relation to each other and not compared to ultimate truths. We actively seek to explore aspects of our world in particular ways for particular purposes and in doing so create knowledge which we then take as the 'truth'. But other activities carried out for other purposes might have produced alternative 'truths'. So knowledge emerges as a product of activity and purpose (Cromby & Nightingale, 1999).

Social constructionism considers the relationship between power and discourse. Discourses refer to a set of meanings, images or stories that in some way together form a particular version of events (Foucault, 1972). If we accept the view that alternative versions of events are potentially available through language surrounding one person or object there may be a variety of different discourses and different ways of representing it. This is central to the work of Foucault (1979) and is acknowledged in Gergen's (1989) notion of 'warranting voice'. This is to say there are many different ways of talking and people 'warrant voice' when they are able to get others to accept and live according to their preferred discourse.

Critiques of social constructionism have considered that the discursive turn (the strong emphasis on the role of language in the constitution of the world) in social constructionism fails to consider other significant elements of people's lives: the influence of embodied factors; personal social histories; the ways in which the possibilities and constraints inherent in the material world may already shape and inform the constructions we live through; and the inequalities that arise from the power of institutions and governments (Cromby & Nightingale, 1999). However, supporters of social constructionism would argue that it is erroneous to treat these three elements as purely reducible to discourse.

Common sense views of the relationship between knowledge and power might assume knowledge increases a person's power. However, Foucault (1979)

stated that versions of an event brings with it the potential for social practices, for acting in one way rather than another, and for marginalising alternative ways of acting. Discourses are not abstract ideas; they are intimately connected to institutional and social practices that have a profound effect on the way we live our lives, on what we can do and on what can be done to us (Willig, 2001). Foucault argued that a principal effect of power through truth is that it engages people into actions which make global truth claims, assuming there is only one essential truth that embodies us all. Thus power cannot be gained in a society without supporting global knowledges; the privileging of global knowledges is in itself an exercise of power as this unavoidably restrains local knowledges (individuals' views).

White and Epston (1990) who first developed narrative therapy described how power is generally considered repressive in its operations and effects: "power is said to disqualify, limit, deny and contain" (p19). Foucault argued that we predominantly experience the positive effects of power. However, he was not making reference to positive in the sense that something is desirable, rather it leads to a theory about its role in 'making up' peoples' lives.

3 Challenging global truths

Traditional therapies (psychoanalytic, cognitive, behavioural) which were predominantly the underlying theories behind the interventions in my systematic review generally assume that therapists' or researchers' objectivity provides the foundations for their being experts in defining problems and solutions (Smith, 1997). These strategies take little account of individuality and the forms of knowledge-making devised by these approaches have been subject to particular social power relations that obscure other kinds of thinking about the experiences of young people (Billington, 2002). Young people are rarely consulted or participate in the development of systems that are designed to support them (Todd, 2007). The narrative belief that individuals hold competence and stories of their experiences and that there are multiple understandings and realities experienced by participants were key assumptions underpinning my research. Furthermore, in practice, EP work needs to operate from a wider base than research evidence; it involves professional experience with the EP as a reflective practitioner operating from a constructionist view and the recognition of 'clients' values (Fox, 2002). Narrative approaches frees

people from the power of norms and totalising structuralist self judgements ("I'm not normal, there must be something wrong with me") and enables them to make judgements of their actions according to whether it fits with how they believe it is good to live their life.

3.1 Principles of narrative approaches

Amongst those engaged with narrative approaches there are a number of theoretical differences creating a richer picture of ideas and perspectives (Smith, 1997). Some feel that therapy is a political act to help marginalised voices become more empowered. Others use a narrative metaphor to focus on a multiplicity of narratives or voices so that individuals can determine which perspective seems most fitting for how they want to live their lives.

Narrative approaches are underpinned by the belief that we learn about our lives through stories which are socially constructed and culturally embedded. Certain stories (events linked across time and according to a plot) are privileged over others (that is they become more dominant). In conversations with professionals, people often favour problem saturated stories which reflects the tendency for professional training to encourage engagement in problem-focussed discourses. These problem stories are usually developed by others who are not situated within the context of a problem. For example, teachers or other professionals describing a child as BESD by might not learn about the child at home or other contexts, or when they have challenged problems. When these 'thin descriptions' dominate they are usually expressed as truth, generate negative identities and tend to obscure alternative descriptions and in doing so may mask possibilities for ways forward.

Narrative understands that people are multi-storied and that the problem stories only give 'thin descriptions' of individuals; they do not accommodate the complexities and contradictions of life (Morgan, 2000). Put simply, there is more to their lives than the problem. In this way, problems are seen as separate from people and individuals hold the strengths, beliefs, values and abilities to change their relationship with problem stories.

The therapeutic conversations can take any direction; there are no right or wrong responses and they are guided by the individual not just the therapist. This exploration of the values associated with people's lives opens up space to

explore alternative stories in which the problem is less dominant. This creates a 'thicker' description of the individual and their life. Developing a thicker story comes about through a re-authoring approach or a hermeneutic approach. While many practitioners feel more comfortable with one approach over another, some creative combinations are emerging (Smith, 1997).

Re-authoring, (White and Epston, 1990), focuses on externalising conversations (separating the problem from the person). This way of speaking allows individuals to take more responsibility for challenging problems as their personhood is not challenged (Freeman, Epston, & Lobovits, 1997). This in turn allows consideration of more empowering self-narratives that have been lying unnoticed in the background. A curious exploration of the preferred story allows it to become more concrete, helping this story to survive. Narrative practitioners in this case may help people to re-examine socio-cultural messages to discover which ideas fit with them and which do not (Smith, 1997).

Hermeneutic approaches (Anderson & Goolishian, 1992) do not intentionally use externalising conversations or invite people to take a different position on problems, but instead facilitates people's dialogue with many internal and external narratives in co-existence rather than stepping more fully into any one particular narrative. This creates a haven for exploring these different voices to respond in more satisfying ways. The hermeneutic perspective assumes that we construct abbreviated stories that simplify things, leading us to make snap judgements and assumptions about others' expectations and motivations. When our assumptions do not work, the stories we hoped for in our lives become seemingly impossible. When the internal or external conversations we have to resolve this seem out of reach, we feel stuck (Griffith & Griffith, 1992).

3.2 What are the challenges to narrative approaches?

Narrative approaches have been criticised on a number of points. Firstly, there is perceived to be a disconnection between the theory and the practice of narrative therapy. Narrative therapy embraces postmodern assumptions of multiple knowledges and truths, therefore any attempts to identify itself as 'the' way to practice therapy is in direct contradiction to itself; the practice of using narrative therapy could be seen as a kind of truth (Doan, 1998). Doan asks whether narrative therapists who espouse different ways of working (as noted in

the contrast between hermeneutics and re-authoring) are being marginalised by normative standards that are evolving within the narrative community.

Secondly, attempts to conduct rigorous, evidence-based research (which I did not claim to do in my research article) is limited, reflecting the incompatibility between the Foucauldian foundations of narrative therapy and outcome-based research as this brings about modernist notions of truth (Gardner & Poole, 2009). However, it has also been argued that purely descriptive reports are equally challenging (Steinglass, 1998). The favoured approach to narrative research is qualitative and conversational methods are used for analysis (Gardner & Poole, 2009). In using a qualitative method I took the stance that if the principles of narrative approaches rest on 'perspectival' knowledge (people making conclusions and interpretations of situations based on a "particular community of interpretation", Gergen, 1991) it is not necessary for outcomes to be generalised as no matter how big your sample size, the interpretations of the group will only be the interpretations of that group.

Thirdly, narrative is accused of seeking to impose its own language despite purporting to liberate people from colonising discourses (that is, the hegemonic potential for any language to impose its own culture) (Larner, in Flaskas, et al., 2000). Narrative practitioners argue that enormous care was taken in constructing ideas and description so that counter-cultural notions and different ways of thinking can be taken using familiar words in unfamiliar juxtapositions (Hayward, 2003). While externalising language sounds odd, it implicitly challenges cultural assumptions about the location of a problem. As with all theories, philosophies and world views, in order to share one must find a way of putting ideas forward. Throughout my research I have immersed myself in the approach, therefore used narrative vocabulary such as: 'privileging local knowledges' (celebrating and giving credence to individuals' views over 'gobal knowledge', ideas of truth from scientific definitions); 'thin' descriptions (problem stories that do not accommodate the complexities and contradictions of life); and 'thickening stories'. To use other language may have made the paper easier to read but may have meant it lost its precision and richness.

Finally, the ethics and power of therapeutic relationships must be considered. Therapies can assume the expert status of the therapist in driving change in the

client and discover what is 'really' occurring in them (Smith, 1997). This power imbalance can diminish clients' voice and limit the creativity of the therapist. Narrative therapy conversations aim to adopt a curious stance in which the client and therapist find out together to enable the client to elicit their own meanings and realise their own empowerment to challenge difficulties. Despite this, there remains a question whether the very notion of 'therapy' implies action and something that is applied or 'done' to someone.

4 Methodology

A social constructionist epistemology underpins a qualitative methodology which reflects the aims of my study. Burr (2003) states it would be erroneous to suggest there are methodologies that are intrinsically social constructionist. Rather, this research makes different assumptions about its aims and the nature of the data collected. Gergen (2001) argues it is not empirical methods that are incompatible with social constructionism but the universalistic truths that usually accompany them.

A key challenge for researchers in qualitative research is to find data collection methods that encourage participants to express themselves as freely and as openly as possible. The relativist position that I adopted assumes the aim of research ought to be an exploration of the ways in which cultural and discursive resources are used to construct different versions of an experience within different contexts (Willig, 2008).

Enabling individuals to communicate their own alternative stories about emotional wellbeing and related practice was an underlying principle of this research. Applying a narrative metaphor helped me to gain a shared understanding of the complexities, resources and new possibilities in supporting wellbeing. This methodology set each individual as a meaning maker who constructs their understanding of their world from social, cultural and linguistic contexts. I took an iterative approach to exploring the research data, reflecting the principles of narrative where stories are constantly being revised and co-constructed over time (White & Epston, 1990).

4.1 Narrative therapy as a reflexive research tool

I used narrative therapeutic conversations as the method of collecting data. Anderson and Goolishian (1992) express the idea of 'not knowing' in

approaching therapeutic conversations; this does not mean that the therapist has no prior knowledge or biases but sets aside their preconceptions in order to privilege participants' descriptions. It is imperative to acknowledge that by interacting and engaging with 'participants' I was not a passive recipient of the information but was actively engaged in co-constructing meaning. The questions asked by narrative therapists scaffold new understandings (White, 2007) through maps of questions. I used these questions loosely to guide the conversations but was informed by individual responses. Ethical implications therefore involved taking care to consider how I communicated with participants. The questions asked and the language that is used both individually and on a systemic level may alter others' perspectives of their situation or concern in ways that could be detrimental.

The knowledge produced was also reflexive as it had dependence on my own standpoint (Willig, 2008). Researchers need to reflect on the value of the knowledge that their research question aims to produce and for whom we are producing these knowledges. I influenced the research both as a person (personal reflexivity) and as a theorist (epistemological reflexivity). This goes beyond acknowledging personal biases but considers how one's own reaction to the research context and the data actually make possible certain insights and understandings.

4.2 Grounded theory method

In line with the collaborative and social aspect of narrative, I used a descriptive and naturalistic case study approach to explore new insights into an experience within its context without the bias of previous hypotheses. This is in contrast to a pragmatic and explanatory case study approach which aims to guide data and analysis with a defined research question. The case study itself is not a research approach (Willig, 2008) but is a way of studying singular entities through in-depth explorations of experiences which can facilitate theory generation.

In seeking a research methodology that would provide an ontological and epistemological fit with my position, I was drawn to the concept of constructionist grounded theory (Charmaz, 2000; 2006). Grounded theory is a qualitative methodology that is concerned with developing local theory within a

given context (Strauss & Corbin, 1998). Originally described by Glaser & Strauss (1967), there has been a variety of epistemological positions adopted by grounded theorists at various points (Mills, Bonner, & Francis, 2006) including the revision of a constructionist format in which the researcher is part of the world they study (Charmaz, 2006). In this respect, it offers an interpretive portrayal of the world and not an exact picture of any truth that might be there to be discovered.

This use of grounded theory shares some features with phenomenological research in terms of identifying categories of meaning and experience, using a systematic way of working through a text, and using the constant comparison of data (Willig, 2008). However, I chose not to use the method of interpretative phenomenological analysis (IPA) for a number of reasons. Firstly, IPA rests on 'representational validity of language' yet in narrative, language constructs rather than describes reality. We can choose to describe an experience in a way that constructs a version of events but the same event can be described in different ways. Therefore IPA tells us about the way people talk about an experience where as grounded theory explains the experience itself. Secondly, IPA rests on a social cognitive paradigm exploring people's thoughts or beliefs (Willig, 2008). This is not compatible with narrative approaches which challenges the subjective/objective distinction implied by cognitive theory. Thirdly, the researcher using IPA decides which themes should be retained and which should be abandoned. This may impose meaning or deny the voice of participants. In contrast, constructionist grounded theory uses a process of 'member checking' which involves follow up interviews returning to the field to gather further data or clarification. Finally, IPA is an ideographic, interpretive process where insights produced as a result of engagement with cases is only integrated in later stages. Constructionist grounded theory is an iterative process which explores theories throughout the process; this is compatible with the constant revision and re-authoring of stories in narrative approaches.

The method used to analyse the data involved the process set out by Charmaz (2006). Each conversation was transcribed. Each line of the transcript was coded and descriptive labels were given to discrete instances of an experience. As coding progressed, categories were identified, some of which were descriptive and some more analytical. Constant comparison of data to data,

data to codes/categories and categories to categories occurred which integrated data from all three participants. Theoretical sampling involved collecting further data in light of categories that were constructed leading to theoretical saturation when no new categories were constructed. Glaser (2001) notes “saturation is not seeing the same pattern over and over again, it is the conceptualisation of comparisons of these incidents which yield different properties of the pattern, until no new properties of the pattern emerge” (p191). Throughout the process I kept a reflexive log of memos. Memos record and detail the process of moving up through codes, categories and theories throughout the process (Charmaz, 2006) and offer a useful format to maintain researcher reflexivity (Burck, 2005). The memos I wrote showed the shift in concepts over time and helped to form my final findings section.

4.3 Methodological considerations

A number of methodological implications need to be considered. It is recognised that grounded theory categories can never ‘capture the essence’ of a concept in its entirety because they do not exist before the process of categorisation, rather they are constructed by the researcher (Dey, 1999).

Another possible criticism is a lack of rigour due to ‘careless’ interview techniques and the introduction of bias. My relative inexperience of narrative therapy may have contributed to this; different questions could have generated different responses. However, White (2007) states there is no right or wrong way of asking questions and it is the individuals’ responses that guide the exploration not the researcher or therapist’s preconceived thoughts or questions.

Finally, the emphasis on young people’s perspectives was problematic which had implications for both the narrative therapy conversation and the grounded theory analysis. The involvement in the conversation from the young person in my study was limited but this is not to say he did not play a big part in the research. At an ethical level, the methods assumed young peoples’ competence, which could lead to the views of young people who can speak their minds being privileged over the views of parents and other experts, and over children who are too young or too shy to speak. At a practical level, it means that if young people are to be involved then we cannot propose any

indicators until they have spoken. On the other hand, the close involvement of young people in the process of deliberation should bring to the fore the relevance of any given measure for young people of different ages, at different stages of development and in different cultural groups.

4.4 Implications for practice

A relativist ontology and social constructionist epistemology which fits with a narrative based approach to exploring individual experiences can open up opportunities to construct new ways of understanding emotional wellbeing. A common discourse in EP practice involves the engagement in approaches to provide an answer or a solution. Clearly this type of discourse does not fit with a narrative understanding, nor the values elicited in the research project. It seems there is a need for a different discourse in which EPs position themselves as non-experts who are able to voice and empower local knowledges. They need to develop an understanding of individuals, challenge pathological understandings and appreciate the strengths of young people. This supports the shift in the EP profession towards a consultative framework for practice (Wagner, 2008). Facilitating the voicing of individuals may also contribute to more systemic practice to imbed psychological knowledges into the development of a whole school ethos.

5 Summary

My research project was informed by three key points emerging from my systematic review: theoretical underpinnings of different interventions; the role of teachers in 'solving' problems and reducing social inadequacy; and how emotional wellbeing was constructed on the basis of outcome measures. The lack of qualitative studies in this field informed my relativist ontological position and social constructionist epistemology. Narrative approaches fitted with this position and, as such, narrative therapeutic conversations were used as a method to collect views. These were analysed through constructionist grounded theory in which I positioned myself as actively engaging with the data. This brought about new understandings which has implications for EP practice in encouraging a shift away from the global knowledge constructed through categorisation, pathologising and solving, towards acknowledging local knowledges in which skills, strengths and resources are privileged.

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Chapter 3 . What knowledges can narrative approaches bring to emotional wellbeing? Constructing preferred stories in the classroom

Abstract

Emotional wellbeing has largely been understood through behaviourist or cognitive-behaviour models. These models have typically considered emotional wellbeing through observable, standardised measures of behaviour and have made assumptions about the role of teachers in 'doing something' to reduce this behaviour. The social discourses surrounding such perspectives can construct ideas about what is deemed normal and abnormal. In the existing literature there appears to be a lack of understanding from the perspective of individual experiences of emotional wellbeing.

The emergence of narrative approaches in mainstream practice shows promising evidence of alternative avenues for educational practitioners. This study aimed to explore the relationship between social discourses and individuals' own constructs of emotional wellbeing through the use of a narrative research framework.

Individual accounts were gathered through a series of narrative therapeutic conversations with a case study of three people: a young person, teacher and mother. An iterative approach was taken to data collection and analysed through the method of constructionist grounded theory. The narrative stories from individuals were incorporated into a final grounded theory.

The findings showed that the use of narrative approaches illuminated the possibility for change in understanding emotional wellbeing outside of structuralist notions of 'difficult behaviour' and change in classroom practice in response to emotional wellbeing. The adoption of a narrative approach both as a therapeutic method and as a research framework was considered in the context of a social constructionist theory.

1 Introduction

Emotional wellbeing has largely been understood through cognitive behavioural, medical or social learning paradigms (see Cole, 2008; Neil & Christensen, 2009; Reddy, Newman, De Thomas, & Chun, 2009 for a comprehensive review of programmes).

The emergence of narrative approaches in mainstream practice (Linares, et al., 2005) is beginning to highlight alternative avenues for educational practitioners. Narrative approaches offer a different way of helping others to become more knowledged about their lives, the skills they exercise everyday and how these can be rendered significant so they become the basis for addressing current predicaments.

This study was designed to investigate the role that narrative approaches can play within a classroom context. In this article I offer an examination of: narrative approaches as a research framework to explore different understandings of emotional wellbeing; narrative as a therapeutic tool to explore the process of change in people's relationships with this understanding and consider how this approach relates to a way of practice in bringing about change in the classroom.

1.1 Emotional wellbeing

Emotional wellbeing has proven difficult to define with at least 20 published competing definitions (MacDonald, 2006 cited in Hall, 2010). Many definitions are criticised for drawing on definitions of mental health and failing to take account of the diversity of abilities and lived experiences.

In this study I understood emotional wellbeing as encompassing self confidence, assertiveness, the capacity to initiate and sustain relationships, and the capacity to face and resolve problems. This definition addressed the above criticisms and was based on definitions in a range of reviews examining emotional wellbeing (Evans, Harden, & Thomas, 2004; Weare & Markham, 2005). I was also concerned, however, with individuals' constructions of emotional wellbeing through local knowledge and lived experience.

1.2 A narrative framework

Morgan (2000) provides a concise explanation of narrative therapy (White and Epston, 1990; White, 2007) (Box 1). Narrative approaches are more than a set of therapeutic skills. It is the interlocking of theory, ethics, respectful speaking and listening and practice concerned with different ways of understanding the self. These key factors helped guide the exploration of narrative approaches in this research study.

While the terms narrative approaches and narrative therapy are often used interchangeably in current literature, I refer to 'narrative approaches' when considering the wider theoretical understandings and implications and 'narrative therapy' when considering the therapeutic conversations with individuals which bring about change.

- It is a respectful, non blaming approach which centres people as the experts in their lives.
- People have skills, competencies, beliefs and abilities that will enable them to change their relationship with their problems.
- Problems are separate from people, that is the problem is the problem, not the person. This process of **externalising** names and objectifies problems such that they are no longer an intrinsic part of the individual.
- We give meaning to our lives through stories - events that are linked in sequence, across time and according to a plot. Stories are socially constructed and maintained and bring into play culturally embedded themes.
- Our lives may be multi-storied; that is, narrative captures non-essentialist identities. In conversations with professionals people often favour problem saturated stories.
- Certain events are selected and privileged over others and linked to form a dominant story. Other events outside the dominant story remain hidden or less significant.
- The effects, origins and actions of dominant, problem stories (**thin descriptions**) on a person's life are explored through **deconstruction**. This creates the opportunity to identify and challenge the beliefs underpinning the 'thin' story.
- Conversations offer people the opportunity to notice 'unique outcomes' which contradict the dominant story.
- These preferred stories are constructed and brought to the fore which can be 'richly described' to prouduce a **'thicker'** alternative (**re-authoring**).

Box 1: Principles of narrative therapy (Morgan, 2000).

1.3 Theory: challenging the foundations of knowledge

Narrative approaches are underpinned by social constructionism. Realities are socially constructed; categories given to understand ourselves may be bound by cultural normative prescriptions so our ways of understanding are historically and culturally relative (Burr, 2003). For example, what we understand as BESD is a phenomenon that has come into being through the exchanges between those who have particular difficulties with social adaptation and others who may teach them or offer diagnostic tests. The process of applying diagnoses to individuals and construing them exclusively in terms of these labels is referred as totalising techniques (Carr, 1998).

Realities are created through discourses which are a set of meanings, images or stories that together form a particular version of events (Foucault, 1972). This brings with it the potential for the influence of modern power on social practices; modern power deems what is permissible for people to do and for how they may treat others. This power makes global truth claims about individuality by constructing what is 'normal' and 'abnormal' in everyone. This privileges beliefs in objective realities based on scientific disciplines which marginalises alternative ways of acting.

Realities are maintained through narratives. The Western discourses of individualism can alienate people from the connections that give meaning to their life, leaving them vulnerable to doubt and self criticism (Freedman and Combs, 1996). Challenges to emotional wellbeing arise when people actively participate with the fashioning of their lives according to constructed norms. This recruits people into the surveillance and policing of their own and others' lives, believing they must 'get it right' (White, 2002). However, White (2007) believes for every modern power there is some point of resistance; even the expression of struggling in life is an example of taking action. By expressing what is troublesome, people are doing something other than going along with the problem. These actions are founded upon preferred accounts of life and identity (Carey, Walther, & Russell, 2009). By taking a different action a new relationship with the problem may be constructed.

Social constructionism holds there are no essential truths (Burr, 2003). People make conclusions based on a 'particular community of interpretation', that is a

sufficient community currently accepts information as true at that time (Gergen, 1991). This 'perspectival' underpinning of narrative approaches moves away from conventional therapy's emphasis on objectivity and therapeutic certainty (Smith, 1997) to a more subjective understanding of knowledge. If we accept that alternative versions of events are potentially available through language there may be a variety of different discourses representing it. Narrative approaches explore the interaction between commonly accepted objective knowledge and subjective knowledge to understand what interpretation and meaning people construct.

Taking a constructionist view is not to say that 'everything is arbitrary' or that narrative therapists do not believe that, for example, BESD exists. The issue is not whether a problem exists, but asks "what sense does a person make of 'their problem'?" and "how might their relationship with the problem be changed as to make it less troublesome?" (White, 1995a).

1.4 Respectful speaking and listening: narrative as a therapeutic approach

Narrative therapy is concerned with the significance of relationship, context and community in influencing thinking, action and meaning making as opposed to theories of the unconscious or biological processes.

Vygotsky's (1986) theory of scaffolding describes learning which takes place through social and cultural collaboration. White (1995a) drew on the concept of scaffolding, viewing therapeutic questions as stepping stones for people to learn previously unknown things about themselves through unexplored preferred stories. Scaffolded questions enable people to move from what is 'known and familiar' to 'what is possible to know'. This provides the chance to develop ideas about who we are and in turn have a sense of directing or influencing our lives.

Bruner (2004) influenced narrative therapy through his constructivist approach to narratives, in which he placed "world making" as its central premise. Stories do not 'happen'; rather, they are actively constructed in people's heads. This intentionality is central to narrative therapy, evident in the shift White took from describing 'alternative' stories, to '*preferred'* stories (Carey, Walther, & Russell, 2009). This reflects the idea that stories are not any old alternative, but

represent people's intentions and fit with what people want for their lives. 'Preferred' suggests we make a choice to look for something other than the problem.

While the stories that are constructed give meaning, they are only partial (Freedman & Combs, 1996). The stories that are selected indicate moments and experiences to which we attribute significance (privileged meaning), while others are 'written out' (Derrida, 1978). To understand the construction of preferred stories (re-authoring), Bruner's theory about narrative metaphor is a key influence. Stories contain two landscapes: action and consciousness (Bruner, 2004).

In narrative therapy, the 'landscape of action' asks who, what, where and how questions about events and actions are used to get a behavioural description of the preferred narrative. The 'landscape of identity' (substituting this term for consciousness) invites people to reflect differently on the thought, intent and values that might have been behind the action. Reflecting between the landscapes reframes storylines. People can attribute meaning to selected events of their lives, interpret the links between these events and the valued themes of their lives and consider what this reflects in terms of what is important to them.

1.5 Narrative approaches as research practice

'Co-research' in narrative approaches maintains a stance of curiosity, asking questions to which one genuinely does not know the answers (Epston, 1999). The knowledge, skills and resources of people who seek therapy significantly shape and mould the practice of it. The process involves a 'finding out together' approach. Some cultural discourses suggest it is the expertise of the therapist that contributes to the 'success' of therapy, while 'failures' are deemed to result from clients' resistance (Redstone, 2004). Exploring therapies from a 'what works' perspective may unsuccessfully generalise solutions to a population, assume importance of global knowledge, or make claims of objective realities (Foucault, 1979).

The use of narrative approaches in research highlights the value of listening to individuals in order to challenge prevailing socio-cultural narratives and illustrates alternative, richer understandings. Using narrative practices, 'local',

or ‘insider knowledges’, can be privileged (White, 2007). While many of the effects of a problem can be observed by others, the experience for both the individual and those in their local system cannot be measured or assessed – it can only be shared in telling.

Despite narrative therapy being welcomed for theoretical and conceptual analysis (Ramey, Tarulli, & Frijters, 2009) there has been little investigation in empirical research. Many of the studies that do exist explore the impact of narrative therapy on other measures: clinically relevant symptoms and severity of abuse (Matos, Santos, Goncalves, & Martins, 2009); reducing presenting problems (O’Connor, Davis, Meakes, Pickering, & Schuman, 2004) and improved parent-child relations (Besa, 1994). Others focus on the processes, namely externalisation, in relation to key changes (Muntgil, 2004; Weber, Davis, & McPhie (2006).

These studies focus on processes with little attempt to link these processes to outcome. Narrative research frameworks as a way to theorise and construct new understandings about phenomena through theory and therapy are not well documented although recent studies are emerging (Olinger, 2010; Tighe 2010). The narrative approach can therefore be a frame of reference, a way of reflecting during the inquiry process and a mode for representing the research study.

1.6 Research aims

Previous research on emotional wellbeing is in line with dominant social discourses of dividing practice (identifying some individuals as different based on what society judges as ‘normal’ and ‘abnormal’) (Foucault, 1965, 1979). Many studies looked from a ‘what works’ perspective to reduce some aspect of social inadequacy through measurable tools.

This research aimed to explore the relationship between social discourses and individuals’ constructs of their own emotional wellbeing and their response to that of others. The narrative research framework privileges individual accounts of experience, recognising the importance of local knowledges over global knowledges. I aimed to highlight the constant revision of alternative stories in

the classroom, through preferred understandings of emotional wellbeing and the actions and practices taken to do this.

1.7 Research questions

The research aims to address the following research questions:

- What understanding can narrative approaches give to emotional wellbeing?
- How do narrative principles fit as a way of practice rather than a part of practice?

2 Method

2.1 Methodology

The social constructionist epistemology underpinning the aims of the study reflect a qualitative methodology, however, there is not one particular qualitative method that is driven by social constructionism (Burr, 2003). Narrative was chosen as both a research framework and methodological tool to help understand emotional wellbeing through lived experiences.

I took an iterative approach to exploring the research data using constructionist grounded theory (Charmaz, 2000; Charmaz, 2006) which reflects the constant revision of stories over time in narrative approaches (White & Epston, 1990). In contrast to positivist methods of traditional grounded theory (Glaser and Strauss, 1967) where discovered theory emerges from the data separate from the researcher, constructionist versions of grounded theory assumes that neither data nor theories are discovered. I used a symbolic interactionist theoretical perspective (Blumer, 1969) which is concerned with developing local theory through which to identify current understandings of experiences and acknowledges the interpretive role that the researcher plays in co-constructing the theories and knowledge.

While I wanted to explore change, this was what individuals construct as change through the process of conversation and language. The tentative hypotheses may be more relevant and context sensitive than attempting to discover an exact picture of universal theories of objective truth.

2.2 Description and selection of participants

Participants were linked to a primary school in a local authority receiving Targeted Mental Health in Schools (TaMHS) support from the educational psychology service. TaMHS is a universal approach to promoting wellbeing in schools (DCSF, 2010). Participants were selected through opportunity sampling. One teacher expressed an interest and had already raised concern about one pupil's emotional wellbeing to the school educational psychologist.

In line with the collaborative and social aspect of narrative, a descriptive and naturalistic case study approach was chosen to explore new insights into a

concern within its context. The case study explored a system of three people: Susan, class teacher; Daniel, age 8 and Daniel's mother, Natalie (names have been changed). I did not want other background information about my participants prior to the research process for two reasons: firstly, while I acknowledged that I was actively involved and engaged with the research process, I did not want to be influenced by biases and prior knowledge and secondly, narrative considers what stories individuals want to share and give meaning to rather than for researchers or therapists to seek versions of it from others.

2.3 Data collection: narrative therapy procedure

Four narrative therapy conversations lasting approximately 40 minutes with each of the three individuals were conducted and transcribed; 12 conversations in total. While the conversations were open-ended, those in the first sessions were guided by narrative 'statement of position map one' questions (White, 2007) (see Appendix A). These questions explore characteristics of a problem and its effects on peoples' lives, hopes and values. Subsequent sessions were informed by 'statement of position map two' questions (Appendix B) which explore unique outcomes, initiatives and their effect on hopes and values.

In addition, The Golden Book (McGlone, 2001) was introduced after the first therapeutic sessions and referred to in subsequent sessions. The Golden Book is in line with narrative therapy and a constructionist framework. It was employed as a tool in the research process to use it as a reference and a way to explore and extend narrative principles with the participants (see Box 2 for a summary of the theoretical basis and principles).

2.4 Research design and analysis

Figure 1 below sets out the design for the study. Intensive interviewing (Charmaz, 2006) which permits an in-depth exploration of a particular topic was the method employed to collect data in line with previous research using grounded theory and narrative approaches (Mills, Bonner, & Francis, 2006; Mills, Chapman, Bonner, & Francis, 2007; Marlowe, 2010).

The Golden Book is based on narrative as well as solution-focused principles. Using the idea that schools are 'communities of acknowledgement' where the voices of teachers and parents are important in helping young people to challenge dominant stories, the Golden Book is an exercise book used to document an alternative to the problem story which is grounded in actual experience. White believes that teachers do not need special expertise to assist a child in this way, but that taking a curious stance, not always verbal, has a powerful effect in shaping future steps the child may take. The book is used:

- As a record of times when the problem is not present and the young person is witnessed challenging problems
- Where significant people can be invited to co-author the alternative story
- To include conversations with the young person about their preferred alternatives
- To respect the voice of the child and to validate their need for support.

In the process of re-storying, 'documents of support' (Freeman, Epston, & Lobovits, 1997) are distinct from prompts associated with positive behaviour strategies. To use this book as a 'positive behaviour book' opens it up to criticism around power and policing oneself to meet unrealistic expectations and fails to capture the power of language and narrative in challenging 'deficit views'. For a fuller description of the Golden Book, see McGlone (2001).

Box 2: Principles of the Golden Book (McGlone, 2001).

Consistent with constructionist grounded theory methods, constant comparison of data to data, data to codes/categories and categories to categories occurred integrating data from all three participants. Theoretical sampling occurred after the first two therapeutic sessions with each individual which involved constructing tentative ideas about the data based on initial categories and using this to guide further empirical inquiry in order to thicken potential theories. Theoretical saturation (when gathering fresh data no longer sparks new theoretical insights) was achieved after four sessions with each individual. Theoretical categories were documented in memos throughout the process which were sorted according to relationships between each and integrated to construct the final grounded theory.

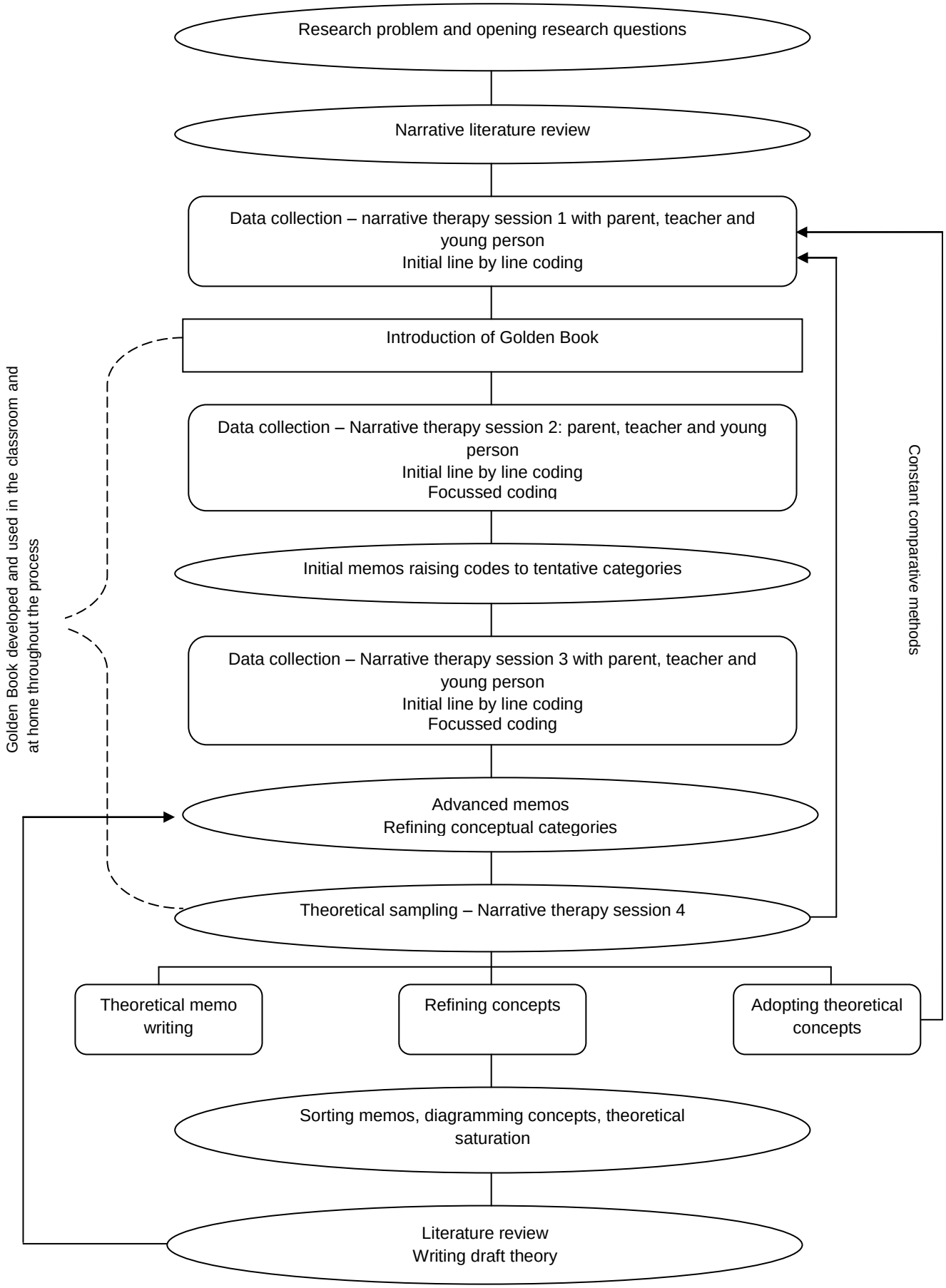


Figure 1: The methodological design and analysis, adapted from Charmaz (2006).

3 Findings

A summary of the constructed theories that comprise the final grounded theory follow. This begins with the theories constructed through the dominant 'problem story' and is followed by the 'preferred story'; theories constructed following reflection on the meaning behind previous actions and understandings (see Box 1 for a recap of narrative principles). A summary of the overall theory is then presented which addresses the two research questions: "What understanding can narrative approaches give to emotional wellbeing?" and "How does narrative fit as a way of practice rather than a part of practice?"

3.1 The problem story

3.1.1 Behaviour as a one dimensional problem

'Emotional wellbeing' and 'behaviour' were used interchangeably by the individuals so in privileging their views, I have used both terms here. Emotional wellbeing was viewed from a positivist, within child perspective understood through attempts to identify underlying causes without exploring the wider complexities of individuals' lives. Rather than the problem being certain events, actions or the effects his actions had on others, Daniel was characterised as 'the problem'. This was based on observable characteristics of socially acceptable actions. Daniel indicated he was not used to adults or peers saying "good things" about him. He considered not speaking to me because "[she] already knows I'm naughty".

"I worked at a school in a deprived area where there's children with erm, a lot more children than here with like maybe ADHD, or autism, learning difficulties, behaviour problems..." (Susan)

Box 3: Labelling particular behaviours

A number of labels underpinned the causes of behaviour (see Box 3). Having a label enabled the development of particular strategies. Like many behaviourist strategies and interventions that exist in schools, participants wanted to understand what causes deviations from 'normal behaviour'. This assumes there is an essence to be known and allows us to understand behaviours and actions and train them in a certain way of being. In terms of a 'thin' description, behaviour was one dimensional – good or bad – with no acknowledgement that

different stories can co-exist. Being "clouded by negativity" was not being able to see past their relationship with Daniel's behaviour. Any sign of good behaviour was cancelled out by subsequent bad behaviour leaving them feeling set up to continue negatively for the rest of the day (see Box 4).

"He'd had a really good week actually last week...he'd had a praise assembly and then it's gone back. It's almost as though I had something for him to aim to and now he thinks well 'I've got that now I don't need to be kind or work harder, I'm just going to go back to being angry'". (Susan)

"He's chalk and cheese. One minute he can be good but he can change just like that....he tends to fall off the rails. For a couple of weeks he'll be ok then he'll slide and be like that for a couple of weeks". (Natalie)

Box 4: Clouded by negativity

3.1.2 Normalising the response to 'bad behaviour'

Caring for children's emotional wellbeing impacts on the adults' emotional wellbeing leaving them exasperated, vulnerable and feeling judged. Natalie experienced blame for Daniel's behaviour but resolved this by identifying that most of her peers have the same experience with their children. The ability to look for alternatives is determined by adults' wellbeing: "I'm trying really hard to praise [Daniel] but there's such a lot going on for me at the moment" (Natalie). The acknowledged struggle to manage the relationship with emotional wellbeing indicated the expression of wanting to do something other than go along with the problem. There was also a need for peers to acknowledge that they have not failed and to hear others have felt the same at some point in their relationship with behaviour in the classroom. This was a way to connect with young people and to feel "a normal human" and not just a "teacher" or a "mum".

3.1.3 Torn between two roles

Susan and Natalie felt they had several different roles to play (Box 5). The roles linked to contextual norms regarding how teachers or mothers should be in supporting young people.

"My background is I was a teaching assistant before I was a teacher... and at first I think I struggled...because in my old role I would have been there for him and I would have been focussed, sat with him, helping him, but as a teacher your roles are changed and you've got to think about the other twenty-odd children in your class. You can't just...put all my attention on him because then it's unfair on the children who are prepared to work, so I got myself really upset at first 'cos I thought I don't know how I'm going to deal with this".

"I felt like I was doing him a disservice by not sitting and spending the time and finding out why he was like that because I couldn't because I was with the rest of my class as well". (Susan)

"My role as a mum is the most important thing…being Dad, I don't say I'm so good at that but then I'm not meant to be". (Natalie)

Box 5: Values and practices in different roles.

Susan, previously a teaching assistant, felt torn between a desire to work on a one to one basis to devote her time to one individual, and devoting time to the rest of her class. She was also torn between following school procedures and sanctions, or spending time exploring factors around emotional wellbeing for an individual. For Susan the role of a teacher did not afford the opportunity to look beyond what may be deemed as behaviourist principles based on reward and sanction (Skinner, 1953; Williford and Shelton, 2008). This focus on reward and sanction was similar for Natalie. She elicited values around being a single parent: a nurturing, approachable maternal role which she valued or a strong, more disciplinarian paternal role in which to reprimand bad behaviour.

3.1.4 Doing something and getting it right

'Togetherness' was an action described as a way of strengthening relationships. Historically the participants would spend time with others and draw on their support which linked to family values. In reality, creating physical and emotional space was practiced as a way to avoid challenge to the point where Susan had to leave the class when 'bad behaviour' overwhelmed her.

The process of *doing* something and getting it right indicated a policing of themselves in "making a difference". There was an essentialist view that change should come from within the child, yet adults had the responsibility to make this difference. There was an understanding that problems within the child could be 'solved' with a particular strategy to resolve 'social inadequacy'. Looking for solutions felt safer, more familiar and used most frequently in schools rather than alternative approaches especially for children given a

diagnosis where one approach fits all. For Daniel, no label opened up challenges to those around him; they had "tried everything" but there was not one particular way that worked.

Looking for causes preserves the integrity of those caring for them by reducing blame on the adults when things go wrong; instead failure was attributed to Daniel who "didn't actually use any of the strategies that I gave him" (Susan). Strategies were deemed to 'fail' if observable behavioural changes in the classroom had not been made. "Trying everything" left a sense of being stuck and having diminished agency. They were not able to think of more strategies, felt embarrassed and judged when these did not work or had to leave the classroom to get some help (Box 6).

"You know it's embarrassing when sometimes you're in the staffroom and you know there's always, if an incident has occurred, you know eight times out of ten it's his name that's mentioned....because you just think oh, I've worked quite hard with him with lots of different behavioural strategies and nothing seems to have worked".(Susan)

Box 6: Trying everything: challenges to professional integrity

3.2 The preferred story

3.2.1 "Going with it": thickening the story from day to day

There was a shift from wellbeing being one dimensional to a richer, thicker description of multiple stories. "Good days and bad days" depicted the inconsistency of emotional wellbeing but also the readiness of people to take things a step at a time and see alternatives. 'Bad' times do not have to mean people continue to be "clouded in negativity". This changed to a view of "going with it". This shift moved towards a more contextualised understanding of the here and now, not overlaying it with other things and past assumptions, nor overanalysing the underlying cause of what is happening.

The Golden Book was a way to initiate the recognition and development of alternative stories. This enabled them to see certain events were "blown out of proportion" and had been linked to create a problem story. Small exceptions and unique outcomes were difficult to recognise initially, rather exceptions were viewed as having to be huge events. The Golden Book as a tool 'to do' was not relevant per se, but without a concrete way to explore preferred understandings, the conversation might not have been captured in the same way. It enabled an

exploration of noticing things in a different way, picking out “the small things” that might otherwise have been overshadowed by a dominant story and understanding the meaning behind small actions.

3.2.2 Realising existing and unmet values

All participants valued seeing the positives in others but having to do something to meet societal expectations of ‘good behaviour’ meant they initially could not look past ‘bad behaviour’. Getting stuck in the hole of simply noticing negative behaviour challenged their values of togetherness as a way of practice (Box 7). Removing the “brick wall” between each other enabled wellbeing to be seen not within child or as simply as noticing good and bad actions but as the construction of a dominant story based on certain events that had been privileged. Practice therefore moved away from seeking solutions to ‘fix’ undesirable behaviour or train people into a certain way of acting. Once this was realised it removed the barrier to noticing preferred outcomes.

> *“It’s helped me to feel closer to Daniel because before... it was like we were miles apart and I didn’t really understand Daniel really, which makes me sound like an awful person but you know I did, you know, where as now I feel like I do understand lots more. It’s easy to blame – I knew a lot about his background but then with his behaviour , sometimes you just think I don’t really care about your background, I care about how you are in the class” (Susan)*

Box 7: Understanding wellbeing differently.

Rather than “doing something and getting it right”, there was a realisation that practice was about seeking alternatives, noticing times when problems were being challenged and what it was that allowed that to happen thus creating a richer picture of wellbeing (Box 8).

Different things were noticed in thickening the preferred story. Daniel’s friends noticed he was good at football which told them he was a good team player, had ambition and practiced his skills; previously people may have only commented on times when he was given a yellow card. Daniel had always thought the same about himself, valuing the need to be seen as happy and smiley but other people were only beginning to notice. He also started to reflect on his own actions and initiatives rather than people telling him what to do or think.

"You know you do get stuck in that hole of seeing negative stories. When you're with them all the time and they're not getting on with their work all the time you do, it does feel like there's a brick wall or whatever and I think that the Golden Book has helped me because it's made me realise that there are other stories....it's helped me and I've been consistent with it and also I'm consistently talking to Daniel. I think it does help to make you realise that actually there's more to everybody than just this angry side" (Susan)

Box 8: Seeking alternatives.

3.2.3 Spreading the word: considering the importance of language

The Golden Book illuminated that previous reputations could have been constructed and that the social language used about behaviour and individuals can develop a dominant story. In taking a step back from being clouded by negativity they could reflect on their previous responses to behaviour and the language they used to describe behaviour in others.

Initially others in school still contributed to dominant problem stories through using behaviourist approaches (such as the dinner ladies using a black book to document 'bad behaviour') and saying things that "weren't a very Golden Book type thing to say" (Susan). Following a developed understanding of narrative approaches there was a view that this should be used across the school; they should not try to remove 'social inadequacy' but privilege the times when this is challenged. In this respect, narrative approaches fits with the view of schools as communities of acknowledgement (White, 1995b, see Box 2 for a summary). Narrative approaches are not a discrete intervention that is part of practice; it was realised as a way of practice by considering the inclusive language and practice used and what they and others can notice.

3.3 Constructing new meaning and practice in the classroom

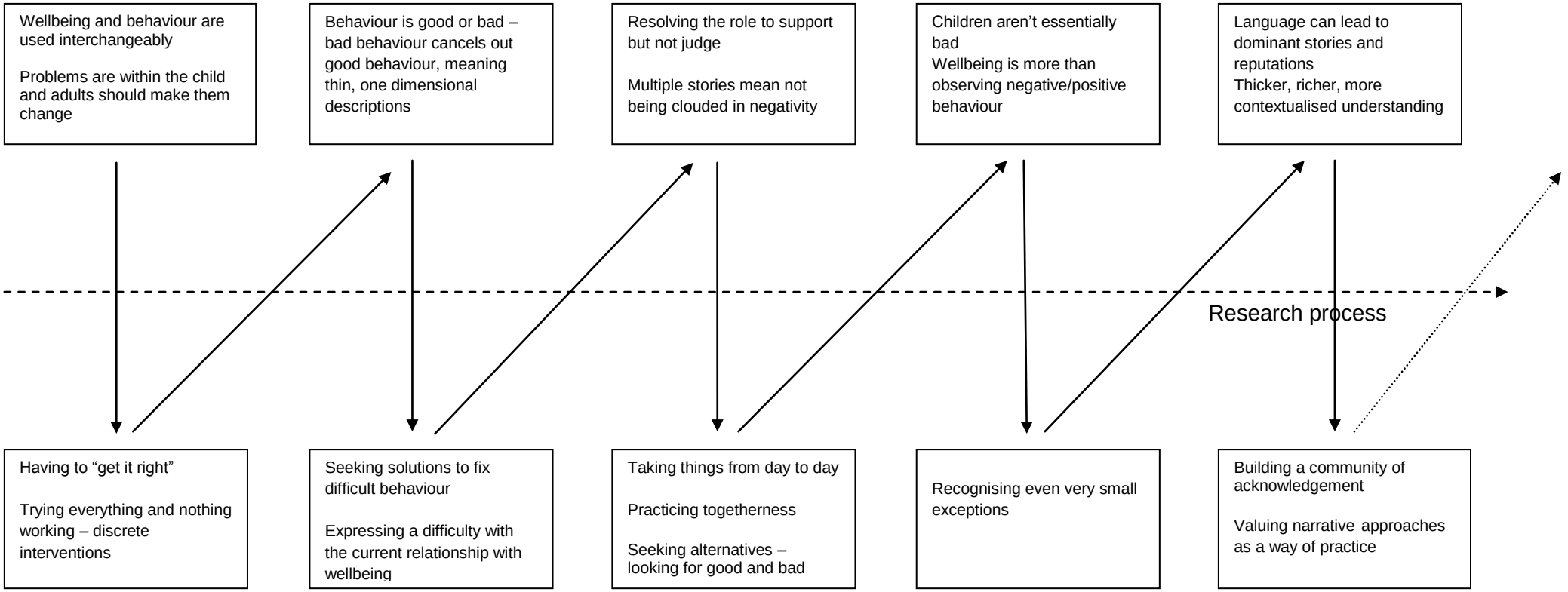
The key points from the overall grounded theory are presented in Box 9. The two research questions have a reciprocal relationship. The understanding of emotional wellbeing and the action and practice to support it changed over time. Initiatives (action and practice) have particular meanings and being able to reflect on these meanings through value systems, led to different initiatives. Different initiatives led to different outcomes and understandings of emotional wellbeing and at the end of the process narrative was not seen as something "to do" in terms of a discrete intervention but a different way of thinking about individuals.

- Moving from a one dimensional, thin description of behaviour to a thicker, richer understanding that goes beyond simply noticing positive and negative observable behaviour but accounts for the complexities of lives.
- Realising multiple stories; one story does not cancel out another and alternatives do not have to be tremendously positive, just times when problems are challenged.
- Normalising the response to difficulties – taking an action against a problem by expressing one's difficulty with it.
- Recognising unmet values and theories: valuing togetherness over space.
- Seeking alternatives rather than seeking solutions and sanctions.
- Spreading the word and realising the importance of language.
- Moving from the need to be 'doing something and getting it right' to 'going with it': seeing narrative as a way of practice, not a discrete intervention.

Box 9: Key changes in the narrative process

Figure 2 depicts the research model of re-authoring the story of emotional wellbeing through the process of the interaction between understandings of emotional wellbeing and related actions. The model relates to the landscape of action and identity (Bruner, 2004; White, 2007) by illustrating the links between events, actions and valued themes. However, in developing this model of narrative research I incorporated the different initiatives that all three individuals had taken.

Research question 1: What understanding can narrative approaches give to emotional wellbeing? (Meaning)



Research question 2: How do narrative principles fit as a way of practice rather than a part of practice? (Action/initiative)

Figure 2: Research model: the process of interaction between understandings of emotional wellbeing and the practice to support it.

4 Discussion

The purpose of the study was to explore a different approach to emotional wellbeing in the classroom by asking "What understanding can narrative approaches give to emotional wellbeing?" and "How do narrative principles fit as a way of practice?" Overall, the findings suggest that narrative approaches have illuminated the possibility for change through the realising of unmet values and theories in order to thicken the story of emotional wellbeing.

4.1 Narrative as way to understand emotional wellbeing

The narrative research framework afforded the opportunity to explore local knowledges outside of medical models and positivist theoretical paradigms. When people use scientific classification (Foucault, 1979) to describe concerns, problem definitions are offered in terms of "expert knowledge". This de-contextualises problems and detracts from the available options for persons to take a stand against the problem (White & Epston, 1990).

Challenging truths and global knowledges through therapy opens up possibilities. The identification and provision of space for the exploration of alternative, previously neglected knowledges is central to the therapeutic endeavour. Rather than take a priori assumptions about 'behaviour difficulties' the use of narrative as a therapeutic approach allowed individuals to identify particular experiences associated with emotional wellbeing in the classroom.

Narrative approaches thickened the story of emotional wellbeing beyond simply noticing positive and negative behaviour. It allowed reflection on the meaning behind actions and the acknowledgment that people were struggling in their relationship with wellbeing in order to re-author thicker, richer descriptions of individuals taking into account the wider complexities of people's lives.

4.2 Narrative as a way of practice:

4.2.1 In the classroom

The exploration of emotional wellbeing highlighted the strength of modern power on people's roles in 'doing something' and getting it right (Foucault, 1979). Previous 'interventions' have included behaviourist perspectives using rewards and sanctions, cognitive behavioural models where 'faulty' thought patterns can be modified and ecological models which rests on understanding

the situational context in which behaviour occurs (Evans, Harden, & Thomas, 2004). Rarely do these interventions focus on the possibility for consulting young people about their lives, about what does and does not concern them and the position they take on this (White, 1995b).

My findings showed that unlike other therapeutic models, narrative was not a discrete intervention or an approach to seek causes and solutions. Through recognising the importance of language, noticing preferred outcomes and thicker descriptions, teachers and parents (without expert knowledge or training) can engage with young people in an inquiry about what the young person is able to do at that present time that had perhaps not been noticed before. Young people come to think about themselves through social processes, power and labelling discourses (Wexler, 1995). Narrative approaches could attempt to challenge social control and facilitate change. In this respect it is not the 'therapy' or using the Golden Book that is key but the underlying theory and principles that could guide and encompass practice in the classroom.

4.2.2 As a research framework

What narrative therapy endorses over other traditional therapies is co-research. Rather than assuming that professionals have access to objective truth and that individuals improve only when they concede to this knowledge, narrative approaches value listening to people and in return people can see that their knowledge is of value to others (Tootell, 2004).

Much of the evidence about which therapies work is traditionally based on reports of randomised control trials or end of therapy questionnaires (Speedy, 2004). Curiously, a number of formal research studies that are becoming available within narrative approaches seem to be conducted within a traditional essentialist model presenting themed texts subsumed into 'grand narratives' written in a 'one voice fits all' style (Haraway, 1988). These ways of working do not seem to fit with narrative principles or post structuralist discussions about the representation of stories and the privileging of individuals' voices (White, 1995b). In maintaining that my research does not provide one voice to fit all, acknowledging only the voices of my case study, there is clearly no basis for

generalisation which poses difficulty in attempting to justify or inform policy decisions.

While this research uses therapy as part of the method the aim was not to determine the effectiveness of narrative therapy per se. The research framework drew on the principles of narrative approaches to explore emotional wellbeing from a different theoretical perspective. The grounded theory methodology and analysis sits well with narrative research; it documented the stories that were constantly being revised as the therapeutic and research process proceded.

4.3 Implications and challenges to narrative research

There is a risk that the edges between 'therapy' and 'research' become blurred if therapeutic conversations are not framed as a form of research (Bird, 2000). Furthermore, by asking questions that focuses only on developments that take place in the therapeutic setting, opportunities may not be created for people to acknowledge the steps and developments that had taken place in their own homes, lives, relationships (Redstone, 2004). In trying to create a new approach to research one must be careful not to privilege the micro-world of therapy over the macro contexts of people's lives (White 1995a).

Secondly, while Daniel had an active role in the research process, he did not feel able to contribute much to the conversation. This highlights two points: firstly, despite narrative approaches often being used with children (White & Morgan, 2006) it depends to some degree on the ability to converse thoughts and ideas. Secondly, the research analysis rests mainly on the voices of Daniel's teacher and mother.

Co-authoring and co-research helps thicken what people find helpful in the conversations they share. Co-research could extend my research by involving participants more. Co-research involves collaboration and equity where it is the participants rather than the researcher that do the analysis, not just the therapist/researcher (Tootell, 2004). This is a possible way forward for educational psychology research in acknowledging local knowledges in which skills, strengths and resources are privileged.

It seems there is a need for a different discourse in which EPs position themselves as non-experts who are able to voice and empower local knowledges, challenge pathological understandings and appreciate the strengths of young people. This research has enriched the story of emotional wellbeing away from medical models, enriched the story that narrative theory and practices fit with people's preferred beliefs and values and illuminates the possibility for change in classroom practice.

5 Conclusion

Previous research into emotional wellbeing has been understood from a medical, cognitive behavioural or social learning theoretical basis that underpins the need to remove 'social inadequacy' through interventions. This research provides some insight into a different way of researching, understanding and practicing in relation to emotional wellbeing. It has highlighted that supporting wellbeing is not about 'doing something and getting it right', nor about discrete interventions that requires expert skills through engaging professionals or developing teacher training. Narrative is an approach that moves away from seeking causes and solutions towards seeking alternatives; it is about establishing a community of acknowledgement in the construction of alternative stories in the classroom where identity and action are interlinked.

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7 Appendices

7.1 Appendix A: Statement of position map 1

Involves externalisation of the problem, mapping effects of the problem on the person's life, distancing them from it and identifying a non-problem place which can be explored in map 2.

You might start with externalising the problem but if cues about other stories arise early on you can pursue these instead of the problem and use this as the focus for externalisation.

CHARACTERISING THE PROBLEM

- **What would you call this kind of problem?** (a name, is it a feeling, is it a voice?)
- **If the problem were a person who / what would you call him/her?**
- **How big / what colour / what shape is....?**
- **What does the problem remind you of? What image comes into your head when you think of it?**
- **Could you draw a picture of ... for me?** *(could also draw circle – if this is your life how much would be taken up by ...)*
- **What does .... do?** *(E.g. press down, play tricks).*

MAKING CONNECTIONS TO THE PROBLEM

This is about finding out about the effects of the problem on the person's life.

- **What allowed ... to get into your life?**
- **When did .... come into your life? How did it get there?**
- **How did .... first get a grip on you? Did it team up with ... and ....?**
- **How has .... had you acting / thinking / feeling?**
- **Has .... affected your friendships?**
- **Has .... made a difference to how you get on with .....?**
- **Has .... been influencing your mood?**
- **Have you ever had to face a challenge like .... before?**

- **What effects has .... had on other peoples' lives?**
- **Has .... tried to make you think things about yourself or other people?**
- **How does ... fit in with the plans that you have for your life?**

POSITION ON THE PROBLEM

This is about the person's experience of and perspective on the problem and its effects – their evaluation of them. Positioning and valuing questions should identify preferences to the problem, actions and events that don't fit the problem story.

- **Would you say the effects of .... are positive or negative?**
- **Does .... make your life harder or easier?**
- **Who would you rather have in charge of your life? .... or you?**
- **What would you have to say about the character of something that goes around making people feel....?**

VALUES OF THE PERSON

These questions explore why the person has taken such a position on the problem.

- **How come you take this position?**
- **Why is it that you'd rather be in charge of your life than ....?**
- **Do you have plans for your life which don't fit in with the plans of ....?**
- **What hopes / ambitions is .... trying to sabotage?**

Subsequently...

- **What is it that's important to you about....?**
- **How do you know you prefer....?**
- **How does .... help you deal with....?**
- **Have there been times when you have known that .... was there but have managed to escape? What enabled you to do this?**

These questions should highlight exceptions, initiatives, preferences etc. to pick up using position map 2.

7.2 Appendix B: Statement of position map 2

This map should build on exceptions, initiatives etc. elicited during the positioning and valuing aspects of map 1.

CHARACTERISTICS OF THE INITIATIVE

- **What would you say you were doing at that moment?**
- **What sort of initiative /action was this?**
- **What words come into your mind when you think about what you were trying to do?**
- **What image comes into your mind when you remember it?**
- **What could you call a time like this / an action like this?** E.g. a ray of hope, a feeling of fairness.
- **Where did this approach to managing ...** **come from?**

CONNECTIONS TO THE INITIATIVE

- **What was it that made you able to take this action?**
- **How did your action effect what happened next / since?**
- **Did it affect ... in any way?** E.g. the problem or other important aspects identified, i.e. hope.
- **Have you done anything like it before? How often?**
- **How did your action affect how you felt about yourself?**
- **How did other people respond to what you did?**
- **Who else would understand what you did?**
- **What was it about your action that you think was useful?**
- **Might you be able to try this action in other areas of your life?**

POSITION ON THE IMPLICATIONS AND EFFECTS OF THE INITIATIVE

- **Was your action / initiative a good or bad experience?**
- **Are you pleased with the effects or not?**
- **Did the effects fit in with what you hoped would happen?**
- **What would you think if it were to occur more often?**
- **Would it work for you if it happened more?**

VALUES (WHY?)

- **Why do you say this action was a good thing?**
- **What is it about it that is interesting or important to you?**
- **What does it help you with that is important in your life?**
- **Why do you want to have more times when ... isn't around?**
- **If ... was around less, what would you fill the space in your life with?**