# Beyond the script; an Interpretative Phenomenological Analysis of autobiographical selves within pedagogies of change

UNIVERSITY OF WINCHESTER

EMMA MAYNARD

ORCID ID: 0000-0003-3994-0158

DOCTOR OF EDUCATION

THIS THESIS HAS BEEN COMPLETED AS A REQUIREMENT FOR A POSTGRADUATE RESEARCH DEGREE BY THE UNIVERSITY OF WINCHESTER

2019

THE WORD COUNT IS: 60,055

**Declaration and Copyright**

**First Declaration**

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

**Second Declaration**

I confirm that this thesis is entirely my own work

***All participants are referred to by pseudonyms. Any resemblance to persons of the same name is coincidental.***

**Copyright Statement**

# ACKNOWLEDGEMENTS

ABSTRACT

The *revolving door* of the social care system refers to the high numbers of families entering and re-entering the system for intervention, in respect of family dysfunction and children's needs. Reflected in a succession of government policy agendas and local authority practice, a perennial issue regards the engagement of *hard to reach* families so as to enable enough positive change to re-set the disadvantage passed down to their children.

This study sought to tell the parent's story. Blending an Interpretative Phenomenological Analysis (IPA) methodology with Critical Realism acknowledged the limits of interpreted reality for these families at the behest of a powerful system, mandated for the protection of children over and above the subjective reality of parents. This phenomena was examined through idiosyncratic, autobiographical accounts which chartered the lived experience of social care intervention, canonical norms, breach, and proscribed change, amidst the systemic dysfunction of the family.

The study argues that that re-referral occurs due to re-emergence of systemic factors which have established dysfunctional patterns as normal to that family, and that attempts to proscribe change uproots self-identity, and family homeostasis provoking cognitive dissonance. It is argued that the impact of this is so unsettling that change might be performed and superficial, motivated by a need to be perceived as fitting within social norms to satisfy agencies and wider social discourse. In conclusion the study presents a new model for conceptualising resonant and performed change in context of these expectations, and argues that families require transformational learning in order to sustain change long term. The active engagement and co-construction of meaning enacted during interviews indicates that meaningful change might be best derived from authentic, non-threatening reflection, and that this may enable a reduction in the revolving door of re-referrals.

# CONTENTS

7

**Beyond the script: an examination of changing autobiographical selves in the aftermath of trauma and intervention.**

**Chapter 1: Introduction; Beyond the Script**

This study investigates how perceived systemic norms, and autobiographical self-concept, shape learning and change during social care intervention. The research population for the study are families who have been assessed by the Multi Agency Safeguarding Hub (MASH), and who have received intervention which has aimed to instigate family change to meet a child's needs (Keddell, 2014; Munro, 2011) in context of  systemic influences (Walker, 2012; Pycroft & Bartollas, 2014; Pellegrini, 2009). The MASH utilizes a tier system to identify levels of need, and the study is specifically focused on tier three, also known as *Early Help and Prevention*. The tier system will be explained fully in this introduction, and the rationale for studying this group in particular will be explained in the methodology. The study positions social intervention as a social pedagogy, considering the challenge to individuals who are required to change while surrounded by threat and stigma. The research draws upon Bruner's (1986, 1990, 1996, 2002) theories of the *canonical script* which gives meaning to human lives, *breach*, which concerns exceptions to the canonical script, and *resonance*, which Bruner identifies as the key to meaningful learning. Bruner's view of *autobiographical selves*, acts as the lens through which this study is conceived, while Festinger's (1957) *cognitive dissonance* supports the examination of responses to need and intervention. Theories of *transformative learning* (Friere, 1993 [1970]; Mezirow, 1997, 2000, 2009) are used in conjunction with Bruner (1989, 1990) to theorise about the pedagogical influences which underpin successful, or unsuccessful, intervention. It will be argued that in this specific research population, children's unmet needs have triggered a breach in the canonical script of professional agencies (Bruner, 1989, 1990, 1991), who then require the family to re-consider their own canonical norms. The study will theorise strategies for effective change, amid the intricate and challenging re-imagining of the self which appears to take place during, and beyond, social intervention.

The lived experience of canonicity, breach and self (Bruner, 1989, 1990, 1991) and cognitive dissonance resulting from this (Festinger, 1957) might lead to change which could be either resonant, or performed, thus prompting a critical question, as to whether meaningful learning can be achieved in a dissonant context (Bruner 1986, 1996, 2002; Festinger, 1957). It is argued that the complexity of this process may account for the high levels of repeat referrals

back into the social care system, coined as a *revolving door*, and identified as a contemporary strain (Tronsoco, 2017; Association of Directors of Children's Services, 2018; Forrester, 2007).

The research question for this study is to:

***Examine autobiographical narratives of parents regarding the events which led them to tier three services, their experience of that intervention, and the legacy of intervention in their family, in order to theorise strategies for supporting resonant change.***

This question will be addressed by:

- Examining the ways in which key life events are perceived by parents
- Examining the experience of intervention.
- Examining the ways in which intervention has resulted in learning and change within family relationships and behaviours.
- Examining how participants orientate lived experience through negotiation of canonicity, breach and resonance (Bruner, 1986, 1990, 1991).
- Theorising ways in which the research findings could be applied to address deeper level learning and resonant long term change, in response to the contemporary strain of repeat referrals throughout the social care system.

The findings of this study will express the contribution to knowledge and practice through a model, devised by the researcher (Maynard, 2019: unpublished). This will explain the psychological responses to referral, intervention, and subsequent behaviour change within families, in order to reimagine the autobiographical self in context of canonical expectations (Bruner 1990). It will also explain that alternatively, families might present a change which lacks the resonant learning to be sustained over time and who, it is argued, are anticipated to re-enter the system for further help (Bruner, 1990, 1991; Festinger, 1957). This will be presented as a fluid system in which cognitive dissonance (Festinger, 1957), is brought about through awareness of canonicity and breach (Bruner 1990, 1991), and will argue that finding meaning signifies whether change will be either be resonant and authentic, or performed and short-lived.

The model devised by the researcher (Maynard, 2019: unpublished) theorises the psychological transitions within learning and change for these identified families, using Luft & Ingham's Johari Window (Luft, 1982) as a baseline concept. The window is a model of dynamic

communication for conceptualizing awareness of factors known and unknown by the self and others. As below, awareness is broken down into four quadrants;

|  | Known to Self | Not known to Self |
|---|---|---|
| **Known to others** | Area of free activity | Blind Area |
| **Not known to others** | Avoided or hidden area | Area of unknown activity |
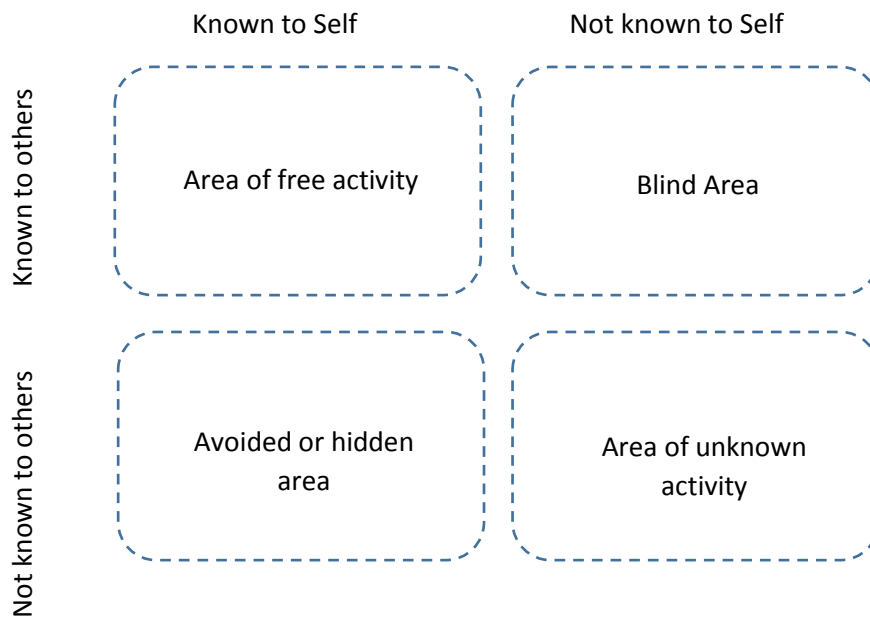
Fig. 1; The Johari Window (Luft, 1982)

The dotted lines around the four quadrants above have been added to indicate that the quadrants are dynamic. In any range of human encounters, information is more, or less, concealed therefore quadrants expand and contract (Luft, 1982). Like Bruner (1986, 1990, 1991) and Festinger (1957) this model helps explain the experience of referral for families as they become aware of others' perceptions in a context of stigma (Cooper, 2012; Scholte *et al*, 1999; Dale 2004; Hayden & Jenkins 2014; 2015), and the surveillance role of agencies (Keddell, 2014). When families are referred to social care, there is a shift into the top right quadrant as existing practices are challenged. The key focus of this study is to understand the experience of, and response to, those messages, and the subsequent movement of self, and self-presentation, through the quadrants of the window. The literature review will consider the imperative for intervention from social care authorities, and its impact in family lives, contextualised by contemporary policy and practice, and key theories of Bruner (1986, 1990, 1991) and Festinger (1957). This supports the conceptualisation of power and pedagogies surrounding social care referral and intervention, and the psychological response of individuals within it.

The methodology and research method used is Interpretative Phenomenological Analysis (IPA), which facilitates the in-depth analysis of an individual's life in context. The study

is therefore phenomenological, and interpretive (Smith, Flowers & Larkin, 2009) with a focus on subjective reality (Bruner, 1990, 1991; Smith & Osborn, 2004). The analysis of data will not attempt to prove facts, but rather reflect the interpretation of participants as presented in interview (Smith, Flowers & Larkin, 2009).

The eight "Big Tent" criteria for excellence in qualitative research (Tracy, 2010) are adopted as a framework for the study and forms the backbone of the thesis, with different chapters addressing relevant criteria (Fig.2). *Worthy topic* is addressed within the introduction, *resonance,* in the literature review, *rich rigor, sincerity, credibility* and *ethics* form the methodology, and *significant contribution* and *meaningful coherence* is addressed within the findings & analysis, discussion, and conclusion.

| Criteria | Intended ways to achieve criteria |
| --- | --- |
| Worthy Topic | Relevant to the sector, timely and significant |
| Rich Rigor | Driven by theoretical constructs, careful process accounting for time in the field, recruitment relevant to the context, analysis |
| Sincerity | Self-reflexivity; awareness of the presence of existing values and experiences which contextualize the researcher in the research |
| Credibility | Eliciting data which demonstrates the findings; showing rather than telling, through thick description |
| Resonance | Evocative representation which resonates within the discipline; findings which are transferable and can be applied |
| Significant contribution | Research makes a significant contribution to knowledge through applied theory, developing new concepts which enable heuristic learning |
| Ethical | Ethical processes which frame procedure, situational needs, relational dynamics, and take account of ending and use of data |
| Meaningful coherence | Research which achieves what it purports to be about, through use of a methodology which fits its design and purpose with meaningful engagement with the literature and practice. |

Fig. 2, Adapted from Tracy's (2010) "Big Tent" Criteria

**Theoretical Framework: Bruner's Canonicity & Breach**

Bruner provides the theoretical framework for this study. While other theorists, such as Festinger (1957) and Freire (2000 [1970]), are also key, their work is related to Bruner's (1989, 1990, 1991) seminal concepts of canonicity, breach and autobiographical self. A discussion of Bruner's work is therefore presented, and will be referred to throughout this thesis.

Bruner (1989, 1990, 1991) argues human beings are immersed in their own subjective reality, framed by culture. This contextualises the way events are perceived, prompting perception and response, and is comprised of expected patterns of values and behaviours, described as the *canonical script*, which creates shared codes of meaning among members of the given social environment (Geertz, 2001). Bruner's (1989, 1990, 1991) conceptualisation of intention, action, and meaning is specifically pertinent to this study. In the identified families, parenting practices and unmet needs of a child has provoked professional concerns, and therefore parents' actions and intentions have been questioned. Bruner (1990) acknowledges it is dominant narratives which shape the canonical script, creating meaning for those within it, as reflected in discourses of feminism, racism and other forms of oppression. In regard to this study, the families receiving social intervention are positioned in exactly this space; their narrative justifications and subjective reality do not carry the weight of the professional narratives, which assess, judge and take action (Cleaver, *et al.,* 2011; Munro, 2011).

A *breach* in the canonical script occurs when something offends that canonicity, and words such as *taboo*, and *stigma* reflect this in common parlance. For the most part, human experience tends to rest within these expectations and Bruner (1986, 1991) asserts that the stories which breach the canonical script are immediately noticeable because they contravene expectation. Bruner (1986, 1990, 1991) indicates that canonicity and breach are represented in familiar tales, by which observers assess events. This inevitably leads to further stigmatisation, and essentialism, which categorizes people, provoking assumption and in-group bias (Prentice & Miller, 2007; Leyens *et al.,* 2001). However, a purpose is served by these representations by allowing those within the canonical script to self-assure and ground a sense of reality. In such a way, rhetoric builds up around recognisable narratives; gang members, victims, heroes and villains, perhaps also troubled families (Bruner, 1989, 1990). Squire *et al.,* (2014) indicate these concepts are so familiar to us we could almost predict their stories, suggesting, like Bruner (1990), that these established patterns of expectation help us make sense of our lived experience. A trauma is more easily processed, a childhood better understood, if we identify

storylines which make sense to us within our social world. Arguably, this is what occurs when practitioners refer a family to social care agencies; the canonical script is breached by signals that a child's well-being contravenes expectations.  Noticing a breach results in intervention, and the professional activity which surrounds the family then seeks to correct behaviour to proscribed canonicity, articulated through policy and practice (Hayden & Jenkins, 2014, 2015; Levitas, 2012; McQueen & Hobbs, 2014; Cleaver, *et al,* 2011, 2010; Munro, 2011).

Bruner (1990: 33) argues the meaning provided by canonicity and breach shape the *Self*, noting;

*"the very shape of our lives – the rough and perpetually changing draft of our autobiography that we carry in our minds – is understandable to ourselves and others only by virtue of those cultural systems of interpretation".*

Bruner's (1990) lines indicate that individuals construct their self-identity against cultural symbols; the norms, language and values of the context they share with others. To perceive oneself as verified within this context affirms an autobiographical narrative, congruent and resonant within the canonical script which enables individuals to learn and thrive. Bruner (1990) argues that it is impossible to separate the story of the self from the cultural context and influences in which one is situated; the self is located within the cultural and historical domains, rather than a *"private consciousness"* (Bruner, 1990: 107). Once a narrative is shared, individuals are engaged in a process of feedback and affirmation, further embellishing lived experience with canonical meaning and resulting in a distributed self within social constructs (Bruner, 1990). However, Bruner (1990) also explains that the self is not merely reflection and reinforcement within canonicity; it is the agency with which individuals act, reflecting the *internal locus of control* where by actions are consciously enacted by the protagonist.  This too occurs within canonical expectations; thus, actions can be affirmed within scripts, or breach them.

Bruner applies his theories to learning, stating that *learning* itself places children in a *"cultural geography which sustains and shapes what he or she is doing, and without which there would, as it were, be no learning"* (Bruner 1990: 106)*.* Therefore learning is seen as a complex process of enabling people to fit within a culture which reinforces proscribed social norms (Geertz, 2001; Bruner, 1989; 1991; 2002). In this study, the *learning* environment is not a school but a community based intervention. The *child* is replaced with a *parent* observed in making sense of their world through the lens of their own childhood, their children, and their own self.

However, proscribing change to a family does not mean that change will resonate with them, and Bruner (1986, 1990, 1991) argues that this is key to establishing meaningful learning. Resonance imbibes individuals with a sense of fit, with the relevant skills for the context. Through this they gain affirmation upon which self-efficacy and secure self-concept can rest. Of key note here is that this particular learning context, social intervention, is stigmatised (Scholte *et al.*, 1999) and the families at its centre are marginalised (Hayden & Jenkins, 2014, 2015). The professional agencies are not simply observers; they have a statutory duty to assess, judge and act in order to protect children, and it is widely understood that this can mean removing a child from the family (Ayre, 2001; Keddell, 2014). Achieving resonance is therefore highly complex, requiring a realigning of canonical expectations in line with the mainstream, and it is argued that this could mean individuals disrupting their entire sense of self (Kroger, 2007; Bamberg, 2011; Bruner, 1990, 1991).

**The Imperative for Intervention**

The framing of this study as *Beyond the Script* recognises the nuanced expectations on families to change behaviours which have breached the canonical script of the mainstream. It is argued that those same, problematic practices, which breached those social norms may indeed reflect the norms, the canonical script, of a given family, and to challenge that script is to also challenge the story of the self. As indicated by Bruner (1990: 47), narrative *"specializes in forging links between the exceptional and the ordinary",* through the exploration of meaning in relation to acts which adhere to expectations, and those which sit beyond. The *breach* is explained away through embellished stories of reasoned action, enabling the self to remain congruent within the canonical script, even if only through justifications of action and intent. Further theory is drawn upon in relation to Bruner, for example Festinger's (1957) cognitive dissonance can be applied to Bruner's canonicity and breach in order to theorise the psychological responses to encountering the breach. So too, the Johari window (Luft, 1982) adds a visual representation of movement through states of awareness, framing the experience of referral, intervention, and sustaining change. Friere (2000 [1970]) helps to conceptualise the way in which learning might be transformational, enabling individuals to gain the resonance in context which Bruner (1986, 1990, 2002) and Friere (2000 [1970]) both attribute to meaningful learning. These theories are therefore brought together in conceptualising effective change in family lives.

The study reflects a *worthy topic* (Tracy, 2010) by investigating the lived experiences of parents who have received tier three social care intervention for their children. In the United

Kingdom the imperative for social work intervention is enshrined in law, specifically the Children Act 1989. This lays the parameters of assessment for a Child in Need under section 17 of the Act, who requires assessment and intervention, and a Child at Risk (section 47 of the Act), for whom a Safeguarding investigation follows (Munro, 2011). Further to this the 2004 Children Act placed a duty of co-operation between all children's services in order to work together effectively for children and families (Moran *et al.,* 2007). This legislation has been delivered through different government policies over the intervening years, notably the Troubled Families Programme (TFP) (Bate & Bellis, 2018), and Every Child Matters - a key agenda of the New Labour Government in 2003, which saw the significant increase in early help services across the country (Field, 2010). Gray (2014) documents this as leading a global swing towards early intervention, encouraging all factions of society to take a full and active role in delivering stronger outcomes for children. In the UK, such services included Sure Start children's centres, with a specific agenda to de-stigmatize help seeking, especially for those deemed *hard to reach* (Boag-Munro & Evangelou, 2012; Penrod *et al,* 2003) .

The tier system which operates throughout the children's workforce is a mechanism for categorising children's needs in order of severity. As identified by the Social Care Institute for Excellence (n.d), children at *tier one* have typical developmental and care needs, provided for within the family, school and primary care, and a child's specific needs at *tier two* can be supported by a specialist and a positive family context. Families at *tier three* have become more complex. This stage is termed "Early Help and Prevention", which aims to prevent circumstances escalating and a child becoming at risk. Issues at this stage are beyond the scope of the family alone, as issues are multifactorial, and often ingrained (Sanders *et al,* 2000; Sanders, 2008). The tier system was presented to the workforce as *the windscreen*, below; (Brown, 2012)
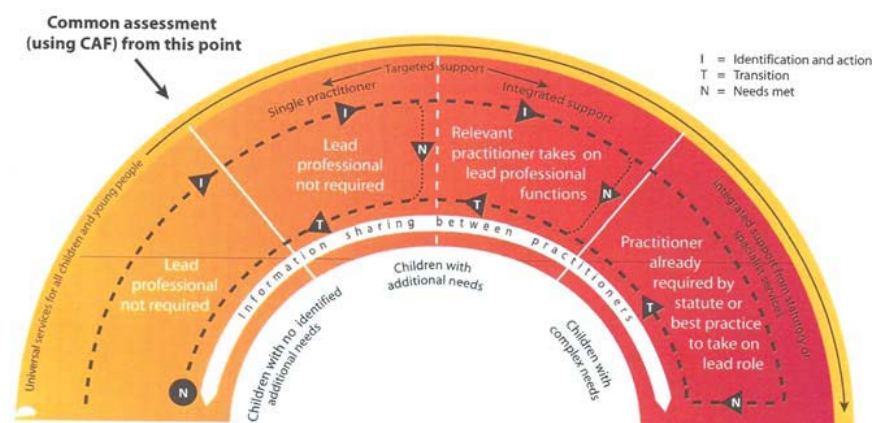


Fig. 3; **The Continuum of Need** (CWDC, 2009: 31)

One the left hand side of the arc, the orange shading signifies all children at tier one who have *no identified additional needs*. Moving towards the top of the arc indicates tier two, where children may have a specific need. At tier three, past the centre of the arc leaning toward the right, families have become more complex and multifactorial. Finally, tier four in the red zone indicates children at the greatest level of need, where Safeguarding investigations will be undertaken and ultimately, removal into local authority care becomes a possibility (Munro, 2011).  The overall aim of all intervention is to alleviate concerns so that children return to tier one as far as possible, to the ideal of a child who is meeting developmental milestones and thriving at home and school. This categorization of families by presenting need has been adopted within policy and practice, and is the mechanism by which families are assessed for intervention.

This study is presented at a time of deep crisis in the sector, reflected in an expediential rise in referrals and investigations during a time of austerity (Mattheys, 2015; Association of Directors of Children's Services, 2018; Tronscoso, 2017), and a professional discourse which reports rising thresholds, and escalating severity of need (Richards, 2017; Maynard *et al.,* 2016). Attride-Stirling *et al.,* (2001) comments that 80% of children referred to the tier three level service Child and Adolescent Mental Health Services (CAMHS), do not get the help they need, and in recent years austerity measures have increased these challenges significantly. Thus, more serious cases are held at lower points in the system.

The position of Early Help families occupy a tenuous position between voluntary engagement and escalation to statutory intervention. It is the point at which engagement can help redress issues of concern without increasing the formality – however, if families do not engage in addressing the needs as assessed, they lose control over the situation as circumstances escalate, described by Thorburn *et al.* (2013: 229) as *"care with consequences"*. The position of these families is therefore contested; it is only voluntary if families engage with the proscribed change and show progress, as determined by those agencies. This reflects the paramountcy of the needs of the child (Thorburn *et al.*, 2013), and this imperative is not contested here. However, it follows that a choice to dissent from this apparently voluntary intervention is therefore unrealistic, and early help intervention is thus positioned in context of a threatened escalation of intensity around the family.

The rhetoric of the TFP has evoked an intervention culture which is proscribed, moralised and norm-led, with significant pressure on practitioners to deliver to a payment-by-results system (Hayden & Jenkins, 2014; Levitas, 2012; Skott-Myhre *et al.,* 2012). This requires

that families are *turned around,* signified by key identifiers such as school attendance, parents in work, and a reduction in anti-social behaviour (Hayden & Jenkins, 2014; The Troubled Families Programme). The experience of being judged by others in this formal hierarchy necessarily entails challenge, and potentially threat, as the voice of the parent diminishes, and conflicting expectations are brought to bear in context of lived experience. The rhetoric surrounds a correctional approach, requiring conformity to an ideal upheld by professional agents in line with political agendas, which according to Featherstone *et al.* (2014 :1739) *"incorporates an unforgiving approach to practice and parents; improve quickly"*

Children at tier three and tier four are at a significant disadvantage, with clear associations between adverse childhood experiences (ACEs), (Felitti *et al.* 1998; Metzler *et al. 2017*), poverty (Field, 2010), compromised parental involvement (Desforges & Abouchaar, 2003) and family dysfunction (Deforges & Abouchaar, 2003; Field, 2010). Department for Education (2018) statistics demonstrate widespread causes of children being removed into local authority care, reporting 63% of care admissions during 2017-2018 were due to abuse or neglect, with the remainder due to family stress and dysfunction (Forrester, 2007). Stanley *et al.* (2017) comment that in a context of escalating need amid austerity cuts, requests for help swiftly become risk assessments, orientated to responsibility and blame. Families at tier three are not considered to be in enough need to be allocated to social services teams, instead the work around them is co-ordinated through a Lead Professional role in a Universal agency, typically a school (Richards, 2017). However the complexity of factors at this stage also means families meet the threshold criteria of the Troubled Families Programme, and so these two policies work in combination from tier three upwards (Bate & Bellis, 2018). Despite being termed *early help*, needs at this level are in fact very serious and the terminology perhaps misrepresents intervention at this level as less critical.

As indicated by Munro (2011), capturing and understanding narrative is crucial in effective assessment of families in need, and it is acknowledged that this enables understanding of the family's unique culture (Kellas, 2005) - their own canonical script (Bruner, 1989, 1990, 1991). The participants in this study present acceptance of violence and oppression, which sit outside of mainstream ideas (Middleton & Brown, 2005), represented by social intervention agencies, who are accountable for escalating cases if measurable improvements are not seen (Munro, 2011; Reder & Duncan, 2004). Thus it falls within the realm of this study to understand subjective experience in context of proscribed expectations (Bruner, 1989, 1990, 1991; Festinger, 1957; Keddell, 2014; Munro, 2011). The critical point is that regardless of a parent's best intentions for their child, statutory action will be taken if

their behaviours do not meet with professional approval, and that ultimately if there are concerns for the child, the professional view overrides that of the parent (Keddell, 2014; Cleaver *et al,* 2011; Reder & Duncan, 2004; Munro, 2011). These issues will be fully explored within the literature review and data analysis, but there is also a philosophical concern here. In the context of intervention, interpretation; the parent's voice only appears to be valid if it gains approval by professional agencies.

It is important to note that any family considered in a professional or research context could have previously been identified at any point in the system, (higher or lower), and therefore may come into the realm of early help with a legacy of intervention behind them (Tronsoco, 2017). As a result of the data, the study will conclude that the term *early help* is a misnomer, arguing that effectively, this only means the family was deemed to be displaying less acute needs than others, at the last point of interaction with services. It does not mean, as the term implies, that concerns for the family are at an early and developing stage. Family issues could be entrenched, hovering at the threshold of tier four in a time of austerity cuts (Mattheys, 2015), mid-way through a career of re-referrals (Tronsoco, 2017; Forrester, 2007) and or recovering from much higher levels of intervention.

**Chapter 2**

**Literature Review**

This literature review will demonstrate *resonance* (Tracy, 2010) by considering identified characteristics of the subject group of families, and the structural forces surrounding their experience (Pycroft & Bartollas, 2014; Dallos & Draper, 2010). This will draw on underpinning psychological and learning theory to explain the significance of these characteristics (Festinger, 1957; Bruner, 1986, 1990, 2002), and offers a contribution to the professional field in doing so. Resonance itself is of particular interest as this is also one of the core theoretical drivers of the research, pinpointed as fundamental to meaningful learning. While Bruner's (1986, 1991, 2002, 2011) resonance has been used in this thesis to consider experiences of a given population, Tracy (2010) positions robust qualitative research as that which resonates with the professional field, offering potential for new insights and developments.

**The Story of the Self**

The focus of this study regards autobiographical stories of trauma and change in context, told as a story of the self. Erikson's concept of identity formation is argued to encompass adaptation of a person within a complex world; a construct which offers continuity and meaning (Kroger, 2007; Bamberg, 2011) through referential frames which are both cognitive and emotional (Giddens, 1991). Bruner (1990) explains that autobiographical narrative conveys moral, social and psychological rhetoric to justify and contextualise life events. This includes the family practices that are reinforced by systemic factors (Dallos & Draper, 2010), and which may have normalised experiences, perhaps including those which are counter-culture. These family norms include parenting, which will have been questioned directly in view of children's needs, but also the systemic practices which have brought them to this point in time, rehearsed through their own childhoods, and in their adult relationships. Kroger (2007), Giddens (1991) and Bamberg (2011) reflect the re-imagining of identity throughout the life course, sustained through reflexive action.

Thus, identity occurs in context of canonicity and breach (Bruner, 1986, 1990). It imbibes a self of the past, and of the future (Nelson, 2003), at once unique, and the same (Bamberg, 2011). Self-identity begins its development from infancy - a developmental process reaching increasing levels of sophistication until the child conceptualises themselves in context of their surrounding influences (Nelson, 2003). This acts as a reminder that when intervening with parents, agencies are negotiating the influences through which young children are

developing this self-concept, and that furthermore, the self-concept of those parents was also shaped in their own formative experience. Reflecting this same concept, Bruner (1990: 101) questions;

"*Is Self not a transactional relationship between speaker and Other?...Is it not a way of framing one's position, one's identity, one's commitment with respect to another?*"

That context includes the nature of social intervention, itself a powerful vehicle for instilling expectations, and the context of the family themselves; their history, meaning and practice. The self is therefore rooted in contexts which embellish experience with meaning, and therefore it follows that actions and responses in context can challenge self-concept. Events, actions and identities which fit within the expected scripts affirm belonging, and in order to protect the self, canonical breaches are often positioned as an extension of canonicity; actions are deemed exceptional due to mitigating circumstances and therefore justified (Bruner, 1990).

The presence of multiple stressors in families is likely to increase risk factors for children, as is widely acknowledged in policy and practice (Munro, 2011; Reder & Duncan, 2004; Cohen, Hien & Batchelder, 2008). These stressors refer to internal and external factors, and situate families in complex adaptive systems (Pycroft & Bartollas, 2014). These are explained as a collection of interrelated behaviours; while not necessarily predictable, actions in one part of the system impact and change the environment. This can be related to the daily lived experience of families, where for example, one person faces a dramatic event, and other family members re-group around that person, perhaps incurring impact in other parts of their lives. Pycroft & Bartollas (2014) note this applies to all systems. Individuals exist in context, impacted by events and responses experienced by others, from families to public services to global affairs. Immersed in context, the young child learns the canonical norms of family drama before becoming aware there is any need to justify or explain their actions, and are surrounded by narrative (Bruner, 1990). In doing so, the child learns that the events are expected, and also learns the strategies which they might also call upon, in a similar situation. This adds contextual familiarity, affirming events as justifiable. Bruner (1990:87) states *"what you do is drastically affected by how you recount what you are doing, will do, or have done"*, and thus, *how* events are recounted will reflect the meaning learnt in context.

**Chaos and Complexity**

Families at tier three and four are often referred to as chaotic, describing a point where needs are competing and a stable environment for children is threatened. Altiere & von Kluge (2009:84) explain

*"On one end of the continuum are chaotic families, which are characterised by unstable and unpredictable change. In chaotic families the rules may be constantly changing. There may be no consistent leader and frequent role changes."*

This description could easily describe a family with parental mental health issues, or a physical diagnosis which causes both crisis and recovery. Yet, chaos and complexity are argued to be distinctly different; chaos is explained as random events which are completely unpredictable. Complexity, on the other hand, is said to be based in tendencies (Pycroft & Bartollas, 2014) and experienced within systemic practices of the family where actions and reactions are often rehearsed, imbibing a sense of order in context (Dallos & Draper, 2010; Pellegrini, 2009). However, Klemfuss *et al.,* (2018) report that the link between chaotic households and avoidant or anxious attachment patterns of adults, is connected to parenting capacity, financial (in)security, children's internalised and externalised behaviour and health outcomes among both parents and children. Therefore, while the actions and responses within the family system are acknowledged as having a cause and effect in context (Pycroft & Bartollas, 2014), it is argued here that the feeling of chaos impacts experience and may determine meaning, action and events within family contexts.

Research into Adverse Childhood Experiences (ACEs) (Felitti *et al.,* 1998; Metzler *et al.,* 2017), strongly indicate increased risk of social, mental and physical difficulties over the life-course such as depression, suicide risk, obesity, heart disease and cancer, resulting from child abuse, familial violence and crime (Felitti *et al.,* 1998). Further to this, social disadvantage such as peer victimisation, community violence, and low socio-economic status (Finklehor *et al.,* 2015; Smith-Battle, 2008) have also been associated with ACE profiles. Despite an acknowledgement that family breakdown between parents and children is a significant cause of intervention and care admissions (Forrester, 2007), there appears to be a dearth of literature on the subject of estrangement between parents and children, and this does not appear to be reflected in the literature surrounding ACEs.

Metzler *et al.,* (2017) indicates poor health has been noted in ACE-exposed children from adolescence, with some impact seen as young as four or five years old. Children experiencing ACEs at the current time are therefore not only at increased risk to their safety and security in the immediate sense, but also over the long term. The impact of ACEs are likely

to resonate through their adulthood in ways which impact their health (Felitti *et al*., 1998), and socioeconomic wellbeing (Metzler *et al.,* 2017), and behaviour (Simons & Wurtele, 2010). Go back a generation however, and it is probable that the parents of today's children also experienced ACEs in their own childhood, as systemic patterns of cause and effect reproduce throughout generations (Metzler *et al.,* 2017). Stepleton *et al.,* (2018) reports that trauma impacts the architecture of cognition and regulation in the brain through continued toxic stress in the absence of nurturing parenting, increasing vulnerability to post-natal depression, and skewed parenting.   In such a way, parenting interventions serve to challenge the here and now, and in addition, the formative experiences of those parents as children. It is argued that in recognition of ACEs, the tone of intervention should shift, from *"what's wrong with you? To "what happened to you?""* (Counts *et al.,* 2017: 229).

Walker (2012) explains systemic theory as a fluid and constant dynamic, whereby relationships are negotiated within and beyond the family, bringing together expectations with events and making meaning from experience (Bruner, 1990).  Cohen, Hien, & Batchelder (2008) write that mothers who have experienced past relationship trauma are far more likely to have indicators of concern within their parenting, and coupled by the co-morbidity of substance misuse and mental health issues, family issues at tier three and above are most likely to be multi-faceted and complex (Pycroft & Bartollas, 2014). Such repeated stressors can include violence, abuse, persistent health needs, and crime, and while appearing normal within the family and community context, they are often at odds with social constructs (Scholte *et al.,* 1999; Bruner, 1990).  It is this systemic function which exemplifies the deeply complex task of initiating meaningful family change for the long term. This is due not only to the complex nature of issues within families, but the multigenerational history of repeated patterns. These systemic patterns can therefore jar with the corrective nature of professional intervention (Edwards & Mauthner, 2012; Ellsberg & Heise, 2002), which reflect socially constructed norms as shared within professional and hierarchical discourse. They reflect notions of good parenting and morality and value judgements on the ways in which children are cared for (Cleaver *et al.,* 2011; Keddell, 2014), including the capacity to parent effectively: To prevent harm, understand and meet developmental needs, foster an appropriate balance of independence and supervision of children, and be emotionally available (Woodcock, 2003).

Systemic traits displayed through patterns of behaviour over generations reinforce habitual practices as normal, often seen in vertical and horizontal stressors (Newby, 1996; Dallos & Draper, 2010). Horizontal stressors are explained as typical life events; the births, deaths, and transitions which punctuate life stories. Vertical stressors are a matter of family

culture, often noted in cycles of dysfunction. Existing within families and peer groups, cultural norms are reinforced through everyday interaction. Our attitudes, expectations, language and communication imbibe a normality, and thus behaviours become the fabric of everyday life (Bruner, 1986, 1990; Burkitt, 2014). The parents who work hard, whose children also work hard and the child witness to domestic violence, who grows up to become a victim herself; our norms become barely perceptible (Kellas, 2005). Amidst the subjective reality of the family, the interference of professional intervention acts as a breach within their own canonical script (Bruner, 1989, 1990, 1991). Their ways are challenged by powerful hierarchical agencies, contradicting the norms and values learned over generations, and compelling engagement when they might not even perceive a need for help (Keddell, 2014; Hayden & Jenkins, 2014, 2015; Levitas, 2012).

In Bruner's (1990) terms, this might therefore represent two forms of canonical script; one which is held by the mainstream and upheld by the professional classes, the other, by the family themselves, adhering to their own codes, established as justifiable over generations of systemic responses (Dallos & Draper, 2010; Pellegrini, 2009; Pycroft & Bartollas, 2014). It is argued here that the clash between these two canonical scripts represents a breach on both sides, with the professional onlookers maintaining both the authority and responsibility to intervene, and the family themselves compelled to accept the intrusion.


**A Social Pedagogy**

If the task of intervention is to instil changed ways of relating and behaving within the family, it follows that the change process is one of learning. Hämäläinen (2015) argues there is a growing recognition that social problems must be solved by political and pedagogical agendas. As reported by Troncoso, (2017) 14.8% of families are re-referred back to Child in Need (section 17) status within a year after case closure, rising to 54.5% after five years, and additionally, these families are often re-referred more than once, thus creating a *revolving door* of families exiting and re-entering the system (Association of Directors of Children's Services, 2018). This suggests that some families are unable to maintain improvements over time, or apply change to new challenges as they arise. Therefore a question as to what creates effective, meaningful change, is posed.

As argued by Cameron & Moss (2011) and Ruch *et al.*, (2017), the social pedagogical approach is well established in Germany, and Scandinavia, with a lesser profile in the UK. However there are perhaps parallels within some UK social discourses which reflect this duality

of social learning in context of public policy. In fact, Petrie (2013) argues that early reformers seeking to improve lives of the poor were engaged in social pedagogy by a different name, suggesting the Ragged School movement of the 19th century offering mother and infant classes, lectures and clothing, reflects the Children's Centres of contemporary Britain. In today's society the political agenda is reflected in the discourses of Troubled Families and Local Safeguarding Children's Board (LSCB) activity (Munro, 2011). However, the pedagogical agenda approaches the task more critically, asking;

*"What is a human being by nature? What should he or she become? How can this be achieved in terms of education and human development?"*

(Hämäläinen, 2012: 1028)

Social pedagogy is both reflective and relational (Cameron & Moss, 2011; Ruch *et al,* 2017), and the value of similar approaches are well documented in regard to narrative research and intervention (McAdams & McLean, 2013), strengths based work (Turnell & Edwards, 1999) and within the Sure Start Children's Centre agenda (Lewis, 2011). Lewis's (2011) discussion of Sure Start acknowledges their direct work with the parent, suggesting  a remit for surveillance and promoting optimal parenting, despite the notion that engaging, rather than correcting parents, was apparently the core ethos of the agenda (Keddell, 2014; Lewis, 2011). The duality of education and policy are therefore in evidence, as with social pedagogy, and echoes the hidden curriculum beyond formal learning as noted by Petrie (2013). While the social pedagogy literature focuses mainly on young people, Hopwood & Clerke (2016) specifically discuss a pedagogy of parenting. This pedagogy is argued to be based in relational practice, and rather than a top-down imparting of expertise, the knowledge is drawn from both practitioner and parent. Ruch *et al.,* (2017), note the approach combines an emotional, practical and intellectual skill set based in the importance of the trusting relationship. However, despite the resonance with social pedagogy, related researchers position this approach squarely with children and young people only, with working with adults an apparent omission (Bryderup & Frørup, 2011; Petrie, 2013; Cameron & Moss, 2011).

This reflects Bruner's (1990) theories of culturally based learning, which he argues is dependent on *resonance*. By this, Bruner refers to a sense of fit and belonging within the learning environment, where an individual fits within the canonical script and can therefore thrive. It is argued that this resonance is experienced as meaning-making at an emotional level where it can be felt and therefore re-enacted. However, there are a multitude of barriers between parents who are the subject of social intervention, and the change itself, and the term *hard to reach* reflects this (Boag-Munroe & Evangelou, 2012; Penrod *et al,* 2003).

These barriers constitute the challenge of establishing a true partnership in parenting intervention, as parents experience fear of losing self-determination and incurring further stigma. Furthermore, Ramaekers & Suissa (2011) conjecture the contemporary expectation is a near professionalization of parenting; far from a natural organic state in which love and security are provided, parents are now expected to engage with the latest trends and promote children's well-being and learning, according to scientific evidence. Symonds (2018) reports the difficulties in engaging parents in support, citing low take-up, and high drop-out mid-intervention, and a view shared among parents that involvement with support services even at voluntary level tarnished their identity. Scholte *et al.,* (1999) suggests that parents can anticipate condemnation and experience guilt through the mere presence of a social worker in their lives. Engagement with this group of parents is therefore challenging, known by the self-explanatory *hard to reach* (Boag-Munroe & Evangelou, 2012; Penrod *et al.,* (2003). Boag-Munroe & Evangelou (2012) suggest a direct definition is elusive, but that the term generally covers families with complex needs, hidden disabilities, black and minority ethnic communities, and those at risk. Essentially, these are groups of people often othered by society, and who are also reflected in the Troubled Families Programme rhetoric (Hayden & Jenkins 2014, 2015; Levitas, 2012).

Given the reinforced canonical script of systemic family functioning, it is also plausible that the norms of the intervention feel remote from the subjective reality of the family. In such a way, families would have difficulty in finding resonance; their canonical norms might be far from those of the professional agencies, and as argued by Bruner (1986, 1990, 1991), where resonance is absent, learning is compromised. *Hard to reach* is a term laden with assumption itself. Services struggle to connect with these people, yet they are in the local community, accessing Universal services such as primary care and education. *Hard to reach* infers the system is trying to attract certain people to use certain services, against a backdrop of policy and legislation. As debated by Hayden (2007), Hayden & Jenkins (2014), and Levitas (2012) the language and rhetoric of the Troubled Families agenda surrounds the categorization of families to criteria, reflecting concerns of those writing policy, not necessarily of those living their lives within those criteria. *Hard to reach* then, depends somewhat on whether a person wants to be reached.  The term conjures up an image of a person present, but somehow unseen. It suggests an almost invisible member of society, who could have a multiple reasons for choosing to stay hidden, or not knowing how to make themselves visible.

While *hard to reach* typically refers to difficulties in engaging individuals in services, it also symbolises a person isolated from others. It is noted that the literature reflects isolation within families who have experienced ACEs, through poor mental and physical health (Felitti *et al.,* 1998; Metzler *et al,* 2015), and associations are made between domestic violence and skewed parenting; both of victim and perpetrator (Levendosky *et al.,* 2006; Levendosky *et al.,* 2001; Williamson, 2010). This persists despite a highly moralised context of mothering, where Liss *et al.,* (2013) even talks of mothers wanting to hide away in shame if they fall short of the mark. Rimé, (2009), discusses the significance of sharing emotion between children and parents; an ability to enter the world of the child, typically key in assessments of parenting capacity (Cleaver *et al.,* 2011). Sharing itself is noted as a typical feature of childhood (Grunning & Lindley, 2016; Nilsen & Valcke, 2018), but within this group where abuse is heavily represented, emotional and physical sharing is often contested. Alaggia (2005) reports that girls in particular are less likely to report sexual abuse due to fears they will be disbelieved, perhaps signifying a separation from trust in their parents, and adding to separations also encountered between parents and adolescent children (Nelson, 2010). The social encouragement for women to leave their homes in violent relationships can also be seen as a psychological, as well as physical, separation from the sanctuary of home and family (Edwards, 2004; Nicholson & Lutz, 2017, Brickell, 2012; Kearns *et al.,* 2014), reflecting also the deeply psychological impact of domestic abuse beyond the physical to coercive control (Stark, 2007; Williamson, 2010; Mays, 2006). There are therefore a multitude of reasons for such individuals being hard to reach, with separations represented through abuse and self-protection. This exemplifies  the nuances of engaging hard to reach groups, and the need for a professional approach which balances empathy with the appropriate boundaries of practice (O'Leary, 2013; Maiter *et al,* 2006; Eriksen *et al,* 2012).

**Moral Panic: Being Good Enough**

One such issue deterring families from help seeking is the impact of stigma (Moran *et al* 2007). Stigma develops in opposition to normalised characteristics, shared by the powerful majority, who make judgements about others. Those characteristics become attributed to people and groups who then become othered, leading to prejudice and discrimination (Frost, 2011; O'Donnell, O'Carroll & Toole, 2018; Goffman, 1969). Scholte *et al.* (1999: 373) even call it *"social disqualification"*. Bos *et al.* (2013) conjecture that stigma is a phenomenon derived from the context around the person, rather than the person themselves. However this becomes a personal, leading to a concealment of the true self as a form of self-protection

27

(Frost 2011; Goffman, 1969) and can derail efforts made in overcoming barriers to social inclusion.

Such moral judgements are reflected in expectations of *good enough* parenting, referring to Winnicott, who conceptualised the indicators of care which meets children's needs effectively and consistently (Adams, 2006). LePoire (2006) and Christopher (2012) acknowledge the morally-laden conceptualisation of a *good mother*, in stark contrast to mothers who abuse, neglect or deprioritise their children. According to LePoire (2006), Goffman viewed these roles as being performed as if on a stage, with younger protagonists waiting in the wings to inherit the role, such as the rehearsed expectations discussed by Bruner (1990). Thus, further links can be made to ACEs in the transmission of expected norms, which form canonical scripts (Metzler *et al.,* 2015; Bruner, 1990). Therefore, norms are conceptualised at both familial and societal levels, transmitted through behaviour, oral history and discourse; yet ultimately the mainstream societal view derails the family, where values and behaviours are determined to be problematic. Bruner's identification of familiar narratives are further enacted here; the do-gooder, the bad parent, the powerful social worker here to break up the family. All are represented in social, media and family discourse (Ayre, 2001; Keddell, 2014; Thorburn *et al.,* 2013).

At the intersection of social intervention and change in families lies the assessment of *insight,* explained as the bedrock of parenting capacity (Oppenheim & Koren-Karie, 2002; Donald & Jureidini, 2004; Slade, 2005, Munro, 2011). Essentially, insight requires that parents understand and respond to their child's needs, thus reassuring professional agencies that they can and will seek help as required. However, recognizing a need rests on having knowledge of it, knowing who to ask for help, and being willing to engage (Eisenberg, Downs, Golberstein & Zivin, 2009, Campbell & Roland, 1996). Therefore, insight can also be viewed as understanding shortcomings in the specific way that the professional community observes, to come together in a shared belief for change, and reassure the agencies there is capacity for rehabilitation and improvement (Owen *et al.* 2009; Lysaker *et al*. 2011; Clever, Unell & Aldgate, 1999).

As Keddell (2014) notes, there is a duality of surveillance and care within the social care system and it is suggested that referrals and heightened concerns are triggered by breaches to canonical norms. For example, non-engagement is perceived as a lack of insight, invariably leading to an escalation of concern. Thus, while the supporting theory for this study strongly advocates the importance of subjective reality (Bruner, 1986, 1990, 1991, 2002; McAdams, 2001), it is only one part of the story. Even if a parent firmly believes they are acting in their child's best interests, sanctions will be enforced if their caregiving does not match the

expectations of the agencies in authority. It is argued then, that *insight* is the professional jargon, which denotes the canonical scripts of parenting and practice.

This specific code of expectation therefore requires effective teaching and learning, and so attention is turned towards social intervention as a critical pedagogy within the agenda for proscribed change. Friere (2005) conceptualises teaching as a social enterprise, advocating a dialogical approach which positions the teacher also as a learner, attributing authority to the teacher themselves rather than the knowledge they possess (Freire, 2014). This dialogical interaction is viewed through praxis of words. Freire explains this as the combination of action and reflection, adding "*there is no true word that is not at the same time a praxis. Thus, to speak a true word is to transform the world*" (Freire [1970], 2000: 87). Action without reflection is merely activism; an unthinking form of action which lacks the dialogical nature of effective teaching and learning. In other words therefore, change which lacks genuine reflection through dialogue is, in Freire's view, unauthentic. Critically, Freire observes praxis is not reserved for the hierarchies, advocating a duty to listen without condescension and be prepared to learn and respect the ways of those deemed less knowledgeable (Freire, 2005). In such a way, Freire (2014) conceives education as a transformative reimagining of knowledge and of the self, with a fundamental role of the teacher being to simulate the production of and co-construction of knowledge (Freire, 2014, 2005).

This echoes the resonance which Bruner attributes to meaningful learning, contributing the notion that praxis creates the embodiment of learning. Further to this, Mezirow (1997, 2000, 2009) asserts that this means effecting change within a frame of reference; "*a coherent body of experience - associated concepts, values, feelings, conditioned responses which define their world*" (Mezirow 1997: 1), also reflecting the emotional meaning of canonical expectations. However, reaching this point is a complex process and one which involves emotional risk taking. As indicated by Howie & Bagnall, (2013), it is crucial to have other supportive adults to facilitate a rational discourse surrounding the new learning, so as to assist the contextualisation of new ideas. This brings to the fore the challenges of families impacted by systemic dysfunction (Metzler *et al.,* 2015; Finklehor *et al.,* 2017). Where complex patterns are repeated, the transformational learning they are asked to engage with may not gain support beyond the practitioner intervention, thus leaving it situated in context of time-limited intervention, rather than applied beyond.

This relates to Mezirow (1997), who charters four stages of learning starting from an ethnographic perception that the individual's perspective and cultural beliefs are superior to

those he/she observes. Firstly, accumulated learning is said to extend the original frame of reference, before moving towards an adoption of other perspectives but perceived as somehow inferior to one's own (Mezirow, 1997). Subsequently learning begins to be transformational as a groundswell of information gathers which challenges the initial frame of reference and enables perspectives to adjust. Only at the forth level, Mezirow (1997) argues, can learners become critically reflective. Within these stages, learning is nuanced, so that individuals notice slight shifts in their understanding over months or years (Howie & Bagnall, 2013). This poses further challenges in this professional context; intervention is clearly targeted and short term, with cases closed once improvements are evidenced. Meziro (1997), and Howie & Bagnall, (2013) indicate here that meaningful transformation is not possible without extended support and reflection. Established patterns of adversity and atypical norms derived from complexity within this group of families (Pycroft & Bartollas, 2014) would suggest that extended family support is more likely to reinforce existing practices, rather than stimulate transformation.

Mezirow's theory has not been without its critics, who in particular highlight a gap in appreciating the social and emotional components of cognition (Howie & Bagnall, 2013; Mälkki, 2010). However, the cultural framing theorized by Bruner (1986, 1990) indicates that when individuals are able to find resonance in their experience of their cultural world, they are able to learn in ways which are meaningful to them. Without this resonance, individuals struggle to obtain higher order cognition. Thus, while learning is viewed here in a very different context, the underpinning theories conjoin to create a new understanding of transformational learning within social intervention. It is suggested here that the type of learning occurring within social intervention is all the more risky and emotionally contentious. This is further embellished by Howie & Bagnall (2013) who report controversy over the use of the terms *transformation* and *learning;* the former conjuring an image of enlightenment, and the latter representing hard work in pursuit of knowledge. While this might seem a tall order, it is suggested here that social intervention asks families to do just that; to throw off practices which have been sanctioned within complex family systems (Pycroft & Bartollas, 2014; Dallos & Draper, 2010). Furthermore, rather than allowing the time which may be required to elicit transformational learning, the requirement is to learn fast, and as proscribed (Featherstone *et al.,* 2014). With that required change comes threat of further escalation (Munro, 2011), stigma (Scholte *et al*, 1999, Hayden & Jenkins, 2014) and requiring learning outside of established family norms. Thus, it is not argued that transformational learning is what occurs within social

intervention; more that it is what is required, in order to see families happily established and thriving within social norms with positive outcomes for children.

It is this sentiment which supports the positioning of tier three intervention as a social pedagogy, where the focus can be on learning and change, rather than immediate statutory action. With the reported continued rise in referral thresholds (Richards, 2017), it is possibly one of the last chances these families will have for intervening with a less hierarchical agenda, where a more level engagement, such as advocated by Friere (2000 [1970]), might be possible. However, as noted, families currently at tier three may have already been known at tier four, perhaps multiple times (Tronsoco, 2017). Tier three intervention might therefore be less formal, but the case history may bring with it a legacy of risk and statutory intervention for the protection of a child and extremely complex systemic and intervention histories. Thus, attention is turned towards the psychological responses to intervention, learning, and change, which might be anticipated.

**Resonance or Dissonance?**

The importance of fitting, or not, within expected norms is exemplified by Bruner (1986, 1990, 1991) and Festinger (1957). Festinger (1957) theorized that when individuals encounter behaviours or values which contradict their expectations, they experience dissonance; a disconnect between the perceived world as it should be, versus how it is (McGrath, 2017). Nicholson & Lutz (2017) explain that human beings have an innate pre-disposition to strive for balance between their thoughts, actions and life-worlds. Experiences which conflict with that, such as breaches in canonical scripts, unsettle the sense of stability in the world view and create dissonance (Bruner, 1990; Festinger, 1957). This creates such strong feelings of discomfort that Cooper & Carlsmith (2015) equate the motivation to reduce it with the survival instincts of hunger and thirst, and so dissonance plays a key role in adapting behaviours and perspectives, leaving individuals more at ease in their surroundings, and enabling a distraction from the threat, perceived cognitively (Nicholson & Lutz, 2017). Research by Eisenberger (2012) reports the experience of social rejection is akin to the experience of both physical pain and separation from caregivers in infancy, thus there is a basic survival instinct rooted in attachment drives from infancy to belong within social worlds (Eisenberger, 2012; Bruner, 1990). This exemplifies the significance of stigma and social exclusion: To be cast out, is to experience pain (Scholte *et al.,* 1999).

Reduction in cognitive dissonance therefore eases the pain of exclusion, and Festinger (1957) argues that this is achieved though changing cognition, so that fewer messages evoke

dissonance, by creating new congruent cognitions, or by reducing the perceived importance of dissonant cognitions (McGrath, 2017; Festinger, 1957). Festinger (1957) theorises this could also be achieved by counter balancing the dissonant cognition, such as moving to a different environment whereby the behaviour is met with consonance, rather than dissonance. An example of this could be an individual who avoids dissonant cognitions altogether, choosing to hide from people or sources of information which might provoke this threatened state. Further advances in cognitive dissonance, the so-called *new look* (Cooper, 2012) indicated that dissonance was aroused when individuals had freedom of choice, but also when an unwanted consequence was present, and an inferred responsibility for its cause (Cooper, 2012). Perhaps then; the hard to reach (Boag-Munro & Evangalou, 2004), surrounded by stigma and threat of intervention and social judgement (Thorburn *et al,* 2013; Scholte *et al,* 1999).

This may illuminate some of the challenges surrounding the hard to reach group, as recognising the need to change would increase the dissonance in the situation as awareness of breaches in canonical expectations become apparent (Bruner, 1990, 1991; Luft, 1982). However, adaptation may be blocked by resistance to change, perception of likely harm caused by change, or possessing the skills to do so. Avoiding the dissonant cognitions may of course exacerbate the situation for the individual creating a vicious cycle, which becomes increasingly difficult to break free from (Festinger, 1957). This is argued to reflect families returning to social intervention at increasingly higher points in the system (Richards, 2017).

When faced with acute stress, human beings initiate a fight or flight response, where the central nervous system enacts survival mechanisms for either self-defence, or a fast exit from the situation (Taylor *et al.*, 2000). Like cognitive dissonance, this physiological response has a significant impact on social responses in context. Whereas Bruner (1990) and Festinger (1957) consider the juxtaposition of expectations and experience, fight or flight responses occur in context of an immediate threat to survival. Such a situation may describe a domestic violence situation, where threats are both physical and psychological. However, Taylor *et al.* (2000) revisit Cannon's [1932] classic fight or flight theory, specifically considering the responses of women under threat. They argue that women are more likely to stay in the threatening environment and form allegiances to reduce threat, rather than to use their physicality to fight or flight. Taylor *et al*., (2000) acknowledge women can also be aggressive, but that typically female aggression is less physical and more cerebral.  Nicholson & Lutz (2017) note an abused woman will attempt to leave her violent relationship an average of five times before doing so successfully. This signifies a complex psychological process of finding meaning and truth in subjective reality as the victim reassesses her circumstances in order to reduce

cognitive dissonance, realigning their perceptions of love, loyalty, and justifications of violence until she decides to leave and is able to do so.

Murray (2008) reflects on the assumption that women should leave their home when a relationship has become violent, and states this reflects a construction of *home* which is both owned by and dominated by men. Women are therefore signified as less entitled to the home, and furthermore, that she anticipates moral judgement for allowing herself and her children to be at risk. This, Murray (2008) argues, is a key motivation for under reporting domestic violence, adding that women who leave also lose their security and sense of belonging (Kearns *et al.*, 2014; Brickell, 2012). Abusive though it maybe, the place she leaves is still *home,* and may be safer for her and her children then attempting to leave (Taylor *et al*, 2000). A deeply psychological process of changing subjective reality is therefore required in order that an abused woman would understand her situation objectively, and muster the capacity to leave.

Taylor *et al.* (2000) argue the basis for mothers staying is the physiology of pregnancy and childcare, that both these factors prevent a woman escaping threat, and that prompting another physical assault increases the risk of harm to both herself and her children. Taylor *et al.* (2000) suggest that the increase of oxytocin released through care giving also has a calming effect on the fear a person under threat would experience, therefore potentially reducing her perception of the urgency with which she 'should' leave. The negotiation of allies within the environment might well play a key role in this – to appease her violent partner would incur less immediate risk to both herself and her children. In such a case, it is notable that the psychological effort of remaining in a violent relationship would entail rationalising the behaviour as acceptable, and absorbing these behaviours within a canonical script (Bruner 1986, 1990, 2002) of the family so as to reduce dissonance (Festinger, 1957). A breach to this would therefore be perceived as highly threatening; in becoming aware of the dysfunction of her situation and the long term risks to her and her children, a woman would experience very high levels of dissonance.

Further examples of this might be seen in other systemic issues. Pellegrini (2009) discusses family systems theory, explaining that families maintain their homeostasis by enacting specific behaviours which make sense in context, enabling the family unit to continue coherently (Pyrcoft & Bartollas, 2014; Schneiderman *et al*., 2005). Schneiderman *et al.,* (2005) reports a significant connection between chronic health needs and severe stress (Felitti *et al.,* 1998) which disrupts this homeostasis, and encountering high levels of cognitive dissonance forces a crisis though disrupting this equilibrium.  A further rationale for resisting change is the

social support surrounding the individual. If enough voices are congruent with the original behaviour, the dissonance will appear less relevant and might be dismissed. Therefore one voice telling a person they should change, would be overridden by a chorus from an established network saying they should continue, and so it would feel unnecessarily stressful to engage with a professional judgement which disrupts systemic canonical norms (Pellegrini, 2009; Keddell, 2014). In such a way, peer pressure is potent indeed.  Similarly Goffman (1969) theorised *presentation of self,* depicting the social world as inhabited by social actors who act and react according to social cues, in order to maintain social standing. Goffman (1969) argues that embarrassment is triggered by a sense of what *ought to be,* contradicting what *is*, and that the gap between these two positions creates a faltering self-conscious state. Thus, Festinger (1957) and Goffman (1969) both convey the psychological stress invoked through value laden social expectation, and there is a heightened drive to overcome these altered states.

Families receiving social intervention have been overtly assessed by a system which judges parents to be *good enough* (Adams, 2006; Cleaver *et al,* 2011; Munro, 2011). This positions such families, uncomfortably, as a breach to the canonical script. Bruner (1990) indicates this challenges their autobiographical selves, suggesting that being judged through cultural symbols places individuals in isolated and emotionally vulnerable positions. This discomfort prompts awareness of an alternative adaptation (Festinger, 1957; Goffman, 1969), creating an opportunity for change to enable a greater likelihood of thriving in context (Buner 1990, 1991, 2002). Bruner (1990: 110) criticizes Goffman as presenting an *"exceedingly calculating and intellectual view of the self"*. However, the psychological impact of embodying the breach is exacerbated by the additional burden that social services hold the power to remove children from parents, and so the threat of escalated intervention might be a stronger motivator than in typical experience, possibly encouraging a determined presentation of self within canonical expectations.  Being discharged from social intervention is a powerful acknowledgement that a parent is *good enough* to be affirmed within the canonical script (Bruner 1990), a due reward for the psychological effort of adapting within expectations (Cleaver, Unell & Aldate, 1999; Festinger, 1957).

A question therefore arises as to whether the presentation of self within the canonical scripts is transitory to fit an ideal, or a reflection of resonant change (Bruner, 1986, 1990, 1991; Bamberg, 2011). Festinger (1957) maintains cognitive dissonance leaves individuals feeling threatened and judged by onlookers, and conjectures that presenting congruence can be somewhat overstated. That is to say, conflicting versions of the self (presented to different

audiences) may not be held intact over time. Cracks may begin to show if the purposeful presentation is outmatched by the nuances of the social situation – aspects that cannot be understood by a person who does not truly fit that world. It is argued that this disjuncture may account for continued escalation of need and re-referral of the same families throughout the social care system (Tronsoco, 2017; Forrester, 2007).

**Relational and Autobiographical Change**

Festinger (1957) considers the *appearance* of change, resulting from forced compliance either from threat of punishment, or from sufficiently enticing rewards. In such circumstances, an individual might portray change publically, but privately still maintain their original beliefs (Festinger, 1957). Such performed change is likely to lack resonance with the individual (Bruner, 1990) and in some circumstances may lead to a dangerous presentation of capability while lacking the resonance to enact meaningful, sustainable change. Fogel *et al.,* (2006) refer to *consensual frames*, or *frames* within families. They represent repeated patterns of behaviours and responses which are socially shared and make sense to those in context. These frames revolve around topics of conversation, established dynamics and forms of social negotiation, which reoccur in time and space in ways which resonate. It is these frames which give meaning to life experience through social norms and practices (Bruner, 1990; Mezirow, 1997; 2000). While Fogel *et al.*, (2006) portray the family as a continually developing system, Dagirmanjian *et al.* (2007) cite the pain caused by a discrepancy between action and perception of intention by others, as a possible stimulus for change, arguing that as the gap between the preferred self and *others* perceptions narrow, there is a return to canonical acceptance. This reflects the movement of the self through realms of awareness and psychological response (Luft, 1982; Festinger (1957; Bruner, 1989, 1990, 2001, 2011), however the critical question regards who the *others* are; the professional hierarchies with the power to intervene, or the friends and family who comprise the social world.

It is suggested that change needs to be intrinsically motivated in order to be effective (Ryan & Deci, 2000). For tier three and four families, the impetus for change is often extrinsic, brought about by statutory agencies tasked with proscribing change to safeguard children (Cleaver, Unless & Aldgate, 1999; Munro, 2011). This therefore presents a potential obstacle in embedding meaningful change over the long term, as it is suggested that this bypasses an individuals' internal locus of control. Therefore behaviours derived from extrinsic motivators lack resonance and are simply performed (Rotter, 1966; Ryan & Deci, 2000; Bruner, 1990, 1991). Somehow therefore, resonant change depends on the adoption of extrinsic motivators,

intrinsically. Thus, those role modelling proscribed behaviours must be of significance to the individual, and signify resonance and attachment (Ryan & Deci, 2000). In such a way, the desired behaviour would be more personally relevant, creating meaningful change as reflected by Bruner's (1986, 1990) resonance within canonicity. Naturally this gains greater traction by reinforcement through family. For example, children are more likely to re-engage with school if their parents reinforce school expectations (Ryan & Deci, 2000). The changes expected are not influenced by trusted family members over time however, they arrive abruptly from outside agencies with a clear agenda and implied condemnation. As Rotter (1966) asserts, if people associate behaviours as instigated by powerful others, connections are less strong than if they develop from personal meaning and control, or resonance (Bruner, 1990). It is therefore argued that parents of tier three and four families will also look to their own family and social networks for affirmation of canonical norms, reassuring individuals and lessening cognitive dissonance (Festinger, 1957; Cooper, 2012). Thus, there is a protracted tension as to whether the professional intervention can be more engaging, and more compelling, than the established complexity (Pycroft & Bartollas, 2014).

Relationships are a way of understanding ones' self and the world. They provide stability for adaptability and resonance (Duck, 2011; Bruner, 1990), and homeostasis in order that they can function effectively (Pellegrini, 2009). Self-event connections link the self with lived experience, through which the self becomes stable (McLean & Fournier, 2008; Pasupathi *et al.,* 2007). Self-event connections are therefore resonant within canonical expectations and are said to occur in four guises; explain/illustrate, dismissal, change, and reveal (Pasupathi, Mansour & Brubaker, 2007; McLean & Fournier, 2008). Illustrative self-event connections are largely positive, for example an individual might realise they were asked to undertake a task reflecting their abilities. Change connections are revelations, acting as a dividing line between before, and after the event became understood in a different way. This might be reflected in noticing the breach in the canonical script (Bruner, 1990), whereby the individual becomes aware of behaviours which contradict learned social norms. Reveal self-event connections occur less frequently, where a person has actively chosen to hide, and then reveal, a part of themselves (Pasupathi *et al.*, 2007), reflecting an overcoming of obstacles to the visible self and a process of transition through the development of self-identity . Dismissal connections can be more prolific within autobiographical accounts as they require more explanation as a person seeks to justify actions which might be against the proscribed norm (Pasupathi, Mansour & Brubaker, 2007; Bruner, 1986, 1990, 1996).

The impact of self-event connections could therefore affirm, or challenge the family's canonical script, potentially destabilizing homeostasis and creating further difficulty. In order to ward against this, contradictory self-events may be presented dismissively, or even forgotten (Middleton & Brown, 2005) so as to reconcile past events with expected norms (Bruner, 1989; 1991; 2002, Festinger, 1957; Pasupathi *et al.,* 2007). A dismissal connection might therefore justify behaviours, claiming misunderstanding, coercion, or portraying an event as an exception, so as to enable exceptional behaviours to be overlooked. McLean & Fournier (2008) found that negative events take greater cognitive effort to process, and dismissal connections can be used in reducing cognitive dissonance (Festinger, 1957) Thus, dismissal connections appear frequently in autobiographical accounts through self-reflection and meaning-making (McLean & Fournier, 2008; Pasupathi *et al.,* 2007).

Re-constructing of the autobiographical past enables individuals to project a preferred future, in ways which elicit stability and meaning (McAdams & McLean, 2013; Lund *et al.,* 2016; Dagirmanjian *et al.,* 2000). Pasupathi *et al.,* (2007 :104) cite McAdams 1996 in stating life stories are created selectively and over time, *"constructed on occasion for particular purposes"*, and echo the notions of presentation of self (Goffman, 1969, Festinger, 1957). There is clear scope within this for the positive reframing of negative life experience, and McAdams & McLean (2013) argue that recovery from trauma is supported though reflection, enabling the individual to reimagine key events in context of their lives, and projecting a preferred self to be enacted. The links with trauma for tier three families are reflected in the intergenerational impact of ACEs (Metzler *et al*, 2015; Finklehor *et al*, 2015) and the systemic patterns of dysfunction (Dallos & Draper, 2005; Pycroft & Bartollas, 2014; Levendosky & Graham-Berman, 2000). To engage change within these families therefore involves a meaningful process of identifying new understanding (Hopwood & Clerke, 2016), and is understood to be psychologically challenging and exposing as recognising problematic behaviours could leave individuals in limbo. Mezirow states;

*"A defining condition of being human is our urgent need to understand and order the meaning of our experience, to integrate it with what we know to avoid the threat of chaos"*

(Mezirow, 2000: 3)

The way in which complex families can appear chaotic to the outsider, but make sense to themselves (Pycroft & Bartollas, 2014; Dallos & Draper, 2010; Pellegrini, 2009), might also be understood as the frame of reference (Fogel *et al.,* 2006; Mezirow, 1997; 2000, 2009). Thus, while moving outside this frame of reference enables transformational learning it also threatens the homeostasis of the family (Pellegrini, 2009; Dallos & Draper, 2010; Pycroft &

Bartollas, 2014), and the drive to make sense will be urgent and emotionally charged (Bruner, 1990, 1991; Festinger, 1957). Family roles often adjust at times of crisis, and responses to particular stressors may be rehearsed (Pycroft & Bartollas, 2014; Hood, 2016, Dallos & Draper, 2010).  In these complex families, where patterns of behaviours have been embedded over time and serve meaning within that family, change needs to be rooted in transformational learning in order to be effective and avoid the performed, superficial presentation of self to fit expectations.

It would seem then, that the proscribing of change is counter-productive in encouraging genuine transformation. Lund *et al.* (2016) notes that nonprescriptive approaches avoid resistance, and that removing the issue of compliance shifts the focus towards the more solution-focused *preferred change* (McAdams & McLean, 2013; Ratner, *et al.,* 2012). Interventions such as Solution Focused Therapy (Ratner *et al.,* 2012), Narrative Solutions (Lund *et al.*, 2016) and Signs of Safety (Turnell & Edwards, 1999) seek to identify the exceptions in problematic behaviour typical of the family; the instances of clarity amidst chaotic family lives and unending disadvantage. These are the moments which enable practitioners to build resilience in families, helping to develop strategies from their own resourcefulness. As advocated by Freire (2000 [1970]) and Mezirow (1997; 2009) such approaches are dialogic, encouraging the combination of reflection and action. It is suggested here that such approaches enable a supportive environment in which dissonance can be reduced by altering cognitions (Festinger, 1957), rather than the more dangerous false presentation of self (Ryan & Deci, 2000; Lund *et al*., 2016; Goffman, 1969).

# Chapter 3

## Methodology

This methodology chapter explores the philosophical constructs surrounding the methodology and research design, and details the careful planning and execution of the study, which reflect *Rich Rigor* (Tracy, 2010). Understanding the ways in which human beings recognise versions of reality is a critical point and has shaped the analysis of participants' lived experience in this study. Fundamentally this research is about differing views of reality, and the forces which determine how those perceptions are negotiated; between a family with a given sense of normality, and an agency in authority who seeks to challenge that perception and force change. The chapter is therefore divided into two main sections; *Methodology and Method,* and *Researching the 'Waiting to be Reached'* involving process, ethics, and the professional researcher positionality.

## Methodology and Method

The distinction between ontology and epistemology separates the external notion of truth from the internal understanding of that truth (Cohen, Manion & Morrison, 2011). Ontology regards the nature of knowledge itself, the question of whether a reality exists outside of human interpretation. Conversely, epistemology questions how knowledge and understanding are recognised and grounded in an interpretation of reality (Cohen, Manion & Morrison, 2011). In essence these two philosophical questions interact to ground human perception and interpretation, and justify actions in relation to the world. An epistemology of the natural sciences would aim to describe observations in ways which are quantifiable and objective (Daly, 2009), but viewing the world through a phenomenological paradigm elicits epistemology which is experiential, derived from narrative in ways which are "subjective and involved" (Langdridge, 2007: 4). As argued by Flyvbjerg (2006), human beings hold expertise in their own lives. To understand that life is to know the meaning within it.

The choice of Interpretative Phenomenological Analysis (IPA) as a research methodology reflects the significance of interpretivism. This recognises a salient point within the study; that individual experience determines behaviour, and consequences of that behaviour are felt through the dynamic causal mechanisms comprising family and social norms (Pycroft & Bartollas, 2014). The critical realist paradigm, pioneered by Bhaskar (1998, 2010) operates somewhere between these two poles of interpretative and positivist ontologies, verifying value in both polar extremes (Pycroft & Bartollas, 2014). Smith, Flowers & Larkin (2009) observe Heidegger's position that reality is not restricted to what is experienced,

39

however, collectively, human beings construct aspects which are experienced as real and countable; conclusions reached through the interplay of experience and discourse (Bruner, 1990, 1991; Larkin, Watts & Clifton, 2006; Fiske & Taylor, 2013). Therefore it is interpretation which gives meaning to reality.

Bhaskar's critical realism talks of tendencies; that is, rather than stating the impact of *x* will be *y*, the presence of *x* influences an outcome, likely to result in *y* (Pycroft & Bartollas, 2014; Houston, 2001). Hood (2016) represents Bhaskar's three layers of critical realism theory as an iceberg. The top portion is empirical, the mid-section the actual, just dipping below the waterline, and the real is well beneath the depths. Thus it is only the empirical and some of the actual which is observable, but acknowledging the real causal mechanisms which underpin human lives adds important context for understanding experience. The level of the actual is explained by Fletcher (2017) as existing, regardless of whether it not it is experienced.  Spinelli (2005) defends a *baseline consensus* for many examples of human experience, whereby individual interpretations are shared by the majority, reflecting intervention which aims to coach families in adhering to proscribed canonical expectations (Bruner, 1990, 1991). Spinelli (2005) applies this to an example of a mentally ill patient experiencing delusions; it might not be possible to prove his experiences are not real, however the majority share an understanding that that is the case. This perspective helps to explain the phenomena of social constructs, as individuals navigate their interpreted world amid benchmarks of a shared moral compass. Spinelli (2005: 9) explains these as *"invariant structures"* which *"provide the foundational base upon…..which, our unique interpretations of reality are formed"*.

Similarly, Spinelli (2005), and Larkin, Watts & Clifton (2006) question whether any perceived truth can be universally acknowledged as real, as interpretation is informed by relative experience. Reality for any subject is therefore surrounded by influential experience, and so points of certainty are only possible in the context of individual perception. Individuals are immersed in social and cultural worlds and it is through this lens that events, relationships and agendas are understood (Bruner, 1990, 1991; McAdams, 2001). Thus, human experience is nuanced and so drawing a hard line around either end of the spectrum limits understanding of complex lived experience.

This is a philosophical example of the reality experienced by tier three families; that non-engagement has consequences (Thorburn *et al.*, 2013). Regardless of whether the family share the interpretation, the professional perspective will invoke certain actions. In fact, the further away these two positions are, the more likely this is likely to happen, exemplifying the

factors which exist, regardless of interpretation. Furthermore, the types of complexity experienced by tier three families, such as domestic violence, mental health issues and other complex needs, are likely to put individuals under a position of threat. This is another example of a causal factor; human beings respond physiologically to perceived threat, and this will impact their emotional responses within their lived experience (Festinger, 1957; Taylor *et al.*, 2000). It is argued these are not merely interpreted, but real (Houston, 2001). Houston (2001) argues the relevance of the real, causal mechanisms are of key relevance to eliciting stronger outcomes for families through social work, advocating the use of critical realist perspectives in repositioning the focus to meaningful, rather than surface level, intervention. Hood (2016) adopts both a phenomenological and a critical realist perspective and reflects individuals are agentic, given the relevant resources.

Pietkiewicz & Smith (2014) theorize IPA as a blend of phenomenology and hermeneutics, the latter referring to the interaction and language of the process, seeking to see the phenomena through the eyes of the participant (Cohen, Manion & Morrison, 2011). Thus IPA brings together descriptive and interpretative paradigms, with the description allowing participants' own words to speak for themselves (Smith, 2009; Shinebourne, 2011). Eatough & Smith (2017) position IPA as a reflection of Husserl's philosophical phenomenology, conceived as a real world application of philosophical thought, through analysing lived experience situated in context. Sensitivity to context itself is a seminal point within interpretative research (Yardley, 2000; Shaw, 2011; Tracy, 2010, 2012; Smith, 2009, 2011a), hence perhaps it is well established in health, counselling and clinical fields of psychology (Eatough & Smith, 2017; Archer *et al.,* 2015). However, the anti-positivist, idiosyncratic paradigm which typifies IPA (Shaw, 2011, Smith & Osborne, 2004) is less common in mainstream psychology which traditionally adheres to normative positivist research, predicting behaviour among populations rather than the intimate investigation of individual lives (Cohen, Manion & Morrison, 2011).

This study is led by participants in seeking to understand their subjective realities in context of canonical expectations (Bruner, 1990, 1991), stigma (Scholte *et al.* 1999) and adversity (Felitti *et al.,* 1998; Finklehor *et al.,* 2015). It is acknowledged as emancipatory, giving opportunity for voice and reflection (Vargai-Dobai, 2012; O'Sullivan, 2015), through enabling reflection of self, identity and meaning in context (Shaw, 2011). Thus the phenomenological viewpoint frames the epistemological question in understanding the empirical lived experience at the top of Bhaskar's iceberg, in context of the actual, canonical practices which surround the family enacted through society and intervention (Hood, 2016; Bruner, 1990,1991). The

ontological question is understood by the IPA approach blended with critical realism. This contextualises the underlying factors which brought the family to a level of complex need, and the impact of *actual* social intervention in their lives, while maintaining the overall viewpoint that human lives orientate through meaning, rather than truth (Denzin, 2006; Bruner, 1990). Figure 4 conceptualises Hood's (2016) imagery of critical realism as an iceberg, and explains the conceptual relationship between IPA and critical realism as providing the pluralistic methodology for this study.

**The Empirical**

That which is seen, felt and experienced in context, Understood as lived experience and explored through IPA

**The Actual**

Aspects which are partially hidden, such as norms and values. This is acknowledged as part of the wider context of the participant

**The Real**

Causal factors which determine behaviours and responses within the lived experience.
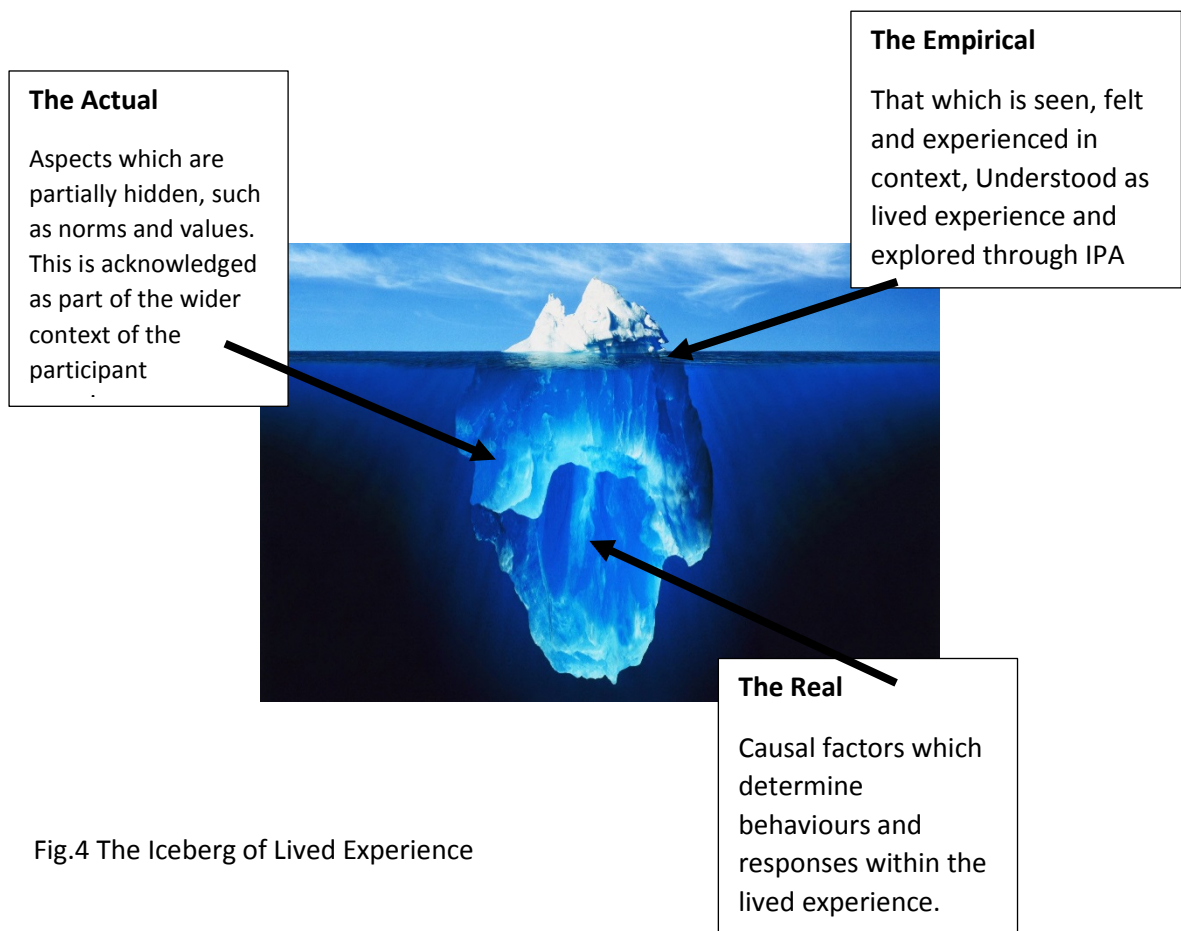
Fig.4 The Iceberg of Lived Experience

**Researching the 'Waiting to be Reached'**

This section reflects the *process, sincerity* and *ethics* of the study (Tracey, 2010) and is written in the first person in order to capture the intricacies and reflexive approach I took as a researcher. Having gained professional experience of fifteen years in social care, and eight years teaching in higher education, I have brought professional skill and expertise to this research. Through practice I developed skills in supporting people who have experienced oppression and trauma, and fostered resilience in self-concept and in learning. As a result, I

have brought a commitment to creating the best possible research environment in order that this Professional Doctorate is driven by professional skills and values.

*The Professional Researcher*

At the outset it was known that these families had experienced extensive intervention which probed into personal attitudes and values, and so it was necessary to set aside my personal responses in order to understand those of the participants. A core value of this study is the understanding that researcher and participants occupy different life-worlds, that is, Husserl's description of the essence of experience (Smith & Osborn, 2004), adding to the sincerity of the work (Tracy, 2010). As researcher I have come from a relatively privileged position of a high level of education and professional expertise, from a loving and financially secure home. The literature bears out significant advantages in life chances through the successes experienced in education (Walsemann, Geronimus, & Gee, 2008) and the further social advantages of being white, middle class and having benefited from largely positive life experience (Felitti *et al.,* 1998). Typically, these factors develop self-efficacy, self-esteem, and protection from threats to health and wellbeing (Huitt, 2009). Accordingly, this backdrop shapes the researcher's positionality; that is, the identity, value base, and assumptions brought into the research by the researcher (Roegman *et al*, 2014). As Roegman *et al.,* (2014) observe, assumptions cannot be made about values and psychological connections between researchers and their participants. My professional skills have been used directly, the topics covered are not specifically personal, and are directed by my research design. Although I aimed to create a neutral research environment (Corbin-Dwyer & Buckle, 2009; Smith, Flowers & Larkin, 2009), I acknowledge that I benefited from a level of confidence and security and I have not assumed that participants experienced the research in the same way.

These participants represent the *hard to reach* population discussed in the literature. As noted by Benoit *et al.,* (2005), this term reflects those who have faced moral judgement from outsiders due to the complex difficulties they have encountered (Scholte *et al.*, 1999; Dale 2004). Indeed, Dale (2004) comments that attempts by professionals to engage with families can be met with hostility, born out of feeling threatened and intimidated by the system. The literature reflects my practice experience with the research population; that characteristically, participants have experienced multifactorial issues in their lives with both adults and children in the family, and that these issues are complex (Pycroft & Bartollas, 2014), entrenched over generations (Dallos & Draper, 2010; Metzler *et al.* 2017), and problematic for society (Hayden & Jenkins, 2014). Such difficulties are reported as prolific domestic violence,

estrangement, mental health issues, drugs and alcohol, bereavement, police involvement, and child sexual, emotional, and physical abuse and neglect (Felitti *et al.,* 1998; Metzler *et al.,* 2017). Indeed, the participants had experienced an array of such issues. A chart detailing these characteristics can be found on p57 (Fig 6).

Such experiences create a plethora of complications in engagement with both research and professional intervention, whereby mere identification can prompt feelings of threat and judgement in the individual (Benoit *et al.,* 2005). Furthermore, the additional weight of professional judgements in social care have far reaching consequences (Munro, 2011), and thus it is apparent that the participants in this study have overcome a multitude of threats and stressors in order to participate in this project. The characteristics of the research participants reveal enduring stress. They have experienced the systemic difficulties leading to the referral (Pycroft & Bartollas, 2014; Dallos & Draper, 2010), professional intervention which has questioned and judged their self-concept, and social stigma (Hayden & Jenkins, 2014). Finally, they have been asked to explain it all to a stranger in a research interview (Corbin-Dwyer & Buckle, 2009; Cohen, Manion & Morrison, 2011). Therefore there might be an expectation that participants would be particularly difficult to recruit, and that interviews would be guarded (Sadler *et al,.* 2010). In fact, the reverse was true, and it is feasible that as an apparently neutral outsider from a University (Cohen, Manion & Morrison 2011), participants felt more able to tell their stories fully. Of the eight parents invited to participate, only one declined, and interviews were forthcoming, with each lasting over an hour, and with graphic and personal detail offered up through reflection. It is fair to say perhaps, that souls were laid bare. Thus, it seems ironic that this same group of people are labelled as *hard to reach* (Boag-Munroe & Evangelou, 2014; Mumby-Croft, 2014) and so it is interesting to consider the psychological experience of the interview itself, and the journey to it.

As noted by Tracy (2010), *sincerity* reflects taking account of the human story, told in raw form with the emotional authenticity that it carries. I looked to an interactive and reflexive approach (O'Sullivan, 2015; Tracy, 2010) and to the reflective bracketing advocated by Smith, Flowers & Larkin (2009) to support my ability in separating my lens of experience from that of my participants (Vargai-Dobai, 2012). Corbin-Dwyer & Buckle (2009) discuss the outsider/insider positions which may be held in qualitative research, and I have occupied both; as an outsider to the issues presented by the participants, and as a professional within that same system. I understand more than a lay person about the process and culture of professional intervention, and can identify echoes between the participants' stories, and the families I worked with over years of practice (Goldsponk & Engwood, 2018). In such a way,

each participant's story has been immersive, driven by a genuine fascination with each person's lived experience. A reflective account has been included at Appendix 2, which exemplifies the reflexivity within this process (Macklin & Whiteford; 2012, Moss; 2011; Smith, 2009; 2011a, 2011b).

McAdams (2001) considers that such narratives enable individuals to process events and find meaning, and are argued to support the construction of self-identity (Woodward, 2002; Bruner, 1986, 1996, 1990; Burgess-Proctor, 2015). This may be key in researching sensitive subjects with vulnerable groups, as events may be distressing and confusing. The emotional intensity of participant experience is reflected in Guillemin & Gillam (2004) and Daley's (2012) discussion of Microethics; a term used by Komesaroff [1995] regarding the everyday interactions between doctors and patients. They assert the doctor/patient dynamic occurs in qualitative research, with issues of trust, consent and power amidst the research relationship. This acknowledges relational ethics and care of the participant and it can be argued that those retelling trauma need patience and time as they tell their story, creating trust and care within the interview setting (Daley 2012, Guillemin & Gillam, 2004). This echoes the professional phronesis I brought to this study. Throughout the process, a professional approach has underpinned the research design, recruitment, data collection and analysis, and has considered ways in which findings might be applied for impact within the research population. This research is intended to give voice in interpreting the voice of the participant in context of their experience.

As identified by Burkitt (2014) and Minda (2015), ethical decisions are at once cognitive, emotional, and informed by past experience, relating to the centrality of the emotional self in perception. Burkitt (2014:101) states; *"there is no neutral, non-personal, unemotional way of engaging with the world",* and cites Dewey's (1980 [1934]) theory that our thoughts and feelings are intrinsically as one in the moment of experience, requiring hindsight to separate what we thought, from what we felt. Kahneman (2003) explains that whilst we experience these functions at the same time, they are generated by two different systems. System 1 regards fast, automatic responses from an emotional base, and System 2 elicits judgements through slower, effortful and deliberate processes. This relates to professional phronesis, meaning the practical wisdom that enables *"situational perception and insight"* (Noel 1999: 275; Moss, 2011; Tracy, 2012; Maynard, 2017). Qualitative research requires the phronesis of interpretation and ethical conduct in particularly nuanced ways, with a focus that values each participant as an end point in themselves, rather than as a mechanism of

professional gain (Macklin & Whiteford, 2012; Khaneman, 2003; Minda, 2015). As a researcher I needed to be able to withstand the raw emotion of the participant, enabling them to process and make sense of life events. This requires care and reflexivity, demonstrated in this study by the bracketing reflection (Smith, Flowers & Larkin, 2009) at Appendix 2, which supported the skilful containment of participants' vulnerability in a trusted research environment (Maynard, 2017; Ellsberg & Heise 2002). In this study, I drew extensively on my prior knowledge of the professional field and the families within it in order to enable an empathic, reflexive and ethical response to participants, so that telling their story could be beneficial for them, beyond mere collection of data (Ruch, 2014; Burgess-Proctor, 2015).  Above all else, this study has presented a rich experience through which to indulge professional curiosity; to reach beyond the common restrictions of practice (Dadds, 2002; Keddell, 2014) and answer Munro's (2011) call to *be curious*. Curiosity has led this research process through an abundance of reflexive questions, and the route here has been, as suggested by Dadds (2002:4) "*far from tidy*".

*Ethics*

The ethics of any research study are vitally important to the integrity of the work undertaken, and this is particularly so due to the inherent complexities of the research population in this study (Sadler *et al.* 2010; Boag-Munroe & Evangelou, 2012; Penrod *et al.,* 2003. The study is framed by the ethical process of the University of Winchester (2015), the guidance of BERA (2018) and the British Psychological Society (2018). It is further contextualised by a key relationship with the local City Council and its due governance, which contributed recruitment of families, provision of accessible and neutral venues (Cohen, Manion & Morrison, 2011; Lethem, 2002), and professional supervision for the researcher. The rationale for this provision will be discussed as part of this ethics section.

It was noted earlier that the participants were known to be tier three, therefore a professional assessment had deduced there was no apparent risk to a child (Portsmouth Safeguarding Children Board). However, given the inherent complexities of the participant group, and the acknowledgement of service thresholds being extremely high (Mattheys, 2015), a protocol was established to ensure a timely response in the event of recognising a safeguarding concern. This would mean referring the family to the designated agency, notifying the service manager and closing the research for the relevant participant. To ensure that the researcher did not shoulder this responsibility alone, a professional supervision arrangement was made with the service manager. This reflects the usual practice in the

professional field, where a practitioner and supervisor meet regularly to reflect on cases and discuss whether further action is needed, echoing the professional value of shared accountability and timely sharing of information (Fook & Askeland, 2006; Caspi & Reid, 2002). The local authority City Council operates a Multi-Agency Safeguarding Hub (MASH), where all children of concern are referred for assessment and referral. It is this vehicle which delivers the local authority responsibility to the Local Safeguarding Children's Board (LSCB). All families referred to the Early Help and Prevention service come through this route, and have been identified as being tier three in their most recent contact with the service. Clarity about where families were placed in the system was important, to ensure that an interview did not compromise ongoing intervention or investigation under the Children Act 1989. In consultation with the key service manager, I decided to recruit participants from cases that were closed, and with whom there were no current safeguarding concerns, as far as could be determined.

Human research is inherently risky, with boundaries of confidentiality, disclosure and consent surrounding each event (Ellsberg & Heise, 2002; Cloke *et al.,* 2003). However, there are particular risks when dealing with vulnerable people, often comprising "*ethically important moments*" (Ellsberg & Heise, 2002: 262). My previous research raised reflexive ethical issues in practice (Maynard, 2017), which brought the ethic of care to the fore (Guilleman & Gillan, 2004; Corbin & Morse, 2003) as reflected within feminist frameworks (Edwards & Mauthner, 2012; Burgess-Proctor, 2015). These *microethics* (Khaneman, 2003; Maynard, 2017)  are unique to the participant themselves, therefore the exact ethical considerations cannot be blindly transferred between occasions, and require a nuanced and reflexive response, befitting each participant (Daley, 2007).

Research has the potential to harm vulnerable participants through mismanagement of information, or by receiving the story without due care and respect (Ellsberg & Heise, 2002; Corbin & Morse, 2003; Daly, 2009, Israel & Hay, 2006, Ruch, 2014; Burgess-Proctor 2015).  The place of beneficence (*to do good*) and non-maleficence *(to avoid doing harm*) is a central theme in research ethics (Ruch 2014; Israel & Hay 2006), positioned as a point of obligation by The Belmont Report (1979). The particular characteristics render the researcher as emotionally involved alongside the participant, and that the stories we hear become part of our understanding of the world (Corbin, Dwyer & Buckle, 2009; Thompson & Thompson, 2008). Ruch (2014) asserts that a psycho-socially aware researcher is able to act as a 'container' for a participant in a heightened state of anxiety. As noted by Cloke *et al*, (2000), and McClinton *et al*. (2015), researching vulnerable people is potentially voyeuristic and harmful, and thus ethics

must determine there is a valid and positive function to justify asking people to share their most personal life events (Smoyer *et al.,* 2014, Montalvo & Larson, 2014).

However, positioning research participants as inherently vulnerable, assumes they lack agency, let down by weak processes of informed consent (Palmer *et al*., 2014). A more optimistic perspective is to view, participants as the key protagonist in research, whereby robust and careful ethics ensure they maintain control over their stories, and lead the researcher to a meaningful contribution to knowledge (Corbin & Morse, 2003).

*Process and Credibility*

This section details the research *process* and *credibility* (Tracy, 2010), which framed this study as ethical and credible. The initial step in this work was a pilot phase. My original concept was to compare perspectives of children, parents and school staff at a given local primary school, and the project was titled *Children's Lives at Home and School*. Two parents from different families were identified by the school as people who were *hard to reach,* but nevertheless were willing to talk to me. Two parents, Sarah and Dave were interviewed, Dave with one child in the school, and Sarah with two children in the school. The children were subsequently interviewed themselves, and this was followed by a focus group with key pastoral staff. A narrative approach was planned, following Bruner's theories of narrative and self (Bruner, 1990, 1991).

Given my past professional experience I used some identified strategies from Solution Focused Brief Therapy (BSFT) to create the research relationships and enable narratives to be freely expressed. Techniques of *problem free talk,* and *constructive listening* (Ratner, George & Iveson, 2012) were adopted, which helped shift the possible expectation of an assessment and thereby supported the reduction of a power imbalance (Lethem, 2002). Problem free talk encouraged the participants to speak about themselves, so lessening anticipation of judgement in favour of sincere interest (Arsel, 2017). From this early stage, the manner of engagement with these parents was noticed as significant, and caused me to re-orientate the project substantially. With these *hard to reach* people, consent was obtained easily, with both parents barely looking at the carefully devised information sheets. Even before this stage, and before the tape was turned on, both participants had already started explaining their lives to me. These first interviews were startling in their candour, with clear indications that both participants were engaged in meaningful reflection and trying to make sense through this objective environment. Unfortunately, I later realised that there had been a recording error and this rich data had been lost. Somewhat mortified I asked whether they would consider

returning, assuming that I had been lucky to access hard to reach families at all. Not only did they agree, but both participants altered other plans, including work commitments, in order to come back and retell their story.

I began to question more closely why these people, who had experienced high levels of intervention in their lives, were so willing to engage in research. In fact, their behaviour signalled they were not hard to reach, perhaps more so that they were *waiting to be reached*. Apart from answering questions they appeared to be using the interview themselves, to reflect on key life events, and I realised that to give voice and value to these people and their stories was powerful in itself. I questioned whether this could be the first time they had truly been heard. It appeared that the interview itself was not just data collection to be analysed; it was a personally important event for participants, indicated by their behaviours and narrative.

From here I looked more deeply at Bruner's (1986, 1990, 1991) canonicity and breach, questioning why my approach had enabled this meaningful event in people's lives. I re-considered the psychological experience of canonicity, further reflecting on my position and theirs, and noticed the apparent significance of the research environment I had created. People with long histories of intervention had felt able to express innermost concerns, including behaviours which are likely to have been challenged by professional agencies. It was evident that I had created an environment in which people felt able to talk, through reducing threat by interpersonal sincerity and ensuring that participants were able to direct the conversation themselves (Corbin & Morse, 2003; Ruch 2014; Burgess-Proctor 2015).

The data from these participants indicated a sense of performing to a proscribed set of values, and raised questions as to how these expectations resonated with, or contradicted, established values within their family culture. This echoed theoretical constructs of subjective reality (Bruner, 1986, 1990, 1991) and exemplified patterns embedded within family norms (Dallos & Draper, 2010; Pycroft & Bartollas, 2014). The pilot resulted in a critical understanding of how a research environment could enable challenges to canonicity to be explored, and was personally meaningful in individual lives. I felt that further exploration of this type of lived experience; the negotiation of canonicity, the experience of breach, and of valuing a person's story, could result in important contributions to the professional and academic field.

Once a much sharper focus was identified I found that narrative analysis lacked the structure I felt I needed. IPA offered a deeply dialogic process, and I found a reflection of the professional position in the *double hermeneutic* (Smith, Flower & Larkin, 2009; Shaw, 2010). This positions the researcher as active in co-constructed interpretation with the participant,

aware that she is interpreting their interpretation of their lives, to reflect the life-world of participants (O'Sullivan, 2015; Denzin, 2006; Polkinghorne, 2005; Kvale, 1983; Eatough & Smith, 2017). I felt this acknowledged the distance between the practitioner and the client, exemplifying the significance of a person in authority making a judgement over another person's experience and behaviours. Despite the change in direction, the data of the two parents, Sarah and Dave, were so important in developing the study, that I felt they had to be brought in. Therefore I disregarded the data from the pilot phase, and re-analysed the interviews with Sarah and Dave using IPA.

The Phase Two research was situated at the Early Help and Prevention service in a local authority, which enabled purposive sampling (Cohen, Manion & Morrison, 2011) as typical within IPA (Smith, Flowers & Larkin 2009). This is noted by Suri (2011) as synthesized research design, which enables findings to be applied in context (Swanborn, 2010). The participants chosen for this study were identified as potentially *"good informants"* (Coyne, 1997: 623), that is, that adults who were willing to tell their story, and those who had previously received support though the Early Help and Prevention service. Therefore, there was a strong likelihood that each participant could offer rich and relevant experience which is a key strategy within qualitative research (Polkinghorne, 2005).

I decided to restrict the recruitment to participants who were the primary carer to the child of concern, as I anticipated that an interview with both parents may have evoked too many variables. Single parents would have reduced the homogeneity of the sample, and would have made the research less credible within the expected format of IPA (Smith, Flowers & Larkin, 2009). Interviewing two parents separately would have reduced the number of cases, and interviewing parents together would have meant a focus group rather than a semi-structured interview approach. While good examples of focus group IPA exist within the field (Tompkins & Eatough, 2010), Merriam & Tisdell (2015) warn against the use of focus groups for sensitive areas of inquiry as this can influence the responses of participants. It was foreseen that parents may have obscured their feelings when in the presence of their partner, and the inclusion of a child would have incurred yet further difficulties due to their additional vulnerabilities (Smith, Flowers & Larkin, 2009). Possible strengths of bringing a group of parents from different families is acknowledged however, and is an area of interest identified for future research.

Phenomenologists avoid making any claims about the reality of any given situation (Spinelli, 2005). Instead, interpretations are viewed in context and thus the emphasis resides

with subjects' view of the issue, rather than an established consensus of fact (Bruner, 1986, 1990, 1991). It is acknowledged here that participants' accounts are not factual, but are presented as a reflection of their interpretation at a specific moment in time, reflecting the IPA process as making sense of an individual making sense of experience (Smith, 2011a, 2011b; Shaw, 2011). As advocated by qualitative researchers Tracy (2010, 2012), Denzin (2006), Smith (2004, 2011a), Ponterotto (2006), and Shaw (2011), the crux of credible qualitative research lies in showing a *thick description* rather than simply telling about the lived experience. This is explained as presenting detail of events and experiences which convey context and intentionality, charting the development of actions and enabling events to be interpreted.

Smith (2011a) lays out criteria for credible IPA research projects, similar to those laid down by Yardley (2000) and verified by Shaw (2011), who discusses the merits of the criteria. As the founder of the IPA approach, Smith's (2011a) criteria have been adopted to ensure that this research meets those standards. The sample size of seven participants represents a homogeneous phenomenon therefore enabling in-depth and idiographic analysis (Smith, 2004; Smith & Osborn, 2004; Smith 2011a) with semi structured interviews enabling individuality to emerge (Cohen, Manion & Morrison, 2011; Benoot, Hannes & Bilsen, 2016). The criteria exemplify valid use of data, including range of examples, explained in the table below, adapted from Smith (2011a :17), found on p52.

| CRITERIA FOR ACCEPTABLE IPA (SMITH, 2011a) | WAYS IN WHICH CRITERIA HAVE BEEN MET |
|---|---|
| The research clearly subscribes to the theoretical principles of IPA: it is phenomenological, hermeneutic and idiographic | Theory has been discussed extensively and applied in field work, analysis and reflection, Analysis is performed case by case to maintain idiographic nature of IPA |
| The research is sufficiently transparent so reader can see what was done | Reflection has been demonstrated through Bracketing (Appendix X), limitations of research and inclusion of analytic transcripts |
| Coherent, plausible and interesting analysis | Analysis has been carefully written to convey idiosyncratic experience in context of the homogenous sample, relevant to the discipline and sector |
| Sufficient sampling from corpus to show density of evidence for each theme; *For sample size; N4- 8: extracts from at least three participants for each theme, or from half the sample size* | This benchmark is met or exceeded in all themes and superordinate themes |
| **Criteria for <u>Good</u> IPA (Smith, 2011a)** | |
| Well focused; offering an in-depth analysis of a specific topic | The nature of the sample represents a recognized homogeneity within the professional field, determined by Tier 3. Analysis reflects this homogeneity of experience |
| Data and interpretation are strong | Analysis is extensive, in depth, and exceeds criteria for sufficient sampling as above. Resonance is located between participant accounts |
| Reader is engaged and finds it particularly enlightening. | The topic choice is apt and contemporary for the sector and likely readership, correlating with areas of professional interest, for example, enduring mental health issues, and engagement for positive change and repeat referrals |

Fig 5. Smith's (2011a) Model for Acceptable and Good IPA (adapted)

The recruitment process was carefully planned to reduce power imbalance and enable participants to speak their own truth, deemed particularly important because of the inherent vulnerability of participants (Cloke *et al.*, 2000; McClinton *et al.*, 2015). Prior experience of

assessment, power and stigma needed to be considered in order to prepare a neutral and supportive research environment (O'Sullivan, 2015; Cohen *et al.*, 2011). Recruitment and consent to participate was meticulously planned – I met frequently with the service manager, and gave a talk at the team meeting to explain the nature and remit of the research. It was imperative to introduce the project carefully to both the service team and participants, so as to make clear to participants that this was voluntary and outside of any intervention (Cohen *et al.,* 2011). Existing relationships were utilized for recruitment via an adapted snowballing technique (Sadler *et al*, 2010), in which practitioners already known to the participants, acted as the seed (Penrod *et al,* 2003). They were given a script to introduce the study, so that the first contact with the research came from a known person (Sadler *et al.* 2000). This also ensured that appropriate and consistent language was used in this first introduction (Arsel, 2017). Given these participants had past experience of intervention, which may have felt imposed, this introduction was a pivotal moment to ensure people were *invited* - not asked, required or compelled, to tell their story (Denzin, 2006; Miller & Bell, 2012). The service team were understood to be custodians of this message, and the introduction, consent forms and information sheet can be found at Appendices 4, 5, and 6. At this stage, the study was given a working title of *Family Stories*, which was felt to be an accessible and appropriate description of the work.

Practitioners were given specific but minimal criteria to use when identifying potential participants; 1) those whose case had been closed 2) people whose case had not been escalated to tier 4 (social services) and 3) people who were deemed likely to feel comfortable in telling their story, based on the practitioner's knowledge of the person themselves. Factors such as race, gender and age were deliberately left out of this recruitment process.  As a whole, the participant group included six women and one man, all of white UK ethnicity. One participant was a grandmother with parental responsibility for her children, and most of the participants had a large number of children (up to eight) with a wide spread of ages. Although a specific profile of the subject child was not identified for recruitment, it so happened that there was a strong profile of shared characteristics. These were not known at recruitment but were revealed by participants during interview, and included experience of violence, estrangements, substance misuse and previous involvement with services. In six of seven cases, the intervention had been targeted in respect of the youngest child in the family. Across all families, the ages of the subject child ranged from eight to fourteen, with typically two 'sets' of children within each family (Fig. 6; p57).

Once practitioners had gained consent for details to be shared with me, I was able to make contact and offer them an interview, ensuring the research and consent process was carefully explained, along with an outline of the interview questions as a way of establishing the research relationship (Arsel, 2017; MacDougal & Fudge, 2001). We agreed a suitable date and time over the phone. This therefore meant that prior to meeting, several forms of contact had been made with the participant, and it is believed this helped establish the relational and open tone of the interviews themselves (O'Sullivan, 2015; Cohen *et al.,* 2011). In such a way, participants were protected from unwanted contact, and data sharing was within ethical accountable processes (BERA, 2018; British Psychological Society, 2018).

Due perhaps to the preamble of the introductory process (Arsel *et al.,* 2017), participants readily signed consent, and had very few questions, often starting their story before recording equipment had even been switched on. This can be noted at the beginning of several transcripts (Appendix 8d, 8f), which appear to start almost midway through a conversation, and I often had to ask participants to restart and explain from the beginning. There are also several transcripts (Appendices 8c, 8d, 8f, 8g) where I attempted to end the interview but this seemed to spark another story, reflecting a keenness to keep talking. As with phase one, the readiness with which participants spoke is of note. Interestingly, Merriam & Tisdell (2015) note a similar enthusiasm in their own work. The strategies used to create the research environment, including recruitment through seeds, problem free talk, and a neutral space, encouraged a free flowing exploration led by the participant (Smith, Flowers & Larkin, 2009; Shaw, Dallos & Shoebridge, 2009; Holland, Archer & Montague, 2016). Arsel (2017: 945) explains *"Your participants' narratives will be messy, full of contradictions and contestations. Good. This is exactly what you want"*, indicating that points of meaning and resonance are subjective to the participant, and reflects the active and co-constructed interviews identified by Holstein & Gubrium (2016), and Squire *et al.* (2014). As explained by Kvale (1983), this study was about entering the life-world of the participant and appreciating its idiosyncratic nuances (Smith, Flowers & Larkin, 2009). The IPA researcher listens intently for pivotal moments, and acknowledges participants may reach new conclusions about their experience, further exemplifying the dialogic nature of this type of research (Smith, Flowers & Larkin, 2009) within a live and reflexive ethical process (Ellsberg & Heise, 2002).

The interview schedule can be found at Appendix 7. This was devised to be as loose as possible, orientated around the events leading up to intervention, the intervention itself and the subsequent changes within the family. However, I was not looking for a chronology of events, but moreover, how those events felt. References to violence, suicide, and

estrangements were particularly prominent in the data, and while mental health problems were apparent, the significance afforded to it by the participant group as a whole was comparatively small. My interviews therefore held an emotional space where participants led their reflections with minimal re-direction and in such a fashion, they reflected, rethought, embodied and questioned prior experience (Smith (2011a; Archer *et al.,* 2015). It is understood that participants are likely to have presented a version of events in the context of the interview (Squire, et al., 2014; Merriam & Tisdell, 2015), as all human interaction conveys negotiation of norms and presentation of self (Bruner, 1990, 1991).

Transcripts were read and re-read, so that I was immersed in the story of each person (Smith, Flowers & Larkin, 2009; Shaw, 2010; Shinebourne, 2011). Analysis was conducted line by line, identifying comments, references and metaphors which appeared significant due to repetition, emphasis, and associated emotion (Smith, 2011c; Appendix 8) . I found that analysing data manually enabled me to stay closely connected to the heuristic of each person and the movement towards new understandings (Tracy, 2010; Arsel, 2017). In such a way, themes and sub themes were generated for each individual, typically reflecting specific language and metaphor (Smith, 2011a; Smith, Flowers & Larkin, 2009; Shaw, 2011). For example one participant theme was identified as *"..And so I left; Living and Leaving Domestic Abuse".* In this example, the participant's words were used due to the prominence of the theme in the data, but also to reflect her repeated justification of leaving the situation. Themes were first identified by notes in the margin, and then by colour coding each passage so that relevant data could be identified easily. Bringing themes out of chronological order enabled scrutiny of reoccurrence and emphasis (Arsel, 2017; Rubin & Rubin, 2012). This began again for each participant, with each case following the same process so that I could immerse myself completely in each story in turn (Smith, Flowers & Larkin, 2009).

The analysis was influenced by my professional knowledge, phronesis (Landman, 2012), and key IPA research (Smith, Flowers & Larkin, 2009; Smith 2011a; Smith, 2011b; Shaw, 2010). Reflection was a key part of the process throughout, constructing meaning through continued exploration of the data to scrutinise emergent phenomena. This was informed in the research design by professional experience and reading of the literature, and continued in the live interview setting through reflexive ethical practice (Khaneman, 2003) and active listening (Gubrium *et al.,* 2016; Tracy, 2010; 2012). The proactive manner of engagement from participants signified their meaningful connection with the research, thus indicating the significance of giving voice and avoiding judgement (Eriksen *et al.,* 2012), enabling reflection which was authentic and meaningful to their constructed selves. In such a way, I created a

research environment in which the approach would be discernibly different from a professional intervention, devoid of assessment and planning (Thorburn *et al.,* 2013; Keddell, 2014), yet held to its values of ethical care (BERA, 2018; British Psychological Society, 2018; Ellsberg & Heise, 2002). The process was led by an intuitive engagement with the surrounding literature; methodological, theoretical, and professional. My professional background enabled me to pinpoint phenomena as relevant to the field, representing the *gems* referred to by Smith (2011c). These gems were found to reflect the professional discourse of systemic practice (Dallos & Draper, 2010), chaos, complexity (Pycroft & Bartollas, 2014) and recovery from trauma (Williamson, 2010; Stark, 2007), leading to research outcomes which are relevant to the sector (Tracy, 2010). Of central concern are the idiosyncratic factors which have resonated with the individual themselves (Smith, Flowers & Larkin, 2009; Smith, 2011c; Bruner, 1986, 1990, 1991), and these have been understood to be pivotal to participants' comprehension, response and action (Festinger, 1957; Bruner, 1990). The study was designed and delivered according to the belief that individuals act within subjective reality (Bruner, 1986, 1990), and that social intervention challenges this, potentially forcing a crisis of self. Ultimately, this became the focal point of analysis. It is the observations and conceptualisation of movement of the self *through* the zones of the Johari window, within constructs of canonicity and breach (Bruner, 1990; Festinger, 1957), which is the driving force behind this IPA.

Bracketing in IPA is a reflective process which acknowledges the emotional reactions of the researcher to the story she hears, and enables her to identify differences in interpretation, reflecting the double hermeneutic (Smith, Flowers & Larkin, 2009). Similarly Bruner (1990) argues narrative revolves around presentation and interpretation, while transcendental phenomenology attempts to detach the researcher from the researched in entirety (Langdridge, 2007; Spinelli, 2005). Bruner (1990) and Smith (2011a; Smith, Flowers & Larkin, 2009) situate participant and researcher in the existential co-construction of meaning through interpretation, and interestingly, Giddens (1991) notes all individuals are engaged with bracketing meaning in experience – thus it is not just the researcher who engages in bracketing, but participants as well.  Bracketing therefore engages reflexive thinking, and is found in subjective worlds (Giddens, 1991), and professional practice, regarding assumptions and value-based judgements (O'Sullivan, 2015; Tracy, 2010, 2012). In research and practice this aims to get close to the authentic lived experience of another person (Smith, 2011a; Tracy, 2010). Appendix 2 reflects the bracketing I undertook throughout this study.

Ultimately, connections between each participant were made, eliciting the superordinate table of themes, and this was reflected back against the hidden characteristics

of participants (Fig.6). There were significant echoes between cases, with themes of violence, estrangement and moralised discourses of good parenting (Bruner, 1986, 1990, 2001). Despite some apparent differences in experience and perspective, it was evident that all seven stories reflected significant adverse childhood experiences (ACEs) (Feltitti *et al.* 1998; Metzler *et al.* 2017), and factors were often multi-generational, playing out through at least two generations (Dallos & Draper, 2010). It was these factors which the participants reflected on during interview, indicating that understanding the impact of experience is still evolving in their minds.

| Name | Gender | Ethnicity | Domestic abuse/ community violence | Safeguarding | Separated from children | Mental health: parent | Mental health: child | Disability | Subst. misuse | Wide age gap of children | Referral for youngest child (age) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sarah | Female | White UK | Yes | Yes | Yes (fled DA) + Children estranged / removed | Yes | No | No | No | Yes; 2-28 | No |
| Angela | Female | White UK | Yes | Restricted custody - unclear | Yes (fled DA) | unclear | unclear | Yes | No | Yes; 8-18 | Yes (8) |
| Viv | Female | White UK | Yes | No | Yes (fled DA) | Yes | Yes | No | Yes (child) | Yes; 16-28 | Yes (14) |
| Lisa | Female | White UK | Yes | Yes | No | Yes? | | Yes (child) | Yes (child) | Yes; 16-28 | Yes (14) |
| Dave | Male | White UK | Street violence, physical abuse | Yes | No | Yes | Yes | No | No | Yes; 10-22 | Yes (9) |
| Jenny | Female | White UK | Fighting between family and community | Yes | Yes (mother/ child) | Yes | Yes | No | Yes | Grand-mother, Children in family 2/3- 15 | Yes (13/younger) |
| Meg | Female | White UK | Threat of | Yes | No | No | No | No | Yes | Yes; 14-28 | Yes (14) |

Figure 6; Hidden Characteristics of Participants; In order of appearance in Findings & Analysis

Tracy (2010) advocates the need for transparency and an acknowledgement of the *limitations of research*. There were a number of challenges which arose during the research process, which this section acknowledges. Potential recruitment difficulties in a hard to reach research population (Sadler *et al.,* 2010) determined some key points of the recruitment process, which impacted the sample. The decision to employ limited criteria for recruitment avoided an assumption that people would fall into certain criteria such as mental health issues and domestic violence, which are well documented in the literature pertaining to tier three families (Thornburn *et al*, 2013), and the avoidance of race, gender and age categories enabled a wider pool to be recruited from. A narrow criterion would have increased difficulty of recruitment, and could have reduced the sample size. In hindsight, the typical factors were in fact present among the participants, and so greater homogeneity could perhaps have been gained in establishing tighter criteria (Smith, Flowers & Larkin, 2009).

As the research was situated in a multi-cultural city, it is perhaps notable that the only people referred to the study were of white British ethnicity. Because of the minimalist selection criteria, it was not possible to seek ethnic representation after the fact, however, homogeneity would have been lessened by cross representation (Smith, Flowers & Larkin, 2009). Given the recruitment strategy, it is possible that the practitioner seeds (Penrod *et al,* 2003) filtered people by ethnic background or language through unconscious bias (Fiske & Taylor, 2013). Whilst the idiosyncratic nature of the approach advocates difference between all human lives, the context of additional barriers reflecting marginalization and specific cultural references of Black and Minority Ethnic groups (BAME) has not been investigated and is acknowledged.

MacDougall & Fudge (2001) claim that the recruitment process in research is rarely without difficulty, and that the false starts of a typical process are often sanitised in the literature. Such an obstacle presented itself when referrals to the study ceased unexpectedly, due to a local increase in cases escalated to tier four which reflects the national crisis in the sector (Richards, 2017). More participants were eventually found, but the drip feed of participants meant that the time since case closure varied significantly. Had it been possible to manage this more effectively, greater homogeneity could have been gained, however these apparent limitations sometimes enhanced the process by default, as time was taken to revisit

and build theory as part of a reflexive, circular process through increasing spheres of understanding (Arsel, 2017).

Lastly it is acknowledged there is a limitation in representing one family member in a sector which concerns families as a whole, the rationale for which was explained earlier in this chapter. While it is accepted that a whole family view could have added more in some ways, this research is seen as the first part of a larger project, and the work has already enabled local discussions about how the research might influence practice for the better. Importantly therefore, the reflexive process of recognising limitations in the research has enabled greater understanding of the field.

**Chapter 4**

**Findings and Analysis**

Tracy's (2010) note of *meaningful coherence* will be met through the analysis of data. This research will argue that the lived experience of change within families is nuanced and detailed, requiring a complex repositioning of norms, which is at once exposing and dissonant with past expectations (Festinger, 1957). Participants' data indicates that long term complex need within the families is common place and multifactorial, and a possible association will be drawn between this, and the apparent prevalence of re-referrals into the system. The research will question how people learn in a context of stigma, trauma, hierarchy and unfamiliarity, and will conjecture that systemic understanding of parental responses to intervention might enlighten presentation of self (Goffman, 1969; Bamberg, 2011), and enable resonant learning for the longer term (Bruner, 1986, 1990, 1996, 2011).

Both phases of the study are included in this section; the re-examined cases of Sarah and Dave using IPA, and the five cases interviewed in phase two; Viv, Angela, Lisa, Meg and Jenny. Reflecting the strong theme of domestic abuse and estrangement shared between four cases, Sarah, Angela, Lisa, and Viv are presented initially. These four women share conceptualisations of abuse, and narratives about leaving and staying in abusive situations. The analysis then moves onto to Dave who strongly reflects physical punishment but also deeply entrenched family loyalty, Jenny who is the only grandparent in the sample and who reflects extensively on her loyalty and care, and lastly Meg, who is the only participant to have had no previous known involvement with social care agencies. However it is important to note that each case is idiosyncratic and nuanced. While key issues are clearly shared among a majority of cases such as abuse and constructs of good parenting, choice, and control, each case will be considered in depth prior to analysis at superordinate level, reflecting they key literature (Smith, Flowers & Larkin, 2009; Smith, 2001c; Shaw, 2011)

**Master Table of Themes**

| Participant | Cluster of themes | Notes |
|---|---|---|
| Sarah | **S1** Using the interview to make sense of experience, <br><br> **S2** Good mum or bad mum (my star child is just like me), <br><br> **S3** And so I left (living and leaving domestic abuse) | Negotiating representations of a good and bad mum, critical, cites others criticisms of her in the past, sections off some children in her mind. This evidences the change, but it's formulaic, contradictory. Emotional separateness (Care bears) |
| Angela | **A1** The experience of MS, <br><br> **A2** Domestic Abuse, Being Scared <br><br> **A3** Separateness, Connection and Care | Apportions separation to MS, not to her actively leaving the children. Views services as providing the care in her life. Family are because they have to be..? Overwhelmed when children show her affection and a loving connection between them |
| Viv | **V1** Mental Health <br><br> **V2** Past histories, Secrets and Strategies <br><br> **V3** Feeling Noticed, Feeling Judged <br><br> **V4** Battling | Control strategies |
| Lisa | **L1** The roundabout and the motorway pile up, <br><br> **L2** Hiding in embarrassment, <br><br> **L3** Finding calm | Identifies the learning – the shift to calm. Separateness from Paul, |
| Dave | **D1** Legacy of violence, <br><br> **D2** Learning and Change, <br><br> **D3** Good dad bad dad | Violence represents hierarchy and respect not abuse. Identifies learning, honest about the prevalence of old ways and the contrast effort in reformed behaviours |
| Jenny | **J1** Holding the family, <br><br> **J2** Jenny, Amy and Toby, <br><br> **J3** Seeking and accepting help | Negotiations surrounding accepting help and authority agencies; being blamed. Confused over key issues within the family |
| Meg | **M1** Authority <br><br> **M2** James' choice (not my fault), <br><br> **M3** At my door. | Negotiating and accepting help from agencies. Emotional separateness from James' choice (also phone) |

Figure 7; Master Table of Themes

# Sarah

Sarah is mother to eight children with two different fathers, ranging in age from twenty-one to two. Her eldest child, Charlotte, is estranged from the family. She is barely acknowledged with no information given about their relationship. Sarah's daughter Faith, age fourteen, has been removed from the family following an allegation of abuse from Sarah's current partner Chris. As explained in Chapter 4, a recording error led to Sarah being interviewed twice. This explains the references she makes to having previously spoken to the interviewer. Sarah's themes are clustered into;

*Sarah 1: Using the interview to make sense of experience*

*Sarah 2: ...And so I left (living and leaving domestic abuse).*

*Sarah 3: Good mum or bad mum (my star child is just like me)*

**Sarah 1: Using the interview to make sense of experience**

At several stages of the interview, Sarah reflects on the value of talking to the researcher. She also checks and rethinks her experience, appearing to search for affirmation. The following examples indicate Sarah making meaning of her experience, clearly using the neutral space of the interview to reflect and clarify her perceptions. These excerpts are sometimes just a few words, but the frequency with which they occur suggest this is a significant factor.

**S1.1**  *Umm, actually it did me really quite good talking about it. I was feeling quite down…But then talking about what I've been through and what I've got now, it has like really lifted my spirits….. Oh yeah, god knows. I feel totally better.*

**S1.2**

*Int: (Are you) able to put those (feelings) to one side..?*

*Sarah: I can now, I couldn't before without speaking with you but I can now. Yeah. This has helped me a lot.*

**S1.3**  *or is that just me?*

**S1.4** *Sarah:        Yeah! I'm on anti-depressants at the moment. The doctor won't take them off me.*

*Int:        Right*

*Sarah:  Because no matter how, something always happens, everything's fine and then*

something  happens and then…I'm back to square one again.

*Int:* What's that like?

***Sarah:*** *Horrible. Cause I do think, sometimes, should start working them down?  I think I'm just scared… they just keep me in balance you know. I mean I still cry, I still get upset. You know.*

In these examples Sarah indicates her fragility. She asks the interviewer for verification, and suggests she has been feeling low and unsure of herself; she was *feeling quite down*, but talking *lifted her spirits* and she feels *totally better*. Sarah makes a bold statement in attributing her first interview to helping her see things differently, clearly identifying it as personally valuable and constructing this as a turning point in both mood and perspective. Sarah's reflections at S1.4 indicate her mental health is fragile, and that she fears the consequences of relapse.

**Sarah 2: And so I left (living and leaving domestic abuse)**

Following a period of domestic abuse in her former relationship, Sarah left to start a new life, and in doing so, left her children with their violent father. Below, she explains;

**S2.1**  *And when I did leave, I was the black sheep of the family!* **….***And left my kids! What Mother does that!*

**S2.2**  *…he was making my life complete and utter hell. So I left.  Leaving him with the children.*

**S2.3**  *Yeah and I went back every day to make sure they were clean and stuff. I mean they were days when he would pick me up and throw me out the house and the kids were stood there screaming 'Mummy don't leave us'. And he was picking me up and throwing me out the front door. You know when I speak about it, Molly, she remembers all of that.*

**S2.3**  *…the police were meant to help with me but they were busy. [**Int**: Oh] So I just went up there, I went with Chris' sister and Molly , Faith and Simon all came running out the house with just in pants socks and an old school t-shirt they were sometimes, that's all they had on their backs and that's all that we had.   So, Charlotte wanted to stay there at the time, he wouldn't let me have Noah, it was a tug of war over Noah in the end. And we had to let go and just let him stay there. Umm…He was only two… three at the time.*

In these extracts Sarah connects the lived experience of leaving, with being ostracised by her own family, who condemned her for being a bad mother. Sarah described returning to the

family home where the children were *just in pants socks and an old school t-shirt,* yet she seeks to reconcile this with still mothering them through returning every day, and leaving again. Sarah describes the violence of being thrown out of the door, and the distress of the children pleading with her to stay. This is a heart wrenching extract, but Sarah may have limited comprehension of the potential impact of this on the children, indicated when she adds Molly *remembers all of that* almost by surprise.

Despite stating she was *making sure the children were clean and stuff*, Sarah also recounts (S2.3) the children would be *running out…in pants socks and an old t-shirt they were sometimes* suggests that although this is the recounting of a specific incident, this scene was familiar. There is also a transition in this extract; Sarah shifts from *that's all they had on their backs*, in context of living with their father, to, *that's all that we had*, which places her in the scene with them. There is therefore a switching between the lived experience of mothering the children directly and at a distance.

Some aspects of Sarah's interview attempt to normalise her experience. In relation to her new partner's background she states;

**S2.4** *…he had quite a bad childhood… His dad tried to kill him.*

*When he was a baby, yeah. And his Mum was beaten. A lot worse than what I had and I thought I had it bad.*


In S2.4 Sarah contextualises the attempted murder of a child being *quite bad* and adds that his mother, with whom she is now very close, has experienced domestic violence *a lot worse that what I had.* This comparison has acted as benchmark for Sarah, and in this extract she appears to minimalize her experience – she *thought [she] had it bad*, indicating that she now realises she was better off than she thought.


Sarah also comments;

**S2.5** *and I realise that, thinking,… you know I… you remember things but there are some things that don't always spring to mind and you know he used to make me kiss him, he used to make me sleep with him. It was awful.*

The numerous false starts and movement between pronouns to claim (I) and share (you) this reflection indicates Sarah is still orientating her understanding of what defined the abuse she experienced. These two examples at S2.4 and S2.5 indicate fluidity of Sarah's reality, shifting between a normalisation of violence because Chris's mum was so badly abused, to an unravelling recognition of its nuances and intimacies at S2.5. This reflects a strangeness in experience for Sarah, unable to quite understand what has happened and a traumatic collecting of experience in compiling identity.

**Sarah 3: Good mum Bad Mum (my star child is just like me)**

In this section Sarah presents herself in a dramatically different image, from the mother who left, to the mother who only ever stays at home. S3.1 indicates Sarah's orientation to her new family

**S3.1** *Obviously going from a relationship where there was no rules or no backup… to having one hundred percent on both parts, you know, the kids. Even though the ones that didn't like it have gone, obviously. They found a way to get out… And I do think that Faith does regret doing what she done. You know she has pretty much wrecked the family.*

Sarah uses brutal language about one of her children, Faith, who had been removed into local authority care, referring to her as *the bitch*. Here illustrates her perception of Faith as a child who has *wrecked the family;* she is to blame for *what she done*. Despite Faith's allegation of abuse and her being removed to foster care, Sarah expresses regret over Faith's allegation, rather than regretting losing her to local authority care, and makes no acknowledgement that abuse may have taken place. She positions the children estranged from her as *having found a way to get out*, and in doing so she abstains from responsibility.

In sharp contrast, Sarah's daughter Molly, 16 and son Charlie, 7, are spoken about in glowing terms.

**S3.2** *(Molly).. She is my star*

*Molly is brilliant.… I think she is a lot like me.…She'd rather help out at home. Than go out walking the streets with her friends.*

This is an example of the key values which Sarah returns to throughout the interview. The idea of homemaking occurs frequently in Sarah's construction of herself as a good mum. Moreover, she aligns her favoured children with her own character; *I think she is a lot like me.* Similarly Sarah speaks about Charlie and again aligns him to her self-identity of *doing anything for anyone.*

**S3.3**  *Charlie is… cuddly, a pleaser… he'd sit in the house and go 'Mum! Where are you?' and I'll say 'here, what's the matter?' and he'll say: 'I love you!' He's very… he's like me, he's got such a big heart! You know, 'I'd do anything for anyone'*

**S3.4**  *Like yesterday, 'because I collect care bears he said 'can I have your care bears?' I said, ''when I die''. He was like ''really?!'' I was like… ''yes''… ''but that means that you'd be dead''. I was like yeah ''well I'm not going to give them to you while I am alive because they are my care bears.'' And he just was taking in the whole concept; and Madeleine come in: "I want that one and I want that one and…'' Totally not thinking that I won't be here or I'll be gone. Where Charlie will be like oh well I'd rather have you than the care bears you know… She is very hard work, Madeleine.*

In S3.3 and S3.4 Sarah compares her children, Charlie aged seven, and Madeleine, age eight. Similarly to her comments about Faith and her estranged daughter Charlotte, she is negative about Madeleine and clearly shows greater approval of Charlie. Sarah demonstrates this through a specific incident over her collection of care bears. Charlie would choose mum, but Madeleine would prefer to have the toys; a judgement between love and material possessions. Sarah's line of demarcation is that these are her toys, not to be shared with the children, and appears oblivious to the construction of stuffed toys as childlike, and therefore natural that the children would like to play with them. In this she reflects possession, perhaps indicating a separateness and difficulty in sharing precious things.  Furthermore Sarah does not seem to notice that she introduced the concept of death to these young children, without any context. To some extent this echoes the condemnation of Faith, and indicates it is possible that Sarah struggles to understand her children's world.

Sarah's thoughts about what it means to be a good mother dominates the interview. She makes multiple references to her two constructions of self; the old Sarah, unable to discipline her children for fear of repercussions from her former abusive partner and the new Sarah, a homemaker with strict protective expectations of her children.

**S3.5** *I still find it really hard, like I said before with people who let their kids walk the streets at 11'o clock at night, y'know, when mine are in…. and I'm the bad parent for being so strict but I do it because I care and I love them, you know.*

As mentioned before, Sarah looks for some affirmation from the interviewer, and in S3.5 she uses *you know.* She also indicates a struggle between the accusations she faced of being a bad mother who is too strict, and her self-construction as a good, loving mother. Below, Sarah brings her partner Chris into the interview;

**S3.6** *'cause I'd say 'you're grounded' but the kids just knew …that as soon as you'd start whining or winging, annoying me going 'Mum, mum, mum', I'd say: 'go out'. Where Chris was there to say, 'No!' So he sort of like helped me stand strong.*

In S3.6 Sarah gives further context, attributing her new confident identity to Chris. She indicates that previously she lacked the ability to keep firm boundaries, but has now gained that ability through Chris' support. Sarah's comments at S3.5 begin to shape her ideas of Good mum/bad mum in comparison with others, and this is continued below at S3.7;

**S3.7** *…she's got a five year old little girl and she's got a friend….the godfather, he's about eighteen, nineteen, he's a bit of a boy racer. She sticks him in the back of the car! With no booster seat, right and just lets them go off swimming together! …that's something the parents should be doing… or is that just me?*

*It worries me on how she is thinking… I mean is she that desperate to get rid of her children? Is she that desperate to have that, break? I mean she sits there in the morning and says "oh I've got to get two children up" and I say, and, I've got five? I'm never late for school they are all clean and fed and my house is spotless. And I walk into hers and well, I can't go into hers… it's disgusting. It is filthy.*

There are a mass of contradictions within S3.7. Sarah condemns this woman for trusting her child's godfather, and strongly criticises the organisation and cleanliness of the household. This overt judgement of others is particularly striking when considering Sarah's history (S2). It suggests that she specifically uses this comparison to reaffirm herself in light of her past, highlighting her organisation and attention to cleanliness, which contrasts dramatically with the image of distressed unclothed children repeatedly abandoned in S2.

**Discussion: Sarah**

The emergent patterns in Sarah's story are grounded in family history of domestic violence (Dallos & Draper, 2010; Pycroft & Bartollas, 2014). Her acceptance of this reflects norms which are barely perceptible to her (Kellas, 2005), though they breach the canonical script of others (Bruner, 1990, 1991). She uses her mother-in-law's abuse to downplay her own, so reducing her perception of threat and cognitive dissonance (Festinger, 1957), an act which protects her from the full trauma, and avoids questioning the motivation and outcomes from the harm caused within her family (Cooper, 2012). Despite the portrayal of Chris as *hero* (Bruner, 1990), his alleged abuse of Faith hangs over the family. Sarah's refusal to acknowledge this possibility reflects the introduction of specific cognitions, used to protect herself against further trauma (Festinger, 1957). After all, this is the man who enabled Sarah to become her idealised self. His mother provides a substitute for her own, once estranged and now deceased. It is in this context that Sarah has closed off all possibilities of her hero becoming the villain. Believing her child has been abused would risk losing it all.

Sarah conceptualises two representations of self, with the current self, reflected in idealised moralised discourses (LePoire, 2006; Christopher, 2012). However there are some inconvenient aspects of her life which she chooses to ignore; the removal of Faith, the estrangement from Charlotte and the impact of abandoning her children, are carefully avoided. Sarah does not face challenge in these perspectives because she is closed to them, and she does not show any motivation to understand her children's worlds, yet uses the interview to reaffirm herself as a good mother (Christopher, 2012; Alaggia, 2005; Rimé, 2009). Sarah's account of leaving her children further enlightens her autographical self (Bruner, 1990; McAdams, 2001). Whereas the impact of domestic violence on women and children is well documented, there is a gap in literature regarding mothers who abandon their children in violent families, and so this is indicated as a distinct phenomenon. Perhaps Sarah stayed for longer than she wished due to the complex and physiological load of her children, and the self-soothing prompted through caring for them (Taylor *et al.,* 2000; Festinger, 1957). However the leaving is portrayed in simple terms, rather than a deeply complex process (Nicholson & Lutz, 2017; Taylor *et al.*, 2000) and her account suggests a lack of maternal warmth sometimes found in abused women (Leveondosky & Graham-Bermann, 2001).

Indeed, Sarah overlooks the impact on her children and instead fills this void with her *good mum* narrative. She details her estrangement from her parents, acknowledging their condemnation of her actions while dismissing them sarcastically. Yet, her detailed emphasis on returning to check the children were well cared for, simultaneously portraying them as semi-clothed and distressed, indicates an attempted justification of herself as constant nurturer (Bruner, 1990; Festinger, 1957), and reflects her awareness of the moralised construction a mother (LePoire, 2006) as one who places her children's needs ahead of her own (Christopher, 2012). Sarah indulges this further by re-imagining herself as the perfect mother, reinforced by judging others against herself. The image portrayed is one of a homemaker and devoted mother; a dramatic contrast to the family chaos in which she fails to share her stuffed toys with her children (Grunning & Lindley, 2016). She adds that in response to her reimagined strict and responsible self, some of the children *found a way to get out*, reinforcing herself as beyond blame (Kroger, 2007; Bamberg, 2011; Allagia, 2005).

However, as a victim of domestic abuse Sarah is at risk of psychological damage, disrupting her sense of self, and parenting, possibly impacting her counter-culture behaviours (Levendosky *et al.,* 2003; Levendosky & Graham-Bermann, 2000; Nicholson & Lutz, 2017; Williamson, 2010; LePoire, 2006; Bruner, 1990, 1991). She speaks of ongoing depression, and the relief at gaining support from Chris and his mother. It is notable that Sarah's own parents turned from her; she speaks fondly of her father yet she became the *black sheep of the family*, raising questions about her support network and upbringing. She actively uses the interview as a process of meaning-making, reassembling herself as a good mother who fits a wholesome, and therefore, approved-of self, through which she is at less risk of further rejection (Festinger, 1957; Bruner, 1990; LePoire, 2006; Christopher, 2012). At the end of the interview she cites the meaning of finding her voice in this interview, declaring "*I am Sarah!...I am a good mum*" (Appendix 8a, line 420; Smith, Flowers & Larkin, 2009; Khaneman, 2003; Maynard, 2017).

# Angela

Angela is a mother of three children and is a multiple sclerosis (MS) sufferer. As she explains during her interview, she left an abusive relationship leaving behind her older daughter and son, now aged seventeen and thirteen. She is currently with her second partner, father to Abigail, aged eight. Angela navigates her lived experience through reference to her MS, the separateness from her older children, and the significance of her local toy library while Abigail was a baby. Angela has a striking emotional attachment with the toy library, and through this lens she explores themes of connectivity, care and being noticed. There are observations to be drawn from the significance of practitioners in Angela's life, indicated through dialogue about the toy library, and more recent services. Angela's themes are clustered into;

Angela 1: *The experience of MS*

Angela 2: *Being Scared*

Angela 3: *Separateness, Connection and Care*

## Angela 1: The experience of MS

The theme of MS appears early on in the interview and is returned to throughout. It has brought about change, trauma and increased vulnerability for Angela and her family, and significantly it has been cited by Angela as the reason for the separation between herself and her children. It is also the point of care being provided, and of Angela feeling noticed by those around her; therefore this condition brings with it a plethora of significant experiences.

Angela explains how a change in her condition brought about radical change in the family;

**A1.1** *I fell down the stairs where we were living. I fell down the stairs. That's why we had to move out from that place…and the council, and my OT and everything else, my MS nurse, they put in for me to be changed to a ground floor flat.*

*There are no stairs, because I can't get up and down stairs. I can't walk anymore like I used to. When Abigail was a baby I was walking. But, then my MS just got worse and worse, and that's when I had to stop walking. That's why I am always in a wheelchair now.*

With this, Angela paints a worsening picture of her MS. Falling down the stairs was evidently seen as part of this deterioration, requiring a significant change in lifestyle in moving to an accessible flat. In listing the professionals involved Angela presents an image of activity around

her, with decisive action taken by others on her behalf; *they put in for me to be changed,* positioning herself as a passive recipient of the decisions of others.

More recently, a specific event surrounding Angela's MS led to further change in the family, with her current partner Robin having to given up work and become a full-time carer. Angela's physical vulnerability and need for care is evident in the extracts below, also citing this as a reason for others to care for her;

**A1.2** *Oh, he is home all the time now, because he had to give up work in 2012. In 2012, I can still remember it; I nearly died in the bedroom because my tongue was going down the back of my throat.*

**A1.3** *They only come down because I go to a place called MS Centre ...so my dad thinks that he has got to take us up there. On a Friday he comes down, when they are not on holiday. He comes down. Robin comes with me, because he is my carer...*

Angela indicates here that she sees the MS as being the cause of her parents' involvement. It is evident that Angela is accompanied to the MS Centre, and there is a sense of duty imparted in saying *dad thinks that he has got to take us up there,* omitting any mention of other occasions when her parents visit.

Below, Angela adds further examples of when she sees her MS as a motivator for care;

**A1.4** *I think it might have been because of my MS. That's why they were looking out, making sure that I was okay, making sure that Abigail was okay there with me.*

In A1.4 Angela appears to have noticed a duality in professional attention; firstly that she was particularly noticed as an MS sufferer with a baby, but also that they needed to be *sure that Abigail was okay ..with me.* This is the only occasion in which Angela indicates a sense of being watched or judged by professionals, yet judgement is clearly indicated from her ex-husband, as below.

**A1.5** *Because of my MS. He said that I am not capable of looking after two children with MS. I thought that was a bit harsh. That was not nice at all. That really broke my heart.*

The wider context of this statement is that Angela's husband was emotionally and financially abusive towards her, and this is discussed in the next section. At A1.5 Angela indicates the emotional hurt she felt at this judgement. It would appear that she felt her restrictions were seen to take away her ability to be a mother to her children, and the impact

on this *broke (her) heart.* This is the reason Angela gives for being separated from her two older children.

**Angela 2: Being Scared**

Angela's lived experience of domestic abuse was emotional and financial. Below, she explains the forcefulness of her husband's behaviour;

**A2.1** *He was a gambler, so he was always after money all the time. He used to get papers about loans, and used to say to me, "I need you to sign that." He would not let me read what it was about. He'd say, "Sign that." He would never, ever let me read it. I had to just do it, because I was too scared of him…*

*I lost everything. Because he was upping all these loans, because he wanted it from when he was gambling, I didn't know that at all, and that's how he got me in debt of £98,000.*

**A2.2** *[MS] hasn't made a lot of difference with my husband. But when I was with him he kept saying to me, "I am going to finish you off." All these threats. It was horrible. All these threats that he used to say to me. They were horrible. But I got out of that.*


A2.1 and A2.2 Angela presents her circumstances as the end result of others' actions. Her self-construct is of someone unable to retaliate, speaking of being *too scared.* By stating he would *never, ever, let me read it* she conveys the extent of the control this man had over her, through which he exerted significant financial exploitation. While Angela's husband has not physically attacked her, he has alluded to killing her; *finish you off.* This further contextualises the intensity of the emotional abuse and in these examples Angela is passive and hugely vulnerable. Angela recounts a direct threat on her safety. The MS is placed in this context, linking her physical frailty with his threat *to finish you off.* The words *threat* and *horrible* are reiterated, conveying a sense of a repeated exchange in which she felt unsafe.

Multiple estrangements are represented in Angela's data, as she explains her separation from her parents, and later, her separation from her children.

**A2.3** *But I was not allowed to speak to any of my family in fifteen years. Can you imagine that? Fifteen years. He just said, "No. I don't want you to speak to any of your family." I was so scared that I didn't. That was really hard.*

As evident from the time frame of *fifteen years*, Angela was under sustained control over the long term, citing being *so scared* as the reason to remain estranged her family. The theme of being *scared* is prominent in the data, and this appears to have been exploited for his financial

gain. Being *scared* is referred to beyond the recounting of the abuse itself, as a permanent state in Angela's lived experience;

**A2.4** *Yes. That's what I find. I am very scared person. I live on my nerves. Even Robin will tell you that. I really do live on my nerves all the time.*

In A2.4 Angela uses phrases *all the time* and on *my nerves* conveying a sense of enduring fear, which Robin would be able to talk about. The extract below places Angela's fear as a direct result of domestic abuse she experienced;

**A2.5** *Int:*         *…….did you always feel a little bit frightened about things?*

*Angela:*         *No, only after what happened with my ex… Before that everything was alright.*

Angela's comments on being *scared* extends to interactions with and about her older children, currently aged seventeen and fourteen.

**A2.6**

| | |
|---|---|
| *Int* | *Is he able to say ..to his dad then, that he would like to come and live with you..?* |
| *Angela:* | *He won't. He won't say it.* |
| *Int:* | *Well, as he gets older he'll have more freedom to do his own thing, won't he?* |
| *Angela:* | *Well, that's what I thought about my older daughter, but she won't say anything. Too scared.* |
| **A2.7** | *But my daughter, don't tell anyone this, but on a Monday evening sometimes she pops round.  Sometimes on a Thursday evening.* |

A2.6 and A2.7 indicate Angela's belief her children stay with their father through fear, and in such a way she connects her own lived experience with theirs. By saying *don't tell anyone*, Angela is creating a secret between herself and the researcher, indicating there is something within this action that is forbidden, and assumes her children share her own fears about her husband. It also indicates a suspicion the researcher might tell someone about this, unless she protects it as a secret, and this in itself suggests a fearfulness.

Below, Angela recounts an early example of her seventeen year old daughter being separated from her as a little girl:

**A2.8** *Because he used to shout at me, and I used to cry. My eldest daughter was only a little girl then. She was only about four or five, and she used to keep running off and getting tissues for me. She'd say, "Mummy, don't cry." He'd say, "Get away from her." I thought, "You are horrible."*

In A2.8 Angela recounts her husband using their child to withdraw comfort from her, suggesting further psychological manipulation. He creates a divide between mother and child which later becomes a long term separation.

**Angela 3: Separateness, Connection and Care**

The theme of separateness is evident from early in Angela's interview, and is present throughout. The theme of connectivity is equally strong however, and while separateness is spoken about regarding the family, connectivity links Angela with practitioners, and in specific emotionally charged events with her children. The emotion attached to both these constructs appears deeply immersed in Angela's lived experience, and is seen in context of her vulnerabilities derived from the MS and domestic abuse. In this first extract, Angela portrays the custody arrangements as being a direct judgement on her ability to care for the children, due to her MS.

**A3.1** *I've got three children. My older two live with their dad, because he told me, my ex told me that I was not capable of bringing up my children. That's why they've got to live with him.*

*….Because of my MS.*

*My son still comes to see us every two weeks. It's not enough. Every two weeks is really hard.*

**A3.2** *…he kept putting pressure on the people at court, that's why. He kept telling the assisters that he wouldn't pay them if he got it the wrong way round. That's why my two children aren't here. But my son keeps saying to me, every time he sees me he says, "I want to come and live with you." But we've got no room here. We've only got a two-bedroom place, and there is no room for him to come and live here, which is really hard.*

**A3.3** *because when my son couldn't come here with me, or my daughter couldn't come here with me, that's why I only have a two-bedroom place here. It was my son who asked if he could come and stay here once, and his dad said, "No. Your mum has only got a two-bedroom place. Where are you supposed to be sleeping?" It was really horrible.*

It is clear from A3.1 and A3.2 that Angela finds this separation *hard.* However, she also seeks justification in this separateness of their lives. Below she indicates her ex-husband used threats of non-payment, and cites her smaller home as a reason for her son continuing to live with his father even though he would prefer to be with Angela. The use of *that's why* indicates this

strategy of making sense of the situation, and resorts to practical rather than relational justification. While Angela cites her living space as the rationale for the children living with their father, it is not clear from the data whether this has been formally used in the custody judgement, or Angela is obscuring a more complex picture, but she also refers to her husband saying she *wasn't capable* of caring for the children.

At A3.4 Angela recounts her strategy for leaving her family for Robin;

**A3.4** *He was just a friend. I used to text him, and I used to say to him, "I am going to leave."…..."I can't stay here." I said, "He is going to kick me out." He said, "If he does, text me. Then I'll meet up with you."*

**A3.5** *I text him and said, "I've got to go." ….I got in a taxi, went round there, and my ex was walking up to a chip shop at the end of the road…. He turned and saw me, and my little girl said, "Where is mummy going?" She told me her dad said, "Oh, I don't know. Don't worry about her." He said to Rachel, "Who is that person? Do you know that person that has just got in the taxi with your mummy?" She said, "No."*

This indicates some pre-planning, anticipating she will be *kicked out*. The story recounted below is her own experience of leaving, however it is notable that her young daughter witnessed her mother leaving with an unknown man. *Don't worry about her* is recounted as offering no context or comfort to this child. This is told as a third hand account and is therefore a re-telling of Rachel's traumatic memory, further re-imagined by Angela. Angela portrays herself as disregarded, telling Rachel *don't worry about her* in a manner to suggest she was not worth worrying about. This account also reveals that Angela left her children with a man portrayed as severely controlling and abusive. There is no mention of the separation from her son, who is some years younger than Rachel and therefore must have been a toddler at the time of her departure. Angela gives no mention of the possible impact of her leaving for either child, and does not make any links between this event and current custody arrangements.

As discussed earlier, a specific medical crisis some years ago almost took Angela's life. The extract below portrays the children visiting her in intensive care;

**A3.6** *My Liam would not come in to see me at all. That really did break my heart when he wouldn't come in. Abigail just screamed, because of all these tubes coming out my nose. I thought it was really lovely that my Rachel didn't want to leave me. I thought that was really lovely.*

Above, Angela recounts the reactions of her children as her own emotional experience, portraying both separation and connectedness. Liam *[broke her] heart* by detaching from her,

although she acknowledges Abigail was frightened. The connectedness Angela experiences is felt very deeply. She reiterates Rachel's closeness by saying *she didn't want to leave*, inferring she chose to stay alongside her mother, and repeats *really lovely.* There are further incidences of this emotional reaction when talking about the children connecting with each other (Appendix 8b). However, this strong sense of attachment to the children while she was ill and the longing she portrays in the present, contrasts with her having left them, and there is no indication of Angela understanding her children's traumatic lived experiences.

Angela's most striking attachments appear to be with practitioners however. At A3.7 Angela talks about the local Toy Library and this appears to be hugely significant in Angela's story; it dominates much of the interview.

**A3.7** *I took Abigail there, and I was going there every day, and they were really lovely people. They really made me feel comfortable. They knew I had my medical problem, and they just helped. When I didn't go, they were really concerned that I didn't turn up. At that time I was walking, and they just kept watching me, making sure that I wouldn't stumble and things like that. They were really protective, and really lovely people.*

**A3.8**

*Angela:      Well, actually I can't remember where it first started now…..*

*Int:          Did somebody refer you?*

*Angela:      I don't think so.*

*Angela:      …..What it was, is Abigail, she is having problems. She has accidents with her faeces, about faeces, and that's where (practitioner) came in with it. She's been really good phoning and getting in touch with different people, things like that.*

**A3.9** *I don't want to feel big-headed, but it's just nice that people can connect you to that. "Oh yes, you went to (the) Toy Library." Not in a nasty way, but in a nice way that they still remember you.*

**A3.10**

*Int:          Did you make friends through there?*

*Angela:      I did with the helpers. But a lot of the other people that used to go there, they didn't  last long.*

Through reference to the toy library Angela reveals the one aspect of her life in which she talks of feeling safe, cared for and remembered. In explaining this experience Angela indicates the toy library was part of their everyday routine when Abigail was a baby. This is also a time when she could still walk, and can be seen in context of her MS and the domestic abuse she had left. This seems to have been a happy time in Angela's life. Interestingly, the primary function of the toy library; borrowing toys, is given far less prominence that the emotional attachment Angela had to the staff.

Angela's connection with practitioners is echoed in her account of Abigail's separation from their family support worker;

**A3.10**  *When she'd leave she'd cry her eyes out. She didn't want (practitioner) to go. (Practitioner) said, "But I need to go and help other people, other families." "No, I want you here." (Practitioner) did do a one-to-one up at the school with Abigail occasionally. When (practitioner) had to stop doing that she cried her eyes out.*

**A3.11**  *I don't know why. But (practitioner) has got that real loving nature about her, caring nature. Abigail really loved it. She really liked (practitioner) because she was so calm talking, like yourself. You are calming. That's what I think she liked about her.*

**A3.12**  *that's why Abigail wanted to leave drama, so she could go up there on a Saturday and hopefully (practitioner) would go up there on a Saturday. But I don't know if it will work out like that. Hopefully it will with Abigail, otherwise she will want to stop going up there if she can't see (practitioner).*


**Discussion: Angela**

Ultimately, Angela's story is about being cared for. She reiterates *calm* and refers to the researcher herself as being *calming,* suggesting there is some reassurance offered to both Angela and Abigail by the presence of professionals. By acknowledging the researcher, she suggests that she gains this reassurance very quickly, and that the researcher has enabled her to feel valued, noticed and safe (Kahneman, 2003; Landman, 2012). At A3.12, Angela indicates the protracted nature of Abigail's difficulty in separating from their practitioner, and appears to collude with her, indicating a repeated and problematic pattern of emotional attachment to professionals (O'Leary, 2013). She talks of practitioners being *protective, concerned* and noticing her physical needs, even acknowledging them as *friends*, yet also notices the dual role of care and surveillance (Keddell, 2014).  These themes of being noticed and cared for seem to be lacking in other parts of Angela's history, having been estranged from her parents and

abused by her ex-husband in context of her debilitating and degenerative MS. There are no other references to friends, and despite the prominence of the toy library in the interview, her last encounter with them was around six to eight years ago.

Being noticed and remembered by practitioners has given Angela affirmation, granting herself a modest self-compliment *I don't want to feel big-headed*, as she was remembered *not in a nasty way but in a nice way* (A3.9). As such, she signifies a fear that she could be remembered in a *nasty way*, perhaps mirroring the effects of psychological abuse, and possibly the messages given to the children about her (Stark, 2007; Williamson, 2010). Angela states her children were told to ignore her, recounting some first hand, and other third hand, accounts of her ex-husband's abuse. She speaks of being scared, repeating *horrible* and appears child-like in her self-presentation, perhaps indicating the psychological damage sustained through domestic violence (Stark, 2007; Mays, 2006; Levendosky *et al.,* 2003), so illuminating the profound importance of being seen (Eriksen *et al.,* 2012; Eisenberger, 2012). Overall, Angela presents herself as a vulnerable and unwell woman at the mercy of others. This is contextualised by her MS, and the financial and medical exploitation reflects the typical diversity of domestic abuse perpetrated towards disabled women (Mays, 2006). The self-construct of vulnerability is emphasised through references of needing care, and the period of acute illness (*I nearly died*), (Kroger, 2007; Smith 2011c), which appears to have re-connected her parents and engaged them in the pattern of care for her.

Despite this, Angela juxtaposes her vulnerability with the version of herself who planned her escape with no apparent intention of taking her children with her, reflecting less engaged parenting (Levendosky & Graham-Barmann, 2000; Levendosky *et al.,* 2003). She makes no acknowledgement of the impact of this on the children (Rimé, 2009) positioning the blame for her separation from them with their father, and with the children themselves. Angela repeatedly states that she wants her children, and becomes emotional when recounting moments of connection between them (S3, Appendix 8b); however there is no indication of prioritising them, remorse for having left, nor a change in perspective since. Thus, Angela's version of mothering contradicts social convention and expectation (LePoire, 2006; Christopher, 2012; Donald & Juredini, 2004; Cleaver *et al.*, 2011).

# Viv

Viv's story surrounds her lived experience of mothering her son Harry, in combination with her own past. Harry is the youngest child in the family, aged sixteen at the time of the interview. He has experienced severe bullying and mental illness since the age of fourteen, and Viv explains she had taken significant steps to gain control and protect him. Viv is currently in her second partnership and has three other children, aged eighteen and in their late twenties.

Viv began her story by presenting an idealistic picture of a harmonious, perfect family holiday. As she settled into the conversation however, this picture changed dramatically. Her interview themes are clustered into her lived experience of;

Viv 1: *Mental Health*

Viv 2: *Past histories, Secrets and Strategies*

Viv 3: *Feeling Noticed, Feeling Judged*

*Viv 4: Battling.*


## Viv 1: Mental Health and Mental Illness

In this section Viv introduces the mental health issues surrounding the family;

**V1.1** *Basically, I felt he was depressed and his depression got worse. All the time he was smoking that (cannabis), it was getting worse.*

*That is when, obviously, the school got involved, because Harry was quite a high achiever at school and everything was dropping off. He would sit in class with his head on the table and wouldn't engage with anybody.*

**V1.2** *…I blame a lot down to social media…*

*He had messages like, "Why don't you go and drink bleach. Put us all out of our misery."*

*…I was having to take Harry's phone off him at night…because his phone was constantly pinging all the time with all these messages to do this, that and the other.*

**V1.3** *…they were relentless… I mean, he even had it face-to-face in school, "You need to go and commit suicide. We don't want you here," and things like that.*

**V1.4** *He cut his leg, here, [indicates groin], with a razor blade and he was millimetres away from his main artery in his leg, but he cut there so nobody could see it. Obviously, he knew that*

*he was scarring his arms, so that was why he stopped doing that. He then tried to commit suicide by hanging, three or four times*

**V1.5** *Yes. To actually know that I didn't know what I was coming home to. I think, in some ways, I was getting to a stage where I was becoming over the top, because I was phoning him all the time and, I think, that got to him, a bit. It was my way of, "I need to know that you're still alive."*

Viv connects Harry's withdrawl from those around him with mental illness, drugs and, *dropping off* academically. She presents an overwhelming picture of *relentless* bullying where social media was utilised as a mechanism to goad him into taking his own life, indicating Harry was never safe from these messages. Viv's details of Harry's escalating self-harm and eventual suicide attempts are graphic and distressing, yet she is calm in her recounting of these events and showed little emotion. The details of *main artery,* and *so nobody could see it,* indicates Viv's belief that this was a set of intentional acts, crafted in a way as to deter attention, not attract it. Her reference to Harry's suicide attempts *by hanging, 3 or 4 times* indicates she has actually lost count of these attempts. The brutality of the assaults Harry made on himself are stark, but there is also a normalcy invoked by the frequency, and this sense is amplified by her explanation at V1.5 that she did not know what she would return home to. The pattern of behaviours this formed within their relationship is explained by the compulsion to check *all the time* to see if Harry was still alive. Despite the acute sense of fear, Viv is self-critical, referring to herself as *over the top* and suggesting this was negative for Harry (V1.5).

**V1.6** *I said, "Look, if you don't see him and he commits suicide, then it will be on your head, because I've asked for help and we need help."*

At V1.6 Viv exemplifies she has used the threat of Harry's risk for suicide when trying to access services. This sense of a constant threat of suicide may have some connection in Viv's own history. Below she recounts other ways in which the possibility of suicide is real to this family;

**V1.7** *I did try and commit suicide a few times. When I learnt to drive, I tried to wrap my car around a tree, which didn't actually work very well (Laughter) Then there were a lot of other things, that I did.*

**V1.8** *he tried all the tacks, "Oh, if you do this, I'm going to commit suicide," and all things like that. In the end, I just turned around and told him to go and do it, it didn't bother me one bit* (reference to ex-husband).

**V1.9** *"Why don't you actually do it and actually succeed at it?"*

There are a number of features in this statement which reflect Viv's experience of suicidal threats. She explains this statement as a *tack* tried by her ex-husband, as though she doubted his sincerity. This perhaps distinguishes his threat from Harry's actions and her own; but there is an acknowledgement here that suicidal threats may not always indicate an actual intention to end life. Viv states *I …told him to go and do it, it didn't bother me...* The intonation of this exchange is between two adults, where the man perpetrated domestic abuse to the woman. Her retort to him may therefore be in that specific context. However, this is very similar to the language used by Viv in recounting messages received by Harry from his peers.

It is therefore evident that suicide has gained a collective narrative within this family. Viv recounts at least two voices compelling another person to kill themselves, woven throughout everyday life. While Viv recounts the bullies' words as shocking and relentless, she places her own handling of this threat as a sign of detachment from her husband; *it wouldn't bother me one bit*. There is further complexity however, when Viv explains how she has come to terms with the threat of Harry's suicide.

**V1.10** *This is a very hard thing for a parent to ever say, but about seven or eight months ago, I actually sat my partner down and said to him, "Look, I'm not going to wrap Harry in bubble wrap anymore. I've tried my best, but I've got to accept that I've done everything I possibly can to help him. If he actually manages to commit suicide, it's not my fault."*

Whilst the language at V1.10 is much softer than regarding her ex-husband, Viv again hands over the responsibility to the other person. Her attitudes towards suicide are complex and ever present, acting as a connecting experience between herself and Harry. Viv's use of the pronoun *I* is significant here; in this extract she is talking to Harry's father, but this is presented as a solitary process; *I've done everything I can…it's not my fault.* There is no note of Harry's father's response, nor a sense of both parents in this situation. The case is presented by Harry's mother to his father as a conclusion of fact.

Viv uses her own mental health issues to understand the special bond she feels with Harry;

**V1.11** *Harry and I seem to have this sixth sense between us and we both know when each other is down now and we, sort of, pull each other out of it.*
*….he can see it. He knows it.*

**V1.12** *I understand it, from the fact that I've had mental health issues, for years and I could see its distinct traits, of what he was doing, to how I was. Which is, I think, how I became that much closer to Harry, than his dad did.*

**V1.13** *… A really big high and I know within a matter of days that that will be at the bottom and we will be wanting to do what we want to do, sort of thing.*

**V1.14** *because what he was experiencing was out of my control. I couldn't control it and it was spiralling.*

*So, obviously, I spiralled, as well, for a bit...*

Viv positions her relationship with Harry as the closest within the family, where only he sees her illness, in a way which is almost other-worldly. There is an implied secrecy surrounding Harry and Viv's shared experience, whereby the need to talk is transcended. *Just know[ing]* is perhaps an important feature for Viv, who uses *not talking* as a specific coping strategy.

In these extracts, Viv demonstrates the mental health expertise she claims from her own lived experience. She refers to understanding Harry's mental distress through her own, and again reinforces the closeness they share. Viv uses language of *I understand, fact,* and *I know* as ways of stating her self-assurance. She positions this as a specific ability grounds the special connection with Harry – as below, their relationship is set apart from others.

At V1.13 Viv specifically indicates she and Harry experience mental illness in tandem, alluding to suicide *we will be wanting to do what we want to do, sort of thing*. She is not anticipating Harry's individual feelings, rather, the use of the pronoun "we" indicates they will share the experience. The lack of control Viv feels is evidenced in V1.14, and as indicated, when Harry declines, so does she.

**Viv 2: Battle, Connection and Control**

In V2 Viv demonstrates her ability to assert control in threatening situations:

**V2.1** *I feel Harry is bipolar. I've got bipolar tendencies. I have spoken with my GP about it, but didn't want to pursue it. So, I know, by his mood swings.*

**V2.2** *I, actually, pulled them up about it and said, "It's not helping, you actually telling him he has got that." So, it's a lot of people who don't know that much about mental health and they didn't understand it.*

*Harry needed to see a psychiatrist and I said, "Well, I don't mind him seeing somebody, but he is not seeing her, because I don't think she is good enough. I don't think she has got an iota, of an inkling, of children with self-harm issues."*

**V2.3** *At the end of the day, I came to the decision, quite a while ago, that, really, it's only me who knows Harry and it's going to be my decision. If it's the right or wrong decision, we will deal with it.*

Viv strongly articulates her confident stance on caring for herself and for Harry. At V2.2 she minimizes professional expertise, and indicates control at V2.1 that she *has spoken* to her GP but *didn't want to pursue* this diagnosis. The use of the language *pulled them up on it* and *I don't think she's good enough* suggests Viv sees a correct way of approaching Harry's needs, and believes both clinicians she refers to are deficient. She places herself at the centre of Harry's experience. As with extract V1.10 (Harry's possible suicide), it is notable that Viv uses *I, only me,* and *my* to iterate her solitary involvement, alongside stating *it's only me that knows Harry.*

Viv seems to regard the situation as a constant battle;

**V2.4** *It has been a constant struggle, for the last two years. Everything.*

*It was only a positive system, for Harry, because I was there all the time and it was me that was pushing him through it.*

**V2.5** *My partner has just said to me, "Viv, just shut up. Just leave it," and I'm like, "No, I'm not leaving it." He was classed as a routine case and Harry's dental treatment is far from routine, because he was assaulted, through no fault of his own. That, to me, is not routine. I just said to him, "No. I am fighting for him."*

**V2.6** *Once he came out of mainstream school, they've obviously found somebody else, because he is not the target and that is why I pulled him out of the school.*

*I engineer the situation, so that he is taken out from what is happening.*

Again, Viv positions herself as the main protagonist; in her experience, intervention was only successful because of her investment in it. She also suggests a battle ground at home, justifying her battle to her partner as though she is Harry's sole advocate among a throng of others who fail to understand his needs. Viv presents herself as an active agent, explaining *I pulled* which infers a conscious and proactive, confident action, the result of which she foresaw and saw through. Viv also indicates her intervention is a repeated, determined action

to protect Harry. At V2.8 a shift in tense indicates this as ongoing; *I engineer….so he is taken out from what is happening.*

Despite her apparent confidence, Viv also talks extensively of feeling judged by services;

**V2.7** *Then to be told, basically, "You're a bad parent, because you're allowing him to self-harm."*

*That was the way I took it, in my head.*

*I'm like, "Oh, hang on a minute," it felt, to me, like it was all spiralling…..It felt awful. My other half wouldn't attend any of the meetings.*

**V2.8** *That I wasn't doing enough, but I felt that I was doing 110%, all the way through. It's like I tried to say to her, I've got four men in the house, who all shave. There are razors around. He broke a razor once. He broke a razor once. He destroyed a disposable razor to get to the blade. I couldn't move everything.*

V2.7 and V2.8 indicate the impact on perceived judgement on Viv's self-identity as a protective parent, referring to believing others saw her as a *bad parent.* Viv gives an emotional account of trying to explain the overwhelming nature of Harry's actions. She reiterates *razor* for emphasis, and explains the lengths he went to hurt himself, in the context of the daily life of the household. There is an indication of desperation and frustration here (V2.8).

Part of Viv's battle is in learning to cope with Harry's needs in the moment, with escalating threat to his wellbeing. In contrast to positioning herself as expert, Viv talks about feeling *like a fish out of water*, and considers the place of parents in the professional systems orbiting around the family;

**V2.9** *I was like a fish out of water. I'd never experienced it, to this extent, with my other children. I mean, none of my other children have even done anything like this. So, I just didn't know what I was doing.*

**V2.10** *No. I've just had to learn on my feet. I've had to learn, running, basically.*

This contrasts with Viv's self-portrayal at V2.2, where she criticises practitioners for having *I don't think she has got an iota, of an inkling.* Here she appears overwhelmed and out of her depth. The relentlessness theme reoccurs, with *learn on my feet…..running….* conveying that Viv has had no time to learn or process her events. Viv's reflection below indicates a sense that strategies need to be taught to parents*, the actual showing* as she signals the *24 hours a day* role of the parent in contrast to the fleeting involvement of the specialists.

**V2.11** *What has hurt me slightly is, not once, have any of the teachers, from mainstream school, actually asked how he is. …not once, have they actually come to me and said, "Is Harry okay." I don't know. I know they've got a lot of pupils.*

**V2.12** *the counsellor realised that I was, possibly, the only person that could pull Harry round from this.*

*They admitted, when they discharged Harry, that it was actually me, that pulled Harry around. It wasn't them, who had done it.*

At V2.11 Viv acknowledges her disappointment that contact with school had ceased when Harry left mainstream provision. Although she understands the context is professional *they've got a lot of pupils,* she clearly wanted Harry to be regarded as special to them. This is also the only place in the transcript where Viv uses the word *hurt,* despite the extensive experience she has of being hurt, and this perhaps indicates an emotional connection with key staff. Her point is that they haven't asked *how he is;* again, an emotional acknowledgement. This contrasts with her previous condemnation of professional intervention, and given her unemotional recounting of Harry's suicide attempts it is striking that this indication of emotional connection is placed here in the context of school. This is extended through V2.12 where Viv emphases not only her critical role in supporting Harry's recovery, but the fact that she had been seen by these professionals. This seems to have given Viv affirmation as a good parent, and as someone uniquely placed to protect Harry.

**Viv 3: Past histories, Secrecy and strategies**

In this cluster of themes, Viv explores her past history and coping strategies.

**V3.1** *I was abused from eight years of age, by a neighbour. My mum and dad worked a lot…. I was abused morning and evening after school, every day of the week for four or five years,*

*….but I never told anybody. My parents, to this day, don't know that it ever happened. I learnt ways to cope with it. I can see that is how Harry has done it, now. People don't think that you shouldn't talk. Everybody is, "Oh, you've got to go and see counsellors," and things like this. I've seen numerous counsellors, but not one of them have actually helped me. Because I was so young, I learnt my own way, to deal with it and nobody can break that down.*

This is an important extract in Viv's story. She weaves together her secrecy as part of the backdrop of her lived experience. Viv states; *people don't think that you shouldn't talk.* The use of the double negative is used to present *not talking* as an active strategy, and adds *nobody*

*can break that down* as representation of her determined isolation. This is indicates Viv's self-reliance, attributed to her being *so young*. There is, perhaps, an omission here that not seeking help at the time, nor since, has left her even more vulnerable, but Viv portrays this as self-reliance.

Viv explains her coping strategies in more detail:

**V3.2** *I withdrew into myself. I isolated myself at school, which is obviously what Harry has done.*

**V3.3** *It's almost, in my head, I've got a big red button and every now and again, I press this red button and I'll go into self-destruct. It doesn't matter to me what.*

**V3.4** *No, that was the only thing, that I felt I could control. That was in my control. Nothing else in my life was in my control, so my eating was my control mechanism.*

As seen at V1.1, Viv draws parallels between Harry's coping strategies and her own at V3.2, indicating the physical withdrawl from others. As before, control is reiterated multiple times for emphasis and this appears to be an indicator for Viv – that things are more stable for her when she has control.  Viv indicates that she exerted control over allowing herself to self-destruct, stating *I press this*, and links this self-destruct to her eating disorder which she also refers to on multiple occasions.

Part of Viv's backstory is that she fled domestic violence and left her two older children with her husband. During the interview she reflected on her presence and absence in the children's lives.

**V3.5** *His father used to beat me up quite a lot and things like that. He used to be verbally abusive to me, all the time.*

**V3.6** *I've had to be really careful, that he doesn't know the full story, because, if he knew the full story, the people wouldn't be living.*

**V3.7** *This is where a lot of my guilt comes from. I had to leave my kids with him, because I couldn't afford a place that was big enough.*

**V3.8** *My two older children didn't know I'd left for a year, because I went back every morning and every evening, to make sure they were okay. Got them to school, fed them and put them to bed. Then I would leave the house.*

**V3.9** *I always made sure they were safe. I bought them mobiles, so that they could phone me. They had contract mobiles from the age of 8. I'm talking 23 years ago.*

*I had always said to Sasha, "If there are ever any problems, that is why you've got the mobile phone. Just phone me and I will come and get you, wherever you are. It doesn't matter."*

At V3.6 Viv is referring to her older son, Steve. The other children, now adults, are less far less prolific in the data than Harry, and little is learnt about Steve himself. However this quote indicates the continued management of information and secrets kept within the family, and an undercurrent of potential violence *if he knew the full story, the people wouldn't be living.* V3.7 indicates the domestic abuse which Viv experienced, and from which she fled, reflecting here that she also left the children. Here Viv identifies *guilt*. However this does not seem to be an isolated emotional reaction as *my guilt* is positioned as a constant state. Viv also seeks to justify leaving her children; *I had to….because,* and identifies practical, rather than relational reasons for doing so. V3.8 and V3.9 see Viv's self-construct as mother in her children's lives. She minimises her perception of the impact of her leaving the children, to the extent that she maintains the children did not know she had gone. Viv justifies this firstly by explaining she returned each day for a year; this notion also reflects other points in the data where Viv has talked about secrets being kept within the family (V3.1; V3.6). Her management of these complex situations often orientates around secrecy. The reference to *twenty-three years ago*, and the age of the children, is portrayed as an impressive indication of protective mothering, as this was unusual for young children at that time, and further adds; *I will come and get you, wherever you are.* The narrative indicates she anticipated the children would have problems; the phone is for times of need, and is in context of the violence perpetrated by the children's father. However it should be acknowledged Viv does not suggest he was directly abusive towards the children.

The negotiation of absence and presence is also spoken about in specific regard to Harry:

**V3.11** *There was a time when Harry totally blamed me and his dad, "It's all your fault, because you were away in the motorhome all the time," and it's like, "Hang on a minute, we actually didn't go away that often." …Actually, speaking with Harry now, that was just him trying to blame other people for it.*

**V3.12** *It's awful, isn't it? Because you're meant to be their protector.*

**V3.13** *Yes, but to me I've failed in a lot of ways, because, although I've got them through it and I've done things, to manage it, it still happened. So that, in my eyes, is a failure.*

In V3.11 Viv defends her absence during Harry's breakdown, and denies responsibility, saying that he was *trying to blame other people for it*. There are also echoes here, of Viv's strategy for coming to terms with Harry's risk of suicide attempts (V1.10) where she states this is beyond her control and responsibility, also reflected in her justification of leaving the family home.

**Discussion: Viv**

Viv's construction of her self-identity is embroiled through the battle for Harry's mental health, and the emotional bond that transcends her physical presence. Within this both she and Harry are *seen*, and therefore valued (Eriksen *et al.,* 2012) against painful rejection (Eisenberger, 2012), and this is portrayed as a specific mechanism for protecting Harry from harm. Viv's childhood sexual abuse has never been disclosed to her parents. Ullman (2003) and Alaggia (2005) indicate this as sadly typical of many children, with Alaggia (2005) reporting girls are more likely to fear blame or disbelief. It is in this light that Viv vocalises her isolation as a self-inflicted coping strategy, thus depriving herself of the emotional soothing her parents could have provided (Rimé, 2009), or alternatively, protecting herself from the risk of disbelief and rejection (Alaggia, 2005; Eisenberger *et al.*, 2012).

The reported risk of ACE's plays out in Viv's life story, with suicide and mental health issues a prevalent theme (Felittti *et al.,* 1998; Metzler *et al.*, 2017). Viv reports her ex-husband's threatened suicide, as well as her own, however most prolific is Harry's repeated attempts.  Viv addresses this through battling for her child, but thereafter relinquishing responsibility for his possible suicide. Cerel *et al.,* (2008) note that suicide deaths in chaotic families often feature multiple presentations of suicide by other family members (Felitti *et al.,* 1998), and further add that families are vulnerable to blame for deaths by suicide. Viv's narrative encompasses both these strands with a self-protective preparation, which sees Viv repeatedly emphasising both her singular ability to rescue Harry, coupled with her inability to prevent his suicide. This is somewhat contradictory, but enables Viv to cement her self-identity as an ever present and nurturing mother (Christopher, 2012) while pre-empting the possibility of blame which would threaten this self-construct (Cerel *et al.*, 2008; Cooper, 2012; Festinger, 1957).

Despite the self-justification, Viv reveals insecurities in her parenting at V3.12. She uses *your* as a way of distancing herself from her doubts, and questioning as a way of checking with the researcher for agreement (Smith, Flowers & Larkin, 2009). This may have been a way of diffusing the emotion conveyed within her reflection however, as at V3.13 Viv juxtaposes her determined and protective actions with a deeply held sense of failure. At V3.7 Viv confesses her guilt, as though it is clearly worn and beyond doubt; *This is where a lot of my guilt comes from. I had to leave my kids with him, because I couldn't afford a place that was big enough.* Liss *et al.,* (2013) suggest that mothers describing guilt are actually reflecting shame – a wish to hide away, rather than regret over a specific issue (guilt). Viv portrays herself as a protective expert, a mother bonded with her child, and fighting for her children - but also one who deserted them. While she indicates fear of judgement (V2.7; LePoire, 2006; Scholte *et al.,* 1999), her desertion is waved away, maintaining the children did not notice she had left, and making grandiose claims about a mobile phone replacing her physical presence, so reflecting the reduction of cognitive dissonance to minimise the perception of a poor outcome (Cooper, 2012). Viv reflects the wish to hide away (Liss *et al.,* 2013) by admonishing those behaviours and emphasising instead, her battle of protection for Harry in all aspects of his life.

Viv's data is understood as a reflection of survival strategies, in context of two generations of adverse childhood experiences (Felitti *et al.,* 1998; Finklehor *et al.,* 2015; Metzler *et al.,* 2017). The construction of the special bond between herself and Harry has enabled her to demonstrate herself as a nurturing, constant mother, far removed from the mother who left her children, and one who fits the social construction of a good mother (LePoire, 2006; Bruner, 1986, 1990; Cooper, 2012; Festinger, 1957), and whose protection was missing from her own childhood. The threat of losing Harry would therefore be utterly devastating; the loss of this precious child himself, alongside her secure sense of self, to a cause which could render her socially vilified (Liss *et al.*, 2013; Christopher, 2012; Bruner, 1990; Festinger, 1957; Eisenberger, 2012; Cooper, 2012). As Bruner (1986) states, Viv uses narrative to justify her actions and preserve her autobiographical self, negotiated against a plethora of experiences which challenge her sense of worth; abuse, suicide, violence, and the threatened suicide of her child.

<center>**Lisa**</center>

In Lisa's family Holly, now sixteen, had been found using cannabis in the park and was referred for substance misuse intervention. Lisa's two older children were with a different partner and she is now a third relationship. Lisa and her children fled domestic and physical abuse perpetrated by her husband Paul. This separation occurred some years before the interview took place, yet there is a repeated sense of Lisa still processing her experience of Paul's behaviour and she recounts a series of watershed moments which seem to have awakened Lisa to her situation. Lisa's themes are clustered as:

Lisa 1: *The roundabout and the motorway pile up*

Lisa 2: *Hiding in embarrassment*

Lisa 3: *Finding calm*

**Lisa 1: The roundabout and the motorway pile up**

In the extract below Lisa talks about the points of crisis at home, referring to the past years when she and the children still lived with her husband.

**L1.1** *Lisa; It's just like a roundabout [sic] innit…..It's just, you know keep going round, cause you know it's gonna happen again and it's gonna happen again. And it's gonna happen again and you just know and if I'd still been there, it still would have happened*

**L1.2** *Lisa: he would do it but it would be like ... long stretches where nothing happened and then you would get a motorway pile-ups as we called it, you'd just get over a massive pile-up and then, you'd have another one.*

In this extract Lisa uses very vivid imagery to convey the lived experience of these crisis moments. A motorway pile-up causes damage to those involved; noisy and frightening, it causes everything around it to cease, taking utmost priority. She emphasises the stress of anticipating the *pile up* with her repetition of *it's gonna happen again..,* presenting a never ending *roundabout,* impossible to exit because of its relentless motion*.* She acknowledges that her leaving the situation was the only way in which this was going to end for her; *if I'd still been there, it still would have happened.* The use of *you,* and *we*, serves to share the experience. This is a more distancing pronoun than *I,* which would place Lisa as an individual in the centre. *You* allows Lisa to bring others in, alongside *we*, where again the experience is

shared. This could diffuse the intensity of the experience itself, or simply make it easier to re-tell.

In the extract below Lisa explains the nature of these moments;

**L1.3** *Like, he chucked Daniel out the house, he'd just turned eighteen, ...so it must have been, …beginning of October I was walking to (garden centre), cause we lived near (garden centre), to see the Christmas lights that were up there… it's not far to walk, walked up there…., then coming back, he'd chucked Daniel out the house. I said "you can't just chuck him out, he's my son."*

Daniel is one of Lisa's older children and step son of her husband Paul. This extract illustrates the precarious nature of their environment. Lisa is at pains to locate this event in space and time, using specific language to convey the closeness of the garden centre to the home, and that they *walked up there*, inferring this was a short trip as part of a festive, relaxed, family time. This contrasts dramatically to arriving back home to find her son had been thrown out. In protesting, Lisa states *he's my son*, creating a separateness between Paul and her children.

This daily precariousness is also conveyed in the extract below.

In this chilling extract, Lisa reveals how dangerous Paul has been in his abuse of the children;

**L1.4** *The icing on the cake was when, when he beat them about thirty times, hand prints all over them and one in one room and then went and did one in the other, so that was the icing on the cake… then he went and did the other. I wasn't there. It always happens when I wasn't there. He did my kids when I wasn't there. And Daniel would get in trouble all the time because he'd intervene, obviously. Even though he wasn't very old himself.*

This is a very important extract in Lisa's interview. The language *the icing on the cake* appears strangely flippant, as if this was just yet another example, indicating a normalisation of abuse in context of the *roundabout* and *motorway pile ups.* There are also significant indications that this attack on the children was pre meditated; that *then he went and did the other*, and that *it always happened when I wasn't there.* Lisa indicates Daniel trying to protect his siblings, and further suggests repetition, *Daniel would get into trouble all the time.* Lastly, Lisa's acknowledgement of social services is very specific. In later extracts she recounts assertive action she took immediately following this physical attack, and that this included going to the police. However in the extract above, events appear muddled together, indicating a plethora of occasions; *Social services got called once* – furthermore she positions this as *fucking*

*embarrassing.* Embarrassment is a strong theme in Lisa's interview and will be returned to in further discussion.

At certain points in the interview, Lisa appears to still be making sense of Paul's abuse. At L1.6 the researcher had asked Lisa whether he was abusive towards her as well as to the children

**L1.5**

Lisa:        *I don't know, I'd have to, he'd lock me out the house. Things like that.*

Int:         *Right. So he wouldn't hit you but he'd use other ways.*

Lisa:        *Yeah. He'd use other ways….*

Int:         *Cause you can't get in to your own house.*

Lisa:        *Can't get in to me own, well it's his house. But I couldn't get in.*

Int:         *But you lived there.*

Lisa:        *Yeah. It's meant to be your home.*

Int:         *Yeah.*

Lisa:        *but.. I never bought a light bulb for it. I never used any of my money for it, ever...*

In this example Lisa creates distance in the situation. She seems reluctant to name their family home as her home, using financial arrangements to indicate that she wasn't locked out of her own home. She states *well it's his house* and she had *never bought a light bulb for it*, indicating a minimum of emotional and financial attachment to the property. This appears to be part of Lisa's self-protection; if the home is not hers, perhaps she cannot be excluded from it. Of course, this leaves Lisa without a home at all, even in the spaces between the *motorway pile-ups*.

L1.6 and L1.7 give further evidence of Lisa trying to understand experience;

**L1.6**  *I knew she hadn't, but I needed to…just needed clarification. Trusted what my child said but I just wanted to make sure that I know he's a fucking liar and I wanted, you know, proof written down. Signed, rubber stamp sealed*

**L1.7**  *Cause I said to the children the older ones I had them in a room and I said, "look, we've got two choices here, you know, you either shut up and put up, or we leave," I said, "put it this*

*way, if we leave, we have to come back here, small house, no money, no holidays," you know, which is not everything is it. ….And I said, "put it this way, when you have children then, would you want me to leave them with Paul then ...do you trust him to look after your children then if I'm not here?" and they said, "No." Well, that's your answer then [sic] innit.*

These two extracts demonstrate watershed moments for Lisa. In L1.6 she seeks *proof* of Paul's abuse. The focus here is on the question of a lie, rather than slapping a child, and this indicates a shifted sense of priorities in this toxic environment. The need for *proof* potentially reflects the difficulty with which Lisa can measure the level of risk posed; lines have become blurred through the *relentless motorway pile-ups*. It is as though she needs his behaviour authenticated; the *proof* can justify her belief to herself and others.  L1.7 reveals the Lisa's progression towards leaving Paul, handing this decision to her older children. A heavy emphasis is placed on financial penalties of leaving, and although there is some encouragement, the conversation represents Lisa as ultimately passive in taking hold of protecting her family. However, in the later stages of the interview Lisa reflects;

**L1.8**

*"It was the fact that you think that deep down you know, deep, deep down you know.*

*…But I wasn't brave enough. Not when you've got five kids under ten….I wasn't as strong as I am now…and I thought well, I can protect them"*

In L1.8 Lisa indicates the gravity of accepting the levels of abuse she and the children were exposed to, and the weight of her responsibility. The harrowing nature of Lisa's survival and recovery is palpable in these few lines.

**Lisa 2: Hiding in embarrassment**

Lisa makes a number of references to the outward portrayal of the family.

**L2.1** *I thought, oh that's it, great, they've told the bloody school... And it is embarrassing and that's him, that's [sic] cause of him.*

**L2.2** *Social services got called once because ... I said, "How fucking embarrassing is that. Getting them round because of you,"*

**L2.3** *Then I'd have to phone the kids up and say, "Get out the house, Paul's been drinking" so then they'd have to, all go stay round... I used to think, my god it's really embarrassing [sic] innit.*

**L2.4** *I said really this has got a silver lining, because if it wasn't for her getting caught in the park and then me at lowest ebb phoning the school and telling them, which I wasn't embarrassed about, not really, I wasn't embarrassed because it's not my fault...*

On several occasions Lisa notes Paul's behaviour as embarrassing, and this is when the needs of the family have come to the attention of professional agencies or others. Notably the embarrassment is attributed to Paul's behaviour *that's him, that's cause of him,* and this seems to take prominence over his abuse of the children. However, at L2.4 Lisa acknowledges the possibility of embarrassment in a more positive context, although by adding *not really*, she suggests that she has re-thought this – the chronology of Lisa's data would suggest she has come to terms with this following the intervention for Holly's drug use.

The importance of the outward image continues as Lisa discusses her mental health;

**L2.5** *Even when I left Paul and things were really bad I've never, ever depressed, or gone to Doctor with depression and things, cause you just don't….we've never been, well I've never, not in our family, you just don't, you just get on and cope. Like me dad says…. You've just got to get on with it and that's your life.*

There is a strong suggestion here that family expectations have prevented Lisa from acknowledging mental distress, very clearly positioning depression and help as signs of weakness, quoting her father and locating this value base from within her upbringing. Lisa swaps from use of *you,* to generalise, to *I,* to claim this for herself. This would also help to explain the difficulty Lisa seems to have in acknowledging Paul's abuse towards her and the children; *you've just got to get on with it and that's your life.*

Further note of the outward image is noted at L2.6 and L2.7

**L2.6** *But then you know, put on the big act, oh my lovely big family, you know, to everyone else. But not with friends, because obviously they knew what he was like… they just played the part. "Oh hi, how are you," and all that, played the part but knew what he was like.*

**L2.7** *she spoke to Sally, who was at senior school, and she was obviously, she knew what Paul was like, she was old enough to know so she was, oh no we live here like Alice in Wonderland, it's lovely, happy, clappy house, then she went and spoke to Suzi who was at junior school, was not so, at that age, wise of the world and then she said it was like talking to two kids that lived at two different houses.*

At L2.6 Lisa indicates that while her friends *knew what he was like,* they maintained a conspiracy of silence around this family. The presentation of self continues through the children, explained at L2.7 indicating there is a shared understanding of presenting to agencies

once the children reach adolescence, which Lisa exaggerates with her sarcastic imagery of *a happy, clappy house*. Sally's presentation perhaps echoes the role modelling of Lisa and the wider friends she refers to, Lisa seeing Paul's actions as *embarrassing*, therefore something to hide, and the friends who turned a blind eye. Suzi's more honest account is presented as an exception to this presentation.

At L2.8 however, Lisa portrays her friend's active support to her, and the protective strategies she mustered in leaving Paul

**L2.8** *So my friend had them down there because I thought he won't think to look for them because you don't know how he's [sic] gonna react. Don't know, is he going to go and search for them or what…I didn't want them to see that too little, you know they was what, nine.*

This extract indicates the level of risk when she left, to the extent that the children were hidden away. Lisa states *you don't know how he's gonna react,* reflecting precarious and dangerous environment, and references the children's young cage and vulnerability. This is an urgent escape from danger.

**Lisa 3: Finding Calm**

The last of Lisa's clustered themes is Finding Calm, exploring her experience of moving from the *motorway pile ups*, to being able to notice and recreate calm at moments of tension. In L3 Lisa is able to explain the psychological and behavioural shift she has made through the recent intervention. While this was aimed at Holly's substance misuse, Lisa's own resonance in this experience is expressed poignantly, with significant detail alluding to better quality of life and improved parenting.

**L3.1** *Before (practitioner) come, maybe I said to (practitioner), it was a good thing that the police caught her…because it bought (practitioner) in to our lives and helped her and helped us.*

**L3.2** *I'd go up there and I'd be calm, "Come on then Holly, what's the bra? Right let's find another one," whereas before, I would have lost my rag, thinking oh fucking shut up screaming, why are you screaming? It's a bra…get over it.*

**L3.3** *It's the calm, yes, whereas before, I was just adding fuel to the fire. Because I've tried the calm, that didn't work and then I thought, oh for God's sake, and it got to a point where it was just horrible living in this house.*

**L3.4** *and when it does flare up, she gives you the tools to deal with it. Whereas before I'd been up their stairs now, up two flights of stairs like that.*

**L3.5** *One morning she woke up and she was doing her wailing banshee crying... So, listening to (practitioner), on me little shoulder, me little (practitioner) on me shoulder I said, "why are you crying Holly?" …I said to her…"Right. Stop your crying now. Right, come downstairs, we will have a coffee, I will write you a letter,,…so you won't get a detention.." She's never normally late…so I said, "I will do this," …And Holly was calm and all that and she said to (practitioner), and (practitioner) said to me…"you were really calm and you calmed the issue down", whereas before, I'd have gone, "for Christ sake Holly, stop crying."*

L3.1 is presented as a matter of fact narrative about Holly's substance misuse. Lisa is philosophical, and it is of note that her previous attention to embarrassment is missing, despite the involvement of police, drugs, school and family support. Given Lisa's preference for maintaining her outward image this is notable, and suggests she could have changed her perspective quite dramatically since leaving Paul, or, specifically through the recent intervention. At L3.2, 3, 4 and 5, Lisa's tone has become reflective, clearly drawing comparisons with her previous and newly acquired parenting approaches.

Lisa reiterates her attempts to be *calm* several times; *I've tried the calm, that didn't work…* She references it being *just horrible living in this house*, conveying a sense of continued strain, and this reflects points of conflict even after leaving Paul. While his abusive behaviour was clearly a causal factor, some of the cycles of behaviour within the family still persist. Lisa is able to identify specific tools given to her through the intervention of the practitioner, and evidence how she has put these to use. The words *fire, fuel* and *flare* indicate more of the sudden dramatic moments Lisa has experienced before, and she emphasises the speed of escalation of which she has been a part; *before I'd been up their stairs now, up two flights of stairs like that.* Lisa's shift in language also reflects a professional narrative; she talks about *tools,* and embodies the practitioner who worked with her on her *shoulder* at moments of crisis (L3.5).

This powerful imagery indicates the unfamiliarity of *calm*. There is a deep sense of change within this picture, where this parent has begun to master the skills for calming her fractious teenage daughter, possibly for the first time. The reiteration of calm is very apparent, appearing thirty-one times in her interview; a striking contrast from the motorway pile ups and dangerous tensions over many years. While is clearly takes effort to find a place of *calm,* it is conveyed as a deeply poignant experience. As Lisa says;

**L3.6** *Then I have to think, calm, calm.*

**Discussion: Lisa**

Lisa's embodiment of *calm* is typical within IPA research (Smith, Flowers & Larkin, 2009; Shaw, 2011; Smith, 2011c) and her extensive reflection on its newfound presence is a striking contrast with her habitual lived experience. For Lisa, the canonical and systemic expectations of her environment (Bruner, 1990; Pycroft & Bartollas, 2014) have been breached by this new psychological ease, to which she returns to a total of thirty-one times in the data, indicating this as precious, yet slippery and easily lost once more. Lisa's accounts of her parenting reveal tension, shouting, and swearing, stating *it was horrible living here*. Her movement between chaos and calm reflects her experience of change, demonstrating its complexity through the embodiment of the practitioner on her shoulder, coaching her at times of stress. In doing so she reflects the combination of reflection and action, *praxis*, described by Friere (2000 [1970]) in transformational learning. Lisa returns to this repeatedly, practicing being calm, and remembering feeling calm. The novelty of this is set against the frenzied damage of the *motorway pile-ups,* and indicates that although Paul was the abuser, the tendencies towards crisis have continued to be enacted by Lisa and the children (Pycroft & Bartollas, 2014; Dallos & Draper, 2010; Kellas, 2005).

Lisa struggles to acknowledge the extent of the abuse perpetrated towards herself and the children, despite the events taking place around eight years prior to the interview; time in which to locate new influences, which might have re-shaped understanding (Festinger, 1957; Bruner, 1990). However, this is typical in recovery from domestic violence, with depression, fear and social difficulty still apparent in survivors at an average of ten years after the last incident (Williamson, 2010; Stark, 2007). The abuse Lisa experienced was not physical but psychological, (Stark, 2007). She speaks of needing evidence that Paul was an abusive man, reflecting the shifted reality created by an abuser who causes his victim to doubt her own mind (Williamson, 2010; Anderson & Saunders, 2003; Stark, 2007). Lisa's abuse is recounted as being by proxy; she sates *he always did my kids when I wasn't there*, referring to beatings enacted at times she could not protect them from harm. Such was the nature of his domination (Stark, 2007) that Lisa would never be able to feel her children were safe.

Lisa reflects separateness through her positioning of home and belonging (Edwards, 2004). She disassociates from sharing a life with Paul, perhaps adding some psychological protection (Festinger, 1957; Cooper, 2012) however, in doing so she also leaves herself

without the sanctuary of home (Kearns *et al.*, 2014; Brickell, 2012). This may indicate why Lisa resorted to asking her older children whether or not they should leave. Of particular note is that in this account Lisa was still willing for them to stay, and that it *made no difference to her* further indicating distorted reality (Williamson, 2010; Stark, 2007), and a problematic inability to share the emotional impact of Paul's abuse with her children (Rimé, 2009).

The presence of these adverse childhood experiences in the children's lives are likely to have increased their vulnerability to mental and physical health issues, commonly evidenced in children by adolescence (Felitti *et al.*, 1998; Finklehor *et al.*, 2015; Metzler *et al.*, 2017). Therefore, there is likely to be a connection between Holly's recent behaviour, and the ACEs she experienced as young child. There is no indication from Lisa's data that this link has been explained, and given the difficulty with which she pieces together her story, it is unlikely she understand this.

# Dave

Dave is married with 5 children ranging in age from 10-22. The youngest child, Andy age ten, has been the point of concern within the family due to his extremely challenging behaviour within a mainstream primary school. Parenting work was undertaken with Dave and his wife Belinda to avert Dave's use of physical punishment towards Andy. Two of Dave's daughters, now in their late teens, have recently revealed they were sexually abused by a family friend, and his eldest daughter in her early twenties has attempted suicide. Mental health issues therefore present as an underlying factor in the family, yet are barely acknowledged. Dave's themes are clustered into;

Dave 1: *Legacy of Violence*

Dave 2: *Learning & Change*

Dave 3: *Good Dad, Bad Dad*

## Dave 1: Legacy of Violence

At the start of the interview Dave contextualises his own experience of having been hit as a child.

**D1.1** *Well, hit a bit, yeah. But that's only 'cause of misbehaving and disrespecting.*

**D1.2** *one thing my Dad has always been against… is… you can have as many fights as you want, come home with as many black eyes, you can do whatever but if I hear that you've hit a girl then you have me to deal with..*

**D1.3** *when we were bought up – if someone started on a member of our family it was whatever it takes, get them back.*

**D1.4** *if somebody hurt my kid…I'd still go after them and they will have to kill me to stop me from what d'yu ma calling it, as I said. When I found out about two of me kids…I've got knives, I've got knuckle dusters. I don't care, I don't care. If he wants to go down that route, I can go down that route. I'm not fussed. But at the moment my priority is making sure Georgina is fine, making sure she doesn't try and kill herself again.*

Dave's responses at D1.1, D1.2 and D1.3 indicate his understanding of physical punishment, physical abuse, and street fighting. This is reflected in traditions of the family which are woven throughout this story. These revolve around showing respect and hierarchy through physical aggression within the home and community. At D1.1 Dave minimises the significance of this

being hit as by his father by stating *only*, implying he had received a fair punishment, and in D1.2 he indicates fighting was part of daily life growing up.

At D1.3 and D1.4, the expression of loyalty through fighting exemplifies a code of conduct within the family. Dave explains the lengths he will go to in defending his daughters, referring to them having been abused by a friend. In this extract the ready presence of the violence is evident through reference to *gun.. knife… kill me to stop me… knuckle dusters.* This suggests a clear intent to take violent action against someone harming his children. Dave adds *I'm not fussed* as though it would be no big deal to take this criminal, vigilante action. However, the last statement adds a different context. He states he has other priorities, and this gains a sharp focus in *making sure she doesn't try and kill herself again*. Dave is trying to *make sure*, therefore assuming responsibility over the threat of his daughter attempting suicide *again*, while experiencing violent rage. The references to suicide are dramatic, yet iterated casually, again suggesting this is a constant backdrop within the family. This demonstrates the complexities and tensions within the household, yet are articulated so as to minimise the significance.

The extracts below represent the violence surrounding Andy, known to have violent outbursts in school.

**D1.5** *Cause that is the problem with Andy, when he loses his temper he's got the strength of a sixteen, seventeen even eighteen year old and he will beat a sixteen year old kid up.*

*Well two years ago he beat a fifteen year old up and…it took Belinda and Georgina to pull him off this fifteen year old. He has this fifteen year old on the floor. He was kicking and punching. Year later, he beat up a sixteen year old. So…*

*It got to the point where I had to phone my eldest and I said look …warn 'em off of Andy because he's absolutely gone out after 'em now with a bat.*

**D1.6** *– do it once more and I tell Andy to finish it, sort it, I'll let him go.*

At D1.5 and D1.6 Dave reflects on Andy's violent behaviour towards a fifteen year old while he was only eight, and there is a further account of him going *after them with a bat*. These quotes exemplify Andy's aggression, but also the family attitude towards it. Dave suggests he was proactively picking a fight with these much older boys. There is a repeated refrain of Andy's strength in these situations with his mother and sister having to *pull him off,* and Dave tasking his older son to *warn em off Andy* because he's *absolutely gone after 'em now*. At D1.6 Dave quotes his daughter as she negotiated Andy's behaviour in a violent encounter. Her quoted

words indicate she held control in this situation; *do it once more and I tell Andy* adding *I'll let him go*. This positions Andy almost as a resource in the situation – clearly indicating his sister is threatening to give him a command, with the inference that to *finish it* is a physical threat. *Warn 'em off Andy* and *I'll let him go* in particular seem to indicate an entrenched identity for this child as a violent aggressor.

**Dave 2: Learning and change**

The backdrop of tolerated violence is the foundation for this family, and the interplay between past and present ideas of positive parenting are a strong theme within the data.

**D2.1** *Not exactly changed because, I could still hit him now. Honest truth. Some days I could actually.*

**D2.2** *But in general, I find it now it's more calming for me as well to sit him down and talk and explain the situation more than stay (sic) irated and give him a belt because all he'll do is go upstairs and lose his temper and demolish upstairs. Which means I have to go upstairs and give him another belt but I've gone past that point of sitting and talking, once I've hit. You can't go back once you've passed that sort of line and you've hit them. You can't go back and say oh well we'll sit down now and we'll talk and discuss why because that won't work.*

**D2.3** *But, after talking to me Dad and me Dad explaining, well, it's the 21$^{st}$ century now mate it's not the 18$^{th}$ or 19$^{th}$ it is not when you were growing up in the 19$^{th}$, 20$^{th}$ where everything was dealt with by a good beating. Nowadays it's all talk talk talk, I understand a bit more.*

Dave's D2 reflections connects his childhood, former parenting of Andy, and transition towards a different way of parenting. He signifies a deep cultural shift within family and community and interestingly, it is his father to whom he turns for advice; the father who dealt with everything *via a good beating*. The recounting of the conversation with his father at D2.3 indicates a protracted, reflective conversation where both men discuss changing expectations.  In combination these three extracts signify the tensions and complexities of moving between these old and new ways; clearly signifying at D2.1 how easily Dave could revert to hitting Andy *Honest truth. Some days I could actually*. With these words Dave makes a point of his honesty, which could possibly indicate this as an exception to a presented self. However, he is able to identify how it feels to talk rather than hit, and experiences this as *calming*. In contrast he gives a graphic account of the previous escalation of physical abuse and it is noted that this appears to be actual abuse, in his reference to a *belt*, and *another belt*.  It seems that *not*

*hitting* Andy requires continuous effort, as Dave reflects on the constructed norm for disciplining children within the family. Dave's refrain of *you can't go back* indicates a line in his own experience, where perhaps he was out of control with anger. Despite this being an emotional outpouring, he also grounds this as a strategy, stating *because it won't work*. This indicates Dave has previously seen the physical assaults as being a way in which he could change Andy's behaviour. Ironically it is Dave's father who has helped him understand the need to change. This was also a key moment in Dave's first interview, where he recounts going to his father to tell him he had been told to stop hitting Andy. Dave explained his dad had said *it's alright son, give it a go*, citing this as a point of reassurance both that his father thought it was acceptable to try this, and that the new strategy of *talking* was *worth a try*. As seen here, Dave's family has laid a foundation of violence with weapons frequently represented as a part of daily life; *fists, bats, guns* and *knives* are all referenced.  This exemplifies a seismic shift in understanding for Dave, in which he seeks approval from his father.

**Dave 3: Good dad, Bad dad**

It is in this context of violence that Dave and Belinda have engaged with intervention. In D3, Dave tries to make sense of what it means to be a *Good Dad*.

**D3.3**  *…kids that are getting beaten all the time, it's not the kids it's the parents. They are not understanding, the situation and they don't and they've never wanted to be parents its… in my eyes, if you want to be a parent you know once that child pops out, it's, there is something there that's instant love, it's instant protection. You're not going to grab hold of your child and start shaking it, or hitting it.*

*But with a lot of the blokes, I put, the men or the cowards who will physically hit a child, won't feed the child and do things like that. That's wrong. That's wrong and that's not parenting. That is not parenting. That is not parenting at all.*

While Dave clearly indicates he was beaten as a child, it is also evident that his father is a source of advice and support. Dave explains how his father has helped Andy stay calm, and he seems to hold a prominent place in the family. For all its complexities therefore, Dave does have a positive role model, and his father has led the way in supporting this family change. However, in engaging with intervention, Dave will have found the family values he trusted are considered wrong by mainstream society and he has been required to change.

The complexity of this process for Dave is significant. At D3.3 he positions himself as an observer of other people's behaviour. His judgement is strong, reiterating *that is not parenting,* as if to take the parent identity from those who harm their children. The use of the word *parenting* here is interesting; this is a professional construct that would have been taught to Dave and Belinda as part of their Triple P (parenting) intervention, and it is perhaps unlikely that Dave would have arrived at this language naturally. He condemns those who would *start shaking it, or hitting it*, as they *never wanted to be parents* at all. He calls these men *cowards*, and speaks emotionally of *love* and *protection* as an *instant* connection. In this extract, hitting your child it simply not a thing a loving parent would do. Yet, this is the same person who speaks of *giving him a good belt*, and confesses *I could still hit him now.* There are therefore significant contradictions in Dave's data suggesting he is still crafting his new identify as a man who does not hit his child.

Dave also distances himself from the reasons he and Belinda were referred for parenting intervention;

**D3.4**

*Int: did you both go through triple P?*

*Dave: Yep, we both had to do it to get him diagnosed.*

At D3.4 Dave reveals his belief that intervention was a route to a diagnosis of challenging behaviour for Andy. In doing so he sets his parenting to one side; the focus is on something being wrong with Andy, and sidesteps the idea that their parenting was being questioned. This may be a genuine belief, or alternatively could be an emotionally safer position. Despite the reflection of his own behaviour in D3.3, Dave speaks as though this is entirely alien to him. It is suggested that to reconcile himself in the picture he paints at D3.3, he would need to confront the notion that his entire family background is built on a set of norms which are condemned by others, and furthermore, which he now condemns himself.

**Discussion Dave**

Dave juxtaposes an abusive family with a loving one, reflecting divided opinion on corporal punishment as discipline, or abuse (Rodriguez, 2003). In Dave's family, this is not only systemic, but multi-generational (Dallos & Draper, 2010). He experienced corporal punishment as a child, and has enacted this on his own children, of whom Andy is by far the youngest.

Dave's story reflects discrepancies between intention and action. In his account the narratives of hitting, respect and masculinity are interwoven reflecting the distorted functioning reported in adults exposed to ACE's in childhood (Metzler *et al.,* 2017; Stepleton *et al.,* 2018). As such, Andy is profiled as the big-little boy; goaded and controlled by his family as a source of pride. The connection between harsh discipline and externalising behaviours is clearly indicated therefore (Rodriguez, 2003) and the predominance of ACEs in this family have been replicated and extended (Felitti *et al.,* 1998); Meztler *et al.,* 2017; Finklehor *et al.,* 2015). Ozer (2005) and Lutzman & Swisher, (2005) note mental health issues are indicated by adolescent exposure to violence, leaving children less likely to gain an internal locus of control as they are unable to connect a sense of agency with the discipline reigned upon them (Rodriguez, 2003; Rotter, 1966; Ryan & Deci, 2000; Bruner, 1990). Gaining an internal locus of control is key for Andy at this stage in his life, as he struggles to correct the challenging behaviour he enacts at school.

As a man physically abused in childhood, Dave's identity is held in a perilous position, threatened by new cognitions which could uproot the homeostasis his family has lived by for generations (Dallos & Draper, 2010; Pellegrini, 2009; Cooper, 2012). The changes in Dave's family have been driven by his father's blessing, reported as his means for understanding the intervention against hitting Andy. This is constructed by Dave and his father as changing times, and escalating social threat (Bruner, 1986, 1990; McAdams, 2001) with responsibility positioned outside the family (Cooper, 2012). Dave refers to men who hit their children as *cowards*; surely the antithesis of the uber-masculine construction of strength and aggression. Yet there is a notable gap; Dave fails to acknowledge himself as one of these *cowards*, and clearly struggles against reverting to type (D2.1). Dual narratives; Dave the calm, rational father, and Dave the male aggressor exist side by side but do not merge, reflecting the psychological threat of cognitive dissonance towards the self (Festinger, 1957; Cooper, 2012). Similarly, Dave accepts the beatings he had; *it was only cause of the misbehaving and disrespecting,* while his father is represented with warmth and reverence. The acceptance and re-enactment of physical punishment by children (Simons & Wurtele, 2010) is exemplified by Dave's parenting, and in the continued aggression and violence of children in the family. Acknowledging himself and his father as child abusers would force a crisis of Dave's trust in his father, and himself (Nelson, 2003; Festinger, 1957; Giddens, 1991; Cooper, 2012; Festinger, 1957; Felitti *et al.,* 1998). Dave is able to preserve this guise through understanding physical abuse as discipline (Bruner 1990, 1991). This is highlighted as a cultural blur between

acceptable and unacceptable harm, acknowledged as stretching back over centuries.
(Rodriguez, 2003; Simons & Wurtele, 2010; Kish & Newcombe, 2015). This sanitised version of
lived experience is an emotionally protective state in which Dave is able to consolidate his
autobiographical self as good dad.

# Jenny

Jenny is a grandmother with parental responsibility for her grandson, Toby. There are several examples of different grandchildren living with Jenny and fluidity across homes seems to be a normalised practice within this family. Toby's mother Amy has a long standing substance misuse and mental health issue, and there has been past involvement of social services. Toby is fifteen and attends a school for children with Social Emotional and Behavioural Difficulties (SEBD), where he continues to have difficulties. At the start of the interview, Jenny explained that the previous day she had been rushed to hospital with a suspected heart attack.

Jenny 1: *Holding the family*

Jenny 2: *Jenny, Amy and Toby*

Jenny 3: *Seeking and Accepting Help*.

**Jenny 1: Holding the family**

The fundamental backstory of Jenny and Toby is that Toby left home and refused to return. This is predominant in Jenny's lived experience. She explains;

**J1.1**    *And ... he just came to stay with us and didn't go back home.*

*And every time we mention about him going home he kept saying, "Oh I don't [sic] wanna go home, I hate her," and all this and I said, "You don't hate her, what's wrong," and he said, "She's always moaning at me, always moaning at me," and ... I said, "Right. Fair enough you can stay with us." That's me, my partner, Dave. I also had my other grandson living with me [sic] cause he didn't get on with his Mum, but he was a lot older, he's twenty three now*

**J1.2** *I don't know. I don't know. I never did get to the bottom of that.*

**J1.3** *And when Ben said, "We can't have him here with us yet." But he didn't say he wouldn't have him at all. But he said, "I can't afford to keep him, Nan." I said, "Well that's fine, but you've got to tell him." I said, "don't leave it to me to tell him." And he said, "Yeah, I think he kind of knows it," I said, "yeah but you've got to say."*

In these extracts (J1.1 and J1.2) Jenny shows her willingness to take Toby in, and indicates there is a pattern of grandchildren removing themselves from home and gravitating towards her.  Jenny refers to her older grandson Ben who has recently moved to his own home. The care of Toby has apparently caused financial strain here, and appears fluid, with Ben adding *yet*, and Jenny countering that *he didn't say he wouldn't have him at all.* This indicates Jenny would prefer for Toby to live with Ben, and she does not want to be left to tell Toby herself,

inferring that this might be difficult. Jenny insists Ben shoulders responsibility for telling Toby he cannot stay, suggesting she will find it difficult to manage his reaction.  Although Jenny seems very accepting of her grandsons moving in, she does not understand the reasons behind it. At J1.2 she emphasises this as a mystery. Her words *I never did get to the bottom of that* suggest this issue is now closed to her, as though there will not be any answers.

**Jenny 2: Jenny, Amy & Toby**

During the interview Jenny was prompted to think further about Toby's reasons for refusing to go home;

**J2.1**  *Well, I think... because most days when Toby got home from school she was asleep and he said, "Every time I go in she's asleep," and ... nothing's done and where she's not coping there's hardly any food. I mean all the family were taking food round to her. ...like at Christmas we all did a food parcel, we topped her electric, we topped up her gas so that she was alright over Christmas. And we paid for most of the kids Christmas presents…*

**J2.2**  *I can't remember how old she was when she had Toby, but she couldn't deal, she had post-natal depression.*

*And she had it, she had it with all of them.*

*And she had it for a long time. She's had a bit of a drug problem, she's been on ...is it amphetamines?*

These extracts above portray Amy and her children living a hand to mouth existence, with long term mental health and drug issues and reliant on extended family for food and heat. There are also two markers of Jenny feeling unclear about the situation with Amy, she can't remembers Amy's age when she had Toby, and she describes *a bit of a drug problem*, being uncertain of the related language.

From later descriptions, Amy's drug problem actually seems more serious than Jenny maybe realises and she indicates a re-occurrence of post-natal depression. Jenny adds further context by explaining;

**J2.3**  *….so a lot she had a lot of people in and out of the house, a lot of ...how can I say it ...people that are no good really. Do you know what I mean?*

*And they were in and out of the house and sometimes I'd go round there and I'd say, "who are those two people, who's that?" "Oh they're just friends of mine," And I said yeah, "Friends don't sponge off you Amy," which is what, that's all they wanted. I said, "They can see you got nothing."*

This extract reveals drug activity within Amy's home and indicates she was being financially exploited, a theme which contextualises the support the family were giving Amy in terms of heating, food and Christmas presents. This picture suggests the children's needs were not being met by their mother, with a concerning number of risk factors around the family.

Jenny's narrative about Toby orientates around his behaviour in the present time;

**J2.4** *he lived (local area) and went to (SEBD School)... and he done really well, I mean, he had the off day, and ...I went and got him a couple of times, but they said they don't know why he's like it because he's such a nice boy when he's a nice boy.*

**J2.5** *And I said to him, where's that boy gone? Where's that boy gone, that got that award?*

At J2.4 and J2.5 Jenny demonstrates her fondness for Toby. She notes *he done really well,* and paraphrases teachers at the school in acknowledging his challenging behaviour*; they don't know why he's like it,* but gives greater emphasis to him being *such a nice boy.* Jenny does not elaborate on this, as though she expects the researcher to understand what *it* is, indicating perhaps that she is used to people discussing Toby's behaviour. Jenny recounts a moment of celebration for Toby (J2.5), using his award to compare his preferred behaviour.  Jenny's consideration of Toby often regards his outward image as witnessed by others;

**J2.6** *he said, "why can't I wear a tracksuit?" I said, "you are not wearing a tracksuit, tie, where's your tie?" Anyway, I said, "And when you go up for this award, whatever it is, you stand up straight*

**J2.7** *one of the teachers said to him, "Oh, Hello Tobe, don't you look smart." I went, "See." And even my partner and Lizzie's partner…they said to him, "Tobe you look really smart tonight and we've got pictures as well" and they said that he was student of the year or something.*

Jenny uses this moment in Toby's history to remind him he can achieve. This moment is recounted in great detail during the interview, suggesting it was significant event within the family. Although Jenny is not clear about the award itself; *they said that he was student of the year or something,* her pride in him being noticed for something positive, is palpable. In combination Jenny reveals some clear priorities in caring for her family, with a heavy representation of her directing them in behaviour and self-presentation.

At J2.8 and J2.9 Jenny contrasts her past experience of mothering, with her current circumstances.

**J2.8** *I don't think it was, oh I don't know, I don't think it was so hard. I mean I was a one parent family.*

**J2.9**  *I do get so frustrated sometimes.*

*And I had three girls. Bought my house, as well…but I don't know, I really don't ... I mean my youngest girl, her Dad was around when she was young ... but ... I wish he wasn't, he hadn't have been, [sic] cause he ruined her ... you know what I mean he, and she's got like ... people think of her, because her Dad had a reputation for fighting, she, they think of her like that [sic] cause she's a big girl, like ... she don't ... take no stick from anybody ... and Toby's trying to be like that and he shouldn't have to be.*

With the re-starting of this extract (J2.8) Jenny struggles to utter the sentiment that she cannot understand her daughter's difficulties. Jenny's use of *frustration* voices her emotional response to her situation, comparing her daughter's parenting to the life she has lived. Jenny does not give any account of domestic violence within the family, but at J2.9 she notes aggression, although the details are sparse. She conveys experience of her husband *fighting,* his *reputation*, and influence on youngest daughter, extended also to Toby. Her words *he shouldn't have to be* indicate a dis-ease with this aggression, alongside acknowledging Toby maybe feels he does have to portray aggression. It is not clear whether this is bound up in Toby's image, or arising from a feeling of threat.

Jenny's mothering of Toby appears to be taking its toll. Being taken ill the day before had clearly left her feeling vulnerable, as it was spoken of as soon as she was greeted for the interview. Below, Jenny explains how her oldest daughter Jill has stepped in;

**J2.10**  *Anyway, in the end my oldest daughter who was with me, she text him back and said, "Look Toby, [sic] ya Nan's been ill, stop doing this to her and go in to school," and he said, "Alright."*

**J2.11**  *She has said to him, "Toby, Nan doesn't want all this, because ... she's getting older now and she doesn't want that [sic] kinda responsibility."*

There is a sense of protectiveness and advocacy here, with Jenny portrayed as older and unwell. Furthermore Jill's intervention encourages Toby to recognise his responsibilities, to which he apparently agrees. However Jenny still remains the person responsible for Toby, and the possibility of Amy (his mother) regaining responsibility seems a distant prospect;

**J2.12**

*Int:*          *..But your daughter hasn't, has she tried to get Toby to come back home with her?*

*Jenny:*          *Yeah.*

*Int:*          *And he won't go?*

*Jenny:*　　　　*No.*

*Int:*　　　　*and you don't know why that is?*

*Jenny:*　　　　*No.*

The fluidity within Jenny's family positions her as a central matriarch and despite continued strain she appears resolved to this role. The intentions behind behaviours remain obscured to her which appears to be helping to maintain this position.

**Jenny 3: Seeking and Accepting Help**

Seeking and accepting help is surrounded by significant tension within the family, with Jenny as a key protagonist.

**J3.1** *I kept going round the house cause she was renting my house off of me. And it was in a state. She was asleep all the time, the baby was fending for itself...and so was Toby, cause he was living there as well. And in the end I just went in the school because I was so worried...And the headmaster and the ... welfare I [sic] 'spose at the school went round there and ... I got the blame for it....she said "you got them on to it." I said, "Amy, I had to do something," I said, I had to do something, I said because of the children....if we let it go on any longer they would have taken them away from you. Anyway, the social services got involved and everything.*

**J3.2** *And we couldn't get this through to Amy but I got the blame and she blamed me for getting social services involved and I said to her, "Amy, what else could I do?" I said*

**J3.3** *Amy was blaming me, ...but my eldest daughter Jill, she worked with the council and she dealt with families that ...were poor, struggling, and she said, " They will not take your children away unless there is sexual abuse and ...heavy drugs, really heavy drugs. If they can keep a family unit together, they will."*

The weight of this blame on Jenny's shoulders positions social services as a threatening intrusion, and the fear of blame far outweighs support from her daughter Jill. This indicates the predominance of *blame* as a heavy oppressive emotion which Jenny has clearly carried with her over time, and reflects the feared position of social intervention.

**Discussion: Jenny**

Jenny's IPA indicates significant stress of family expectation, and rejection for seeking help in a situation of escalating concern. Despite stepping into the role of mother over two of her grandchildren, and contributing financially beyond her means, she has been *blamed,* conveying a legacy of disloyalty. Jenny reiterates *I had to do it*, reinforcing the gravity of her decision, and seeking to justify this even in the interview itself. This condemnation for help-seeking reflects

the stigma of social intervention reflected in the literature (Thornburn *et al.*, 2013; Ayre, 2001; Keddell, 2014). It is significant that Jenny makes one or two mild references to her daughter's neglect without judgement, yet her family appear to have judged her remarkably harshly for taking protective action. This exemplifies a canonical breach (Bruner 1986, 1990) within the family itself, forcing a crisis of trust in the very person holding the family together and causing Jenny significant distress (Eisenberger, 2012; Festinger, 1957). Jenny's awareness of judgement reoccurs throughout her interview, in the constant reminders to the family to present themselves well. This indicates a preoccupation with possible social rejection (Eisenberger, 2012; Scholte *et al.,* 1999). Details about Amy's chaotic lifestyle combine with references to family members being associated with aggression. Jenny's self-presentation is conservative by comparison; she talks of encouraging Toby to work hard, look smart and think ahead, representing typical features of mainstream canonical scripts (Bruner, 1986, 1990).

Jenny's lived experience orientates around parenting her children and grandchildren through entrenched difficulties of poverty, neglect, and drug use (Dallos & Draper, 2010; Pycroft & Bartollas, 2014; Finklehor *et al.*, 2015). She presents a complex family, and despite taking action, she often appears baffled by the impact on Toby, suggesting the dysfunction is indiscernible (Kellas, 2005). It is  noticeable that she experiences Toby's needs as being quite separate from the relationship with his mother, and tolerates her assumed role despite increasing strain. Yet, Jenny is aware of the breach to some degree; she reflects that she does not understand why Amy has failed in caring for her children, having been a single mother herself; *I didn't find it <u>so</u> hard*. The abiding tone of Jenny's interview is that she lacks understanding of her own reality, unable to compute why Toby has left home, and why his difficulties persist, despite knowing he was neglected.  Jenny lacks agency and self-efficacy in the construction of her self-identity (Bamberg, 2011; Jones & Prinz, 2004), using the reflective space of the interview to justify why she sought help (Bruner, 1990; McAdams, 2001) in an attempt to retain acceptance.

# Meg

Meg's story is an outlier in the data set in that her family have had little or no input from authority agencies in the past. The family was referred because Meg's youngest son James, age thirteen, stole his step father's prescription diazepam and supplied it to his friends. Meg became aware of this when the police arrived in the early hours, as nine children had been admitted to hospital. James and Meg were brought in by police for questioning. Like the other participants, Meg has a large family, with two older children in their late twenties. All four children were by her husband who died some years ago. She has another partner, however he takes little prominence in the data.

Meg brought her daughter, Jo, to the interview. Whilst she had not been invited, it was felt to be unethical to ask her to leave, therefore it was explained that she was welcome to observe and support her mother. It is therefore acknowledged that Jo's presence may have influenced some of her responses, although Meg and Jo appeared to be at ease together. Jo made the occasional contribution to the discussion, and Meg looked to her several times to corroborate her thinking. Meg's clusters of themes are;

Meg 1: *Authority*

Meg 2: *James' choice (not my fault)*

Meg 3: *At my door*

**Meg 1: Authority**

In this section Meg recounts her early responses to the police involvement with the family. At M1.1 she recounts the police arrival at 2.30AM.

**M1.1** *I told them to go away*

*go away, come back in the morning. How dare you wake me up and half past 2 in the morning, what possibly could be sooooooo important that makes you need to wake me up, and I'm not waking James up – everyone was in bed, and I was like no I don't think so – and I think I huffed and puffed, I think I went "really?" and he went "there's nine children in hospital" and I had to get him up (laughs) … "ok..!"*

**M1.2**

*Meg:   They was sly, they was sly!*

*Int:    Really? How were they sly?*

*Meg:   they didn't tell me I was going down there to be interviewed – lured me down there, with James – we interviewed James, he's got an appropriate adult (which was my friend) and I goes yeah – and we'll be interviewing you in that room.  So it was "ok, thanks for letting me know" (sarcastic inflection)*

**M1.3** *I was worried when I went in there, I found it quite amusing when I came out – they all thought it was funny! (indicates to Jo)*

**M1.4** *at first I was very wary…very wary, but then I wasn't sure what they were going to do, or what was going to happen, and it was all very fresh at the time.*

In M1, Meg illustrates her attempt to send the police away.  Although later in her interview she softens towards agencies, there is an instinctive rejection of the police, with no apparent alarm at their arrival. This moment returns in the interview as a before and after watershed, where life changed for Meg. She communicates mistrust; using the words *sly* and *lured* to suggest an underhand agenda, with a sarcastic tone conveying derision.  Meg also uses humour to diffuse the intensity of the situation, and the frequency of noting *amusing,* and *funny,* suggests that this is a familiar strategy in alleviating the tension of this moment with the police.

As the interview began to settle, Meg gave a more careful consideration of how she felt at the time. She conveys a sense of being at the mercy of the Police, of being done-to (M1.4). Stating it was *all very fresh* suggests she now feels differently, with the time between enabling emotional distance.

Meg continues her theme of Authority by explaining her reactions to agencies;

**M1.5** *yes, I was under the impression that I did, to be fair, I think I did, because of the police involvement – I think that's what they'd stipulated. I think my first impression was just go along – just go with the flow – it's not going to do any harm, it's better to work with people than to – there was no reason to fight against them*

**M1.6** *…When they came to the house I still had it in my head that they were…social services (pause) I wondered how interfering they would be*

**M1.7** *would they take him away was it going to be a case that they would constantly be on my back, that I would never get rid of them.*

Meg uses the word *stipulated* to convey this sense of power, and lack of choice in this situation. This is a striking contradiction from resisting the Police, and indicates how quickly her responses changed when she acknowledged the power dynamics. The contrast between extracts (M1.1 and M1.5) where she shows confidence in maintaining her territory against the police and the passivity of *go with the flow...* suggests a more compliant character, possibly afraid of the consequences of resisting the power of this authority agency. She extends this suspicion through a number of preconceptions about social services as an interference, carrying with them the threat to *take him away* and persistent surveillance and judgement over her.

Further to this however, Meg presents a different experience at M1.8 and M1.9.

**M1.8** *yeah yeah there was a lot of input, they didn't take over, I did think they would take over; they didn't …they sort of let us go at our pace and let us put in place what we thought was appropriate.*

**M1.9** *the plan was to lock everything away in a safe – anything that was really really dangerous and uh drug wise in a safe, locked away, so that James can't touch it – um, and that was really the plan, that was the main plan but we'd already sort of done it anyway – we'd already put a lot of things in place anyway*

Meg's language here indicates the services had nothing further to add. This is presented as a success story, but underlying this experience are further questions, as to whether this was really the sum total of the intervention, and if so, whether there was any benefit to the family. Meg appears to have received this as a task orientated solution, with the practitioner simply validating her actions, and relates to the surveillance role Meg anticipates at M1.7. Despite this, Meg talks about receiving *a lot of input*, but with leadership taken by the family. Meg seems relaxed in this extract, reflecting the scope she had to regain control, and the reassurance in no further police action.

**Meg 2: James' choice (not my fault)**

Meg presents a strong representation of James's choices;

**M2.1** *At no point have I ever thought it was my fault….I do think I should have put them somewhere safer, but never, never ever expected him to touch them….And I don't think, I don't*

*think it's how he's been brought up I don't think…it was a choice, that James made, a very silly and surprising choice that James made. It wasn't because of circumstance or anything like that*

**M2.2** *well I don't pull any punches um, I am very straight with him, no that I'm….I don't want it to come across that I'm being angry, but I'm wanting him to make an informed choice, not silly choice?*

**M2.3** *I don't think he realised he'd be kept in as long as he was kept in? ….. I think we kept him in for four months*

In these extracts Meg repeatedly asserts James as the person responsible for his choices, reiterating *not my fault*, as a strategy for letting go of both blame and control, pre-empting any association with his home life. It is notable that no question had been asked raising this as a possibility, therefore indicating she may have defend herself from criticism previously. Again, Meg uses humour to lighten the conversation. She acknowledges she should have kept the diazepam out of his reach, however she keeps the responsibility with James, and does not consider any further motivations other than it being *a very silly and surprising choice that James made.* She articulates the complexities of giving freedom to her son (M2.2, M2.3), and pinpoints a clear tension between keeping control of James and giving him freedom. This is understood to be an emotional reaction to protect him versus a cognitive recognition that he is growing up and away from her protection.

Further control over James' behaviour is evidenced here;

**M2.4** *James still touches things now. It may not be this – but you go "look what happened last time you touched something that you shouldn't have touched" – and it might be something really stupid, like your phone, but its – "that's my phone, I don't touch your phone, don't touch my phone, it's about mutual respect James". But James doesn't get it*

Although Meg states touching a phone *might be something really stupid*, meaning menial, her narrative conveys that this is actually a significant line of demarcation. It is noticeable that James has not used his mother's phone, is has simply *touched* it, presented as a continued behaviour which James refuses to abstain from; *still touches things now*. To Meg this represents a lack of *respect.* Meg shows as assumption of perspective here; *but James doesn't get it,* as though this would be obvious to anyone. The reference to *look what happened last time* refers to James touching, and then supplying drugs. It is of note that to Meg, the *touching*

seems to be the trigger, and this parent who grounded her son for four months is also attempting to stop him interacting with the home environment. Access to the drugs is the one point of Meg's interview where she accepts responsibility for James' actions (M2.1). Clear lines have been drawn reflecting ownership, accountability and boundaries which must not be crossed.

While Meg talks about *going with the flow* (M1.5), this example indicates a strong sense of control in daily life and indicates that the intrusions of services could have been extremely difficult for Meg to accept. There is a strong sense of distance created through this example whereby this mother and son do not touch one another's possessions. Meg states she is purposefully avoiding being *angry*, and returns to this later on. However, her decision to ground James for four months appears extreme, as does her response to touching the phone. This perhaps reflects the tension between her emotional protectiveness, anger and more cognitive reasoning.

**Meg 3: At my door**

Grounding James for the four month period is brought back to the conversation when Meg explains the reaction of the community to James' drug supply;

**M3.1** *Because we didn't know what the repercussions were going to be – because obviously it was children that all lived in the same area, we did have people knocking on our door…um to look for him, under pretences of other things*

**M3.2** *my fear was 1) these children that have all gone into hospital, because I fully appreciate how their parents felt, and possibly older brothers and sisters because if you've got older brothers and sisters that's 16, I think your way of dealing with things isn't a particularly adult way of dealing with it – I was scared that he would get hurt.*

*…(family Hub) made me aware that James could be made a target to sell drugs and there was all of that to take into consideration as well…so that was pretty shocking for me...*

**M3.3** *Yeah, yeah, what he done from one incredibly stupid thing….had he…...sort of destroyed his life over one, one, stupid, stupid thing*

The theme of unwanted visitors returns repeatedly during Meg's interview. In M3.1 and M3.2 Meg explains the response of the community, alluding to people harming James in revenge. This fear is veiled as under *pretences of other things.* M3.2 offers greater detail, with Meg explaining the sense of threat as she looked at the potential fallout from James' behaviour. Fundamentally she was afraid that he would be hurt, further compounded by the idea that he could be groomed into dealing. Meg uses the word *shocking*, indicating that this was

completely out of her experience. These extracts suggests a watershed moment creating a before and after affect in the way Meg saw her son, his future, and the risks he was surrounded by. At M3.3 Meg exemplifies this further, reiterating *one*, and *stupid* in contrast to *destroyed*. Her words are spoken with passion and sadness, encapsulating her fears for her child's future.

The incident surrounding James was high profile in the local community, and this was a prominent theme in the data. Here, Meg refers to the social media coverage at the time, where she received two hundred and sixty comments from members of the public

**M3.4** *and I think someone on there even made that comment – oh next time give your kid cocaine to peddle instead of diazepam, why did you give him diazepam to pedal? And I did read all the comments – out of nosiness I think – there were two hundred and sixty of them.*

Under the glare of this public-facing family crisis, Meg was at pains to ensure her family were viewed in the right way, as far as she could.

**M3.5** *because we're not like that, we're not that kind of family. I didn't want people to think that I'd encouraged what he done. Or that we weren't trying to make him acknowledge the gravity of what he done. I didn't want people thinking that he was some little hood-rat running round the streets peddling drugs from his man bag*

**M3.6** *Pablo Escobar, that's who he thinks he is*

The imagery of a teenage drug dealer with a man-bag is reiterated in the data when Meg talks about James' aspirations for designer accessories. Meg talks extensively about her fears that this experience has given James an image and profile among his peer group. At M3.6 she uses humour again, comparing him to a Columbian drug dealer. Meg's need to ensure they are not known as *that kind of family* is expressed strongly, and although she notes the two hundred and sixty comments on social media through *nosiness,* her narrative suggests this means more to her than she is letting on.

Meg extends this with a deeply reflective extract, below.

**M3.7** *um – but I didn't want James still running the streets and people thinking that he hadn't been…..oh I don't know…..punished, and that we hadn't taken it seriously enough to punish him, to try and make him understand don't do it again. Whether it will work….I hope it will. I hope he's learnt something, Maybe I'm being too cynical that he hasn't. Maybe he has.*

**Discussion: Meg**

There are several points at which Meg rethinks and repositions her statements, indicating her process of finding meaning (Smith, Flowers & Larkin, 2009, McAdams, 2001; Bruner, 1990). Currently Meg cannot know whether her best hopes or worst fears have been realised. Her data charters a range of responses to authority, beginning with her attempt to turn the police away, then being compelled to cooperate but referring to them as *sly* when they interviewed her under caution. She talks of impending judgement and that James had *destroyed his life* (M3.3). These worries are reflected in the stigma associated with help seeking in general, and with social services in particular (Keddell, 2014; Ayre, 2001; Moran *et al.*, 2007).

From the Police knocking on Meg's door in the middle of the night, to the notoriety of the social media backlash, Meg uses the *at my door* analogy to explain her sense of threat. She has acknowledged that her response to keep him behind that very same door for several months has in fact delivered little impact. However this reflects the social construction of home as safe haven (Brickell, 2012; Kearns *et al.*, 2010), which Meg invokes by attempting to refuse the police intrusion, the wariness with which she regards those *at [her] door*, and by grounding James at home in light of threats conveyed over social media. Despite stating she *wasn't interested* in the social media comments, rejecting the significance of their rejection of her, Meg returns to this theme repeatedly. She wants to escape the glare of the authorities, and for outsiders to know they had acted respectably in punishing James (Bruner, 1986, 1990; Festinger, 1957; Cooper, 2012; Eisenberger, 2012).

Meg portrays this incident in their lives as atypical for their family and does not overtly allude to any deeper complexity. However, there are points within Meg's IPA where she leaks significant factors (Smith, Flowers & Larkin, 2009; Smith, 2011c) in the positioning of herself within her family. Meg separates herself from James' intervention, maintaining the practitioners merely sanctioned a plan already underway *(*M1.8; M1.9), and states she believes James *hasn't learnt one thing.* This presents a one dimensional picture in which Meg is resistant to taking collective responsibility and engaging with change herself, seeming to lack the emotional presence of herself in his world (Rimé, 2009). Grunning & Lindley (2016) observe that like possessions, accountability can be shared, but just as she refuses to allow James to touch her phone, she also refuses to share any responsibility for his actions. Despite the supportive presence of her daughter at the interview itself, Meg portrays an isolated self-

image. The presence of her partner is not evident for some time, and is mentioned fleetingly. Despite not reporting any martial conflict, Meg reflects herself as a sole parent with a partner, thereby appearing devoid of the sharing of emotion typical of intimate relationships (Giddens, 1991).

However, Meg has definitely taken responsibility for controlling James' behaviour in the aftermath of his drug supplying, and she reflects extensively on the increased risks of the peer influence she struggles to control (Dishion *et al.,* 2004; Nelson, 2010). Meg repeatedly refers to shock, and through her interview, her story moves from derision, to compulsion, fear and recovery in a new sense of what it means to parent James. In considering whether or not James has learnt as a result of his drug behaviour she reflects; *Maybe I'm being too cynical that he hasn't. Maybe he has* (M3.7), indicating an ongoing battle between trust and mistrust that this event will be a one-off, and reflecting the letting go of control which occurs in parenting adolescents (Nelson, 2010). Thus there is reflection in Meg's story, but also a sense that this is occurring very late in the life of the intervention, and is continuing after the support has been withdrawn.

**Chapter 5**

**Discussion of Superordinate Themes**

This discussion presents the analysis of the five superordinate themes which have been located in the data, in context of the literature and theory. The themes are cross cutting, representing prominent experiences which are both emotional and embodied, as reflected in typical IPA research (Smith, Flowers & Larkin, 2009; Archer *et al.,* 2015). The superordinate themes fall into two halves, representing the autobiographical selves; *A Good Parent,* and *Separated and Connected,* and, the key lived experiences of adaptation within canonical scripts; *Threat, Learning and Change,* and *Calm*. Throughout, these themes are overlapping and nuanced, representing the emergent meaning located by participants during interview (Smith, Flowers & Larkin, 2009; Smith, 2011c; Bruner, 1990, McAdams, 2001). The preoccupation of trying to understand, and justifying their position reflects the expectation that the individuals are able to explain and comprehend their reasoned action through bracketing (Giddens, 1991), reflecting meaning making within canonicity and breach (Bruner, 1986, 1990). As discussed in earlier chapters, the negotiations for these families surround what is, and is not, deemed acceptable (Thorburn *et al.*, 2013), thus, these IPA interviews reflect a process of bracketing meaning and action through reflection on lived experience (Smith, Flowers & Larkin, 2009; Bruner, 1990; Giddens, 1991). Giddens (1991: 36) states;

*"On the other side of what might appear quite trivial aspects of day-to-day action and discourse, chaos lurks…the loss of a sense of the very reality of things and of other persons"*
Participants' realisation that their subjective reality is challenged by the mainstream, as voiced through intervention, is presented in this analysis; a process of finding meaning, justifying and understanding lived experience in context of canonicity and breach (Smith, Flowers & Larkin, 2009; Bruner, 1990; Giddens, 1991).

**A Good Parent**

All seven participants return frequently to the theme of parenting, reflecting on actions taken as a good parent. Whilst all have struggled to understand and prioritise their children at different times (Donald & Juredini, 2004; Cleaver *et al.,* 2011; Oppenhiem & Koren-Karie, 2002), it is suggested the preoccupation with justifying themselves as good parents reflects their awareness of its importance within canonical expectations (Bruner, 1986, 1990).

Parenting, especially mothering, is moralized in literature and discourse (LePoire, 2009; Christopher, 2012, Liss *et al*, 2013) and it is noted that systemic dysfunction will have altered these participants' mental health and functioning (Metzler *et al.*, 2017; Felitti, *et al.,* 1998, Williamson, 2010), creating the complexity with which these selves are re-imagined.

There is a distinct pattern among the participants in that they do not talk about experience through their children's eyes. The three women who left their children, Sarah, Angela and Viv, do not talk about the impact on the children themselves, instead emphasising their continued and committed mothering. It is noted however that these representations are experienced in a context of enduring threat and psychological damage to their self-esteem and self-concept. These mothers may have made different decisions in different circumstances (Williamson, 2012; Stark, 2007). However, the predominance of the participants' own worldview and distinct gaps in their ability to enter their children's worlds, is concerning and unusual (Rimé, 2009; Giddens, 1991; Cleaver *et al.,* 2011). In both Viv and Angela's separations stories, practicalities are sighted as the key driver, resorting time and again to a refrain of [*I had to*], so justifying their actions (Bruner, 1986, 1990; Cooper, 2012; Nelson, 2003). The mothers who left their children will have increased the risk of multiple ACEs in those children's lives (Metzler *et al.,* 2000); Cleaver *et al.*, (2011) reports significant increase in risk of physical and sexual abuse in violent homes, thus children were exposed to possible harm without protection (Budd, 2004; Munro, 2011).

However, abuse features heavily in the lives of these participants, and psychological damage and skewed parenting are commonly indicated in this group (Counts *et al.,* 2017). The manipulation of children against a parent is noted in discourses of domestic violence and coercive control (Stark, 2007). Levendosky & Graham-Berman (2000) note a tendency for mothers who are victims of domestic violence to give less emotional warmth to their children, and the shifted realities and perceptions experienced by victims (Williamson, 2010; Nicholson & Lutz, 2017) indicates deep complexity.

Parenting capacity reflects those who have the ability to improve (Cleaver, *et al.,* 2011) and attempts to change behaviours to this effect are ubiquitous in the data of Dave, Lisa and Sarah. Constant, if challenged, attention to children's needs are reflected by Jenny, Viv and Meg, and they have accepted help in ways which have acknowledged the importance of the children's needs, even if they are not fully understood (Giddens, 1991). Although deficits in

parenting capacity are certainly evident, participants strongly indicate the personal meaning attached to being a good parent. It is suggested that this is so powerful, that to acknowledge failings is too emotionally exposing, perhaps in the interview (Khaneman, 2003), or in entirety, given the threat this would pose to the autobiographical self (Bruner, 1990; Giddens, 1991). Bruner (1990) reflects that autobiography allows for fiction within a *"rhetoric of the real"* (Bruner, 1990: 52). In such a fashion, Sarah, Dave and Viv re-construct their ideal self through an exaggerated narrative of their parenting virtues, carefully overlooking their failings (Bruner, 1986; 1990), with Viv even transcending beyond physical presence to an otherworldly dimension.

**Separated and Connected**

Systemic factors within the families have created separation through estrangement and abandonment (Sarah, Viv, Angela and Jenny), behavioural strategies (Sarah, Dave, Lisa and Meg) and threatened separation by suicide (Viv and Dave) (Dallos & Draper, 2010). Physical and emotional separation patterns have created family identity (Galvin *et al.,* 2016; Pellegrini, 2006), seen in relation to people, home, stigma and possessions. Giddens (1991) argues that trust in others leads to the perception of a stable world, enabling self-identity, and the emotional distance seen here has avoided a crisis of self. To engage in conflicted realms means risking destabilizing the self and family homeostasis (Giddens, 1991; Pellegrini, 2009). Thus, Dave protects the trust he has in his father, and himself, as good, loving parents. Sarah rejects Faith, who challenges her stable worldview and idealised self, made possible by Chris. Similarly, specific connections are stressed by Dave, to his father and Andy, Sarah, with the favoured child, Molly, and Viv with Harry. Each of these connections has appeared as an affirmation of the individual. In returning for his father's advice, Dave gains support and reinforcement of being a good father. Sarah's bond with Molly, and also Chris, reinforces her wholesome image, creating love amidst the fractured relationships with her eight children. Viv embodies Harry's mental health; she sees their lived experience as one (Smith, Flowers & Larkin, 2009; Shaw, 2011), through which she alone can protect him.

In some cases these connections are used to override the emotional distance between the participant and their children's actions, enabling them to deny responsibility (Cooper, 2012) for abuse (Sarah and Faith, Dave and Andy), and suicide (Viv and Harry). For Meg and Lisa, few connections are shown, however Meg's rejection of responsibility for *James's choice*

*(not my fault)* is furthered by an unreal disconnect between Lisa and the abuse of her children. These occasions represent points of acute stress in the children's lives, and in these instances, their mothers appear to have retreated to self-protection, contradicting the cultural expectations of mothering (Christopher, 2012; Bruner, 1986, 1990; Rimé, 2009).

Sharing emotion is an important part of parenting, where cultural strategies are taught and children soothed (Rimé, 2009; Bruner, 1990; Taylor *et al.,* 2000), and typifies intimate relationships (Giddens, 1991). The emotional disconnections in some of the cases are therefore atypical, and it is notable that some of the most meaningful bonds contrast with other separations. Separations have been re-enacted multiple times within families, for example Sarah was estranged from her parents, left her children, and is estranged from two daughters currently. Jenny, Viv, Lisa and Meg also present an isolated self. Despite large families, these three participants refer to their lived experience in the singular. For Jenny, Viv and Meg, the revelation of a partner does not occur until late on in the interview, and the three corresponding men gain little attention, with the women conveying a sense of shouldering the family troubles alone. While questioning did not focus specifically on the involvement of others, they are somewhat notable by their absence.

Separateness is also demonstrated through possessions. Sharing is a skill developed in early childhood through theory of mind (Nilsen & Valcke, 2018) and heightened when relationships are close, when possessions are more likely to be collective (Grunning & Lindley, 2016). However, Meg and Sarah struggle to share with their children. For Meg, James *touching* her phone, steps beyond acceptable boundaries, and to Sarah, her daughter wanting to play with her Care Bears indicates she is less loving than her brother. In Lisa's story, separation through possessions places her outside the family home. Through this, she disassociates herself from Paul, and the damage he causes, though it is notable that she does not explain if her children are also held in this psychological homelessness. Although the literature related to this phenomena seems sparse (Grunning & Lindley, 2016), it is suggested that these examples are counter to typical family norms and create a sense of individuals co-habiting, rather than united families who share, and is counter to the canonical norms of marriage and home (Bruner, 1990; Grunning & Lindley, 2016; Kearns, 2010; Brickell, 2012).

**Threat: Abuse, Intervention and Stigma**

The analysis now turns to the motivation and enactment of change in participants lives. Although the intervention has been intended as a force for good, participants report being suspicious, perceiving it a further threat in complex lives. Violence is a prolific theme for all participants, with domestic abuse prevalent for Sarah, Lisa, Viv, and Angela. Jenny refers to her husband and daughter's reputation for fighting, and Dave's accounts of violence are extensive across two generations. Meg refers repeatedly to the threat of violence against James, and Viv's son Harry receives extremely abusive and dangerous messages to commit suicide, meanwhile fearing that another son could enact violence on others. In varying ways therefore, the participants mirror one another's experiences, with some fearing violence enacted on their children, and others who identify their children as violent aggressors, reflecting a multitude of ACE's in this research population (Felitti *et al.*, 1998; Finklehor *et al.*, 2015; Simons & Wurtele, 2010).

Abuse of children is relevant to four families, recounted through varying degrees of insight, and the children of four families have encountered further abuse through the domestic violence perpetrated towards their mothers, exacerbated by the mothers who left. Meltzer *et al.* (2009) report the significant psychological impact of witnessing domestic violence as a child, itself identified as a key ACE and likely to increase risk of mental and physical illness throughout the life course (Felitti *et al.,* 1998; Metzler *et al.,* 2015). Two of the participants had experienced childhood abuse themselves. Dave's abuse as a child was overt in action, but hidden in affect due to family canonical norms (Kellas, 2005; Stepleton *et al.,* 2018; Bruner, 1986), and abuse experienced in Viv and Sarah's families have remained obscured. Girls often fear being disbelieved in reporting abuse (Alaggia, 2005), and Viv exemplifies this with her continued silence. In a reverse effect, Sarah invokes this disbelief in respect of her daughter Faith, now removed into local authority care and vilified by the family.

Lisa and Angela were emotionally abused and financially exploited, noted as common in coercive control (Stark, 2007; Williamson, 2010). While Angela is confident in naming abuse, citing threats of *I am going to finish you off* (A2.2), Lisa is less clear and talks about gaining proof to make sense of experience, similarly to Sarah, who also moves between normalisation and realisation (Williamson, 2010; Stark, 2007). For each of these women, the picture they conjure is one of precariousness, imbibed with toxic abuse and a stripping away of a secure

world (Giddens, 1991; Bruner, 1990; Festinger, 1957; Cooper, 2012). As noted by Cort & Cline's (2017) IPA study on domestic violence, women are characteristically traumatised and internalise their abuse through self-blame, further amplified under the glare of public gaze (LePoire, 2006). The actions of leaving children, or handing them responsibility for leaving, as with Lisa, reflects the distorted parenting resulting from violence (Levendosky *et al.,* 2006, Counts *et al.,* 2017, Williamson, 2010). Moments of strength were eventually located, such as reflected by Nicholson & Lutz (2017), but the threat surrounding these women and their choices, is palpable.

Participants reflect both positive and negative connotations with authority agencies. Lisa and Meg indicate they pushed them away as much as possible, regarding it as *embarrassing* (L2.1), with repeated refrains of *[not being that kind of family]*. As a grandmother Jenny had more objectivity with which to assess the children's circumstances, and by comparison this illuminates a lack of objectivity as obscuring the issues for the other families (Luft, 1982; Bruner, 1990, 1991; Kellas, 2005; Williamson, 2010; Stark, 2007). For Jenny, however, turning to services has meant rejection by specific family members, accusing her of inviting threat, rather than protection (Ayre, 2001; Thorburn *et al.*, 2013; Keddell, 2014). In each of these cases the strength of feeling regards the outward perception of the family and associated notoriety, over and above the issue at stake. Factors of social rejection are more prominent in the data than drugs (Meg), abuse (Lisa), and neglect (Jenny), indicating the profound threat this carries (Eisenberger*.,* 2012; Scholte *et al.*, 1999).

Some parents reject this threat however. For Viv, services are a battleground. She is angrily offended at those who challenge her, which clearly threatens her self-construct of a protective and capable parent (Christopher, 2012; LePoire, 2006; Cooper, 2012). Dave maintains he and his wife took part in parenting intervention *to get him diagnosed*, deflecting any association with questionable parenting. These accounts signal stigma as a powerful indicator of breach in canonical norms and cognitive dissonance, prompting engagement and conformity behaviours (Bruner, 1990, 1991; Festinger, 1957; Cooper, 2012). There is an apparent difference between perceptions of school, and the wariness reflected about social services and the police, seen as hierarchical, power-driven agencies as reflected by Meg, Lisa, Jenny and Viv, also noted in the literature (Keddell, 2014; Maiter *et al.* 2006).

The positive aspects become evident when participants talk about individual practitioners rather than the agency as a whole. Lisa moves from *embarrassing* social services to an embodied and trusted practitioner, coaching her in times of difficulty (Smith, Flowers & Larkin, 2009; Archer *et al.,* 2015). Meg locates their practitioner at her side and she speaks confidently when explaining the family led the intervention plan. Viv is affirmed by an expert, as an expert, reflecting a recognition for her not seen elsewhere in her data, and talks about feeling *hurt* when school ceased contact. Angela finds care and compassion. For Meg, Viv and Lisa this is particularly interesting as all three disassociated themselves from the intervention, in Meg's case stating *they had done it all already,* yet, noticing them as an individual, and offering compassion, engaged these women on a deeply meaningful level (Eriksen *et al.,* 2012; Eisenberger, 2012). In each of these cases, this recognition follows abuse and rejection. This further exemplifies the profound importance of processes which value and care for individuals within its system (Ellsberg & Heise, 2002; Khaneman, 2003), and illuminates the emotional resonance of being *seen* (Eriksen *et al.,* 2012; Maiter *et al.,* 2006). This might also suggest that the work perceived by the parent as outside of the 'core business' of the referral may feel more co-constructed, perhaps lessening concerns and redressing the power imbalance (Keddell, 2014; Maiter *et al.,* 2006). It is possible that these emotional reflections of meaning found with practitioners indicate genuine engagement and positive outcomes through co-constructed intervention.

**Learning and Change**

This leads towards discussion of participants' response to proscribed change. It is argued that that effective change results from resonant and transformational learning (Freire, 2000 [1970]; Bruner, 1989, 1990), and this appears quite variable within the participant group, influenced by the perception of change itself. There is a distinction between those who regard the intervention as for the family, and those who apportion it to the subject child alone indicating a lack of resonance with the child's needs (Rimé, 2009) and with the intervention itself (Bruner, 1986, 1991).

If change is to be effective, it follows that people need to understand why and in what way change needs to occur. This in itself is complicated due to the systemic complexity of these families (Dallos & Draper, 2010; Pycroft & Bartollas, 2014; Kellas, 2005; Pellegrini, 2009). Neither Angela nor Jenny seem to understand the role of practitioners in their lives (O'Leary *et*

*al.*, 2013). This lack of awareness leaves Angela and Jenny in a position unlikely to prompt learning and change in their family lives, and they have remained in the visible quadrant of the Johari window (Luft, 1982), where behaviours are seen, but have not yet realised the extent to which others observe breaches to canonical norms (Bruner, 1990, 1991). Whereas Meg struggles to locate herself in James's life (Rimé, 2009), Viv overrides Harry's lived experience with her own; in her mind, they have become one. There is so little objective thinking here that it seems Viv has abstained from change herself. This is simply a battle to be fought, armed with the ammunition of her lived experience against a practitioner army who knows less than she does.

The participants indicating greater sense of change are Lisa, Dave and Sarah. While there are still a mass of contradictions within their lived experience, all three have been able to pinpoint change and improvements in their lives. The cultural reference points within each family are of great significance, illuminating these changes as incredibly complex experiences through which the self is re-imagined (Friere, 2000 [1970]; Giddens, 1991). Participants have effectively had to unpick their previously secure beliefs in encountering a requirement for change (Kroger, 2007; Bamberg, 2011; Bruner, 1990, 1991; Festinger, 1957; Cooper, 2012; Giddens, 1991). Both Dave and Lisa are confident enough to reveal the true complexity of their experience, clearly showing the ongoing effort in maintaining newly learnt practices. Both understand the need and benefit of changing, and both show an awareness that they are still learning. These two participants appear to be the closest to the transformational learning theorised by Friere (2000 [1970]) and Mezirow (1997), recounting moments of praxis through adapted strategies and reflection. Dave evidences something of a shift from a normalised culture of abuse, to recognising that talking with your children is preferable to beating them. This suggests he has begun to acknowledge wider social norms outside the family (Bruner, 1990, 1991; Festinger, 1957), and is trying to act within it. When he explains the experience of not hitting Andy, it is embodied as calm (Smith, 2011a; Archer *et al.,* 2015). He does not voice regret over his past actions, conceptualising the change in society itself has having altered the rules of loyalty, discipline and respect. For Lisa, Jenny, Sarah and Meg, it seems that change is still evolving. Stigma about services has clearly caused additional complexity (Scholte *et al.,* 1999) and these strands are brought together in understanding the lived experience of being told to change in ways and for reasons which remain obscured to them. It is apparent that all participants explored their lived experience candidly, revealing insecurities and controversies

and seeking opportunities to check and affirm their lived experience. In all cases interviews exceeded an hour, and there were often points where the researcher's attempts to conclude the interview prompted further reflections from the participant. The data indicates they are at an early, or even pre-existing, stage in their learning, although the interviews have occurred sometime after the case has been closed, indicating the importance of learning over time (Friere, 2000 [1970]; Featherstone *et al.,* 2014).

**Calm**

The lived experiences of these participants are deeply complex, derived from repeated patterns of violence, stigma, authority, and abuse. (Metzler *et al.,* 2015; Dallos & Draper, 2010; Pycroft & Bartollas, 2014). Their reflections have documented a radical change in the meaning of their world, and have identified a salient gap in intervention; an unmet need of parents, for reflective, non-threatening space in which to make sense of experience, which conversely reflects the proscribed target driven, fast-paced agenda of intervention (Featherstone *et al.,* 2014; Thorburn *et al.,* 2013).  The complexities encountered here are vast, emotional and surrounded by a lived experience of threat (Festinger, 1957; Taylor *et al.,* 2000; Cooper, 2012). It is suggested that these interviews reveal a number of participants on the cusp of change, rather than reflecting back on change, and some are yet to engage with change at all.

Perhaps this is why participants seem preoccupied with finding *calm*. Lisa, Dave and Angela talk about calm as embodied and self-soothing reassurance, and have communicated this to their children. Whilst calm is not identified by name for Jenny, Meg and Viv, they clearly yearn for less complicated lives; for an end to social media threats, conflict, violence, and risk. When Jenny, Viv, Lisa and Meg reflect on their own childhoods (Appendix 8), it is with a rejection of materialism and a nostalgia for a simpler time. Calm provides an antidote to the enduring stresses of these families. Participants play with the idea, a concept which sometimes still feels out of reach, and which they acknowledge as new, and precious. Calm represents safety; an invitation to drop the defences so they can see and be seen, reducing the fight, flight or freeze response incurred under chronic threat (Felitti *et al.,* 1998; Taylor *et al.,* 2000), which each of these families have faced. The stigma surrounding intervention has exacerbated that threat; far from anticipating help, these families have heightened their stress in foreseeing

forced compliance (Featherstone *et al.,* 2014; Hayden & Jenkins, 2014; Levitas, 2012; Ayre, 2001), and it is suggested that these are key obstacles in engaging hard to reach populations. The anticipation of threat has been enacted through urgent, systemic self-protection in the face of violence, abuse, estrangement, threatened loss, and stigma, seen in a diminished ability to see the world through their children's eyes.

The conclusion to this study will advocate that change within families requires complex relearning of positive family communication and empathic responses, unpicking generations of normalised behaviours which are psychologically threatening and counter-culture (Bruner, 1986, 1990; Festinger, 1957; Cooper, 2012). This is recognised as difficult and emotionally charged, challenging the autobiographical self in context of family complexity. And so, the study will project a further hypothesis; that effective social learning is blocked by prevalent stressors in the lives of families, normalised over generations of repeated experience, and that transformative change will not occur until learning resonates within autobiographical selves, located in non-threatening interventions of calm reflection.

**Conclusion**

**Scripted Lives**

To conclude this study, the key findings will be bought together in relation to Bruner (1989, 1990, 1991, 2002) and Festinger (1957), reflecting the *contribution to knowledge* (Tracy, 2010). As explained in the introduction, this study set out to: *Examine autobiographical narratives of parents regarding the events which led them to tier three services, their experience of that intervention, and the legacy of intervention in their family, in order to theorise strategies for supporting resonant change.* This question has been answered through an examination of autobiographical reflections on key life events, the self, social intervention, and family change. As an applied research study in a professional context, the implications for practice will be reflected upon, as will the usefulness of the research design in understanding the needs and practice implications for this research population.

This study has captured the lived experience of negotiating new expectations in their lives, bringing systemic factors to the fore and making meaning in situations that have evoked cognitive dissonance. These families are understood to be complex (Pycroft & Bartollas, 2014), and respect is afforded to each of them for their evident strengths in adverse circumstances. Each participant has found their sense of self in circumstances of abuse and oppression, and in the context of professional judgement. This is likely to have elicited feelings of threat (Taylor *et al.,* 2000; Festinger, 1957), and has required them to reimagine past beliefs and systemic norms. At the beginning of this study, Luft & Ingham's Johari Window (Luft, 1982) was presented as an explanation of realms of awareness in human interaction, as the window demonstrates how visible and hidden parts of the self are revealed and concealed. In concluding this study, the researcher has re-interpreted the Johari window specifically for this research population, as *The Exploding Window: A Model of Performed and Transformational Change,* and this is presented under the Contributions to Knowledge.

The theoretical foundations of this project surround the collision of opposing social norms. The expected norms of the social hierarchy are disseminated through powerful professional agencies, and carried within communities and media through stigma and marginalisation (Ayre, 2001; Hayden & Jenkins, 2014, Scholte *et al.,* 1999). These norms are powerful, eliciting

fears of rejection in context of a primal urge to belong (Eisenberger, 2012; Goffman, 1969; Festinger, 1957, Taylor *et al.*, 2000), and are conceptualised as Bruner's (1986, 1990, 1991, 2011) canonicity and breach. It is argued that the breach prompts a referral, the intervention affirms the breach, and seeks to correct behaviours to a proscribed script (Bruner 1986, 1990, 1991, 2002). The complexity is located in the reckoning of the family's own canonical script against that of the mainstream.

As indicated by Hayden & Jenkins (2014; 2015), the social rhetoric of normality plays to the hierarchy, not to those living within oppression. In introducing the sanctioned script to families, they are expected to somehow live beyond their own; to change their values and practices instilled over generations (Dallos & Draper, 2010; Pellegrini. 2009). These practices have been forged out of individual circumstances (Pycroft & Bartollas, 2014), allowing the family to continue to function within its own homeostasis (Pellegrini, 2009). Although the patterns are dysfunctional, as evidenced in the data, they feel normal to those living within that system (Dallos & Draper, 2010; Pellegrini, 2009; Pycroft & Bartollas, 2014) and despite the dysfunctionality, these systems therefore hold a sense of belonging for family members. Staying within that system thereby protects individuals from outside threat. Asking people to step outside of their canonicity evokes powerful forces of cognitive dissonance (Festinger, 1957), possibly prompting a fight or flight response (Taylor *et al.*, 2000), vulnerability and pain (Eisenberger, 2012) as families are forced to reconcile the message that they have to change in order to be *good enough*. The participants in this research are surrounded by threat. Families have typically been held at higher points in the system, and have brought this history with them alongside systemic factors from their own childhood. The juxtaposition of intervention is that in order to change, participants must reject previous norms which have maintained their family homeostasis (Pellegrini, 2009), thereby exposing them to judgement either from professional agencies and wider society, or from family members.  As such, the data indicates a preoccupation with a sense of fit, and self-justifications of doing the *right* thing. This is seen in the recurrent patterns of self-justification against family responses, in particular Dave with his father, and Jenny with her children.

Thus, receiving intervention is complex in itself. The stories presented here represent extensive violence, estrangement, and serious mental health issues, with these recurrent

patterns having become normal-in-context to participants. However, these patterns are also very damaging. It is argued here that it is not so much the familiarity with these patterns which has protected the participant, but the specific strategies utilized to avoid the confrontation with cognitive dissonance which would force them into an even more vulnerable state. One such example is the way the mothers who abandoned their children, Sarah, Viv and Angela, represent themselves and their children. This is argued to be highly unusual, especially when under threat. Taylor *et al.,* (2000) cite psychological research into social behaviours in rats, stating:

*"Among mother-infant pairs where attachment bonds have been formed, abandonment of infants under stress is rarely, if ever, found"*

Taylor *et al.,* (2000: 415)

The fact that these mothers' behaviours are so unusual, illustrates the likely social response to them leaving their children, inflaming the dissonance they were already experiencing through abuse (Williamson, 2010; Levendosky *et al.,* 2006; Scholte *et al.*, 1999; Festinger, 1957).

It is evident that these participants reflect the isolated profile documented in the literature, unable to share emotion, possessions and accountability (Levendosky *et al.,* 2006; Metzler *et al*, 2015; Williamson, 2010, Rime, 2009; Cleaver *et al.,* 2011). Parents in this research population are typically disconnected from their children and their needs, or, alternatively, they reflect back on wrongful acts and have created an exaggerated connectedness and justification. Systemic patterns will have reinforced these behaviours. For Sarah, it is evident that estrangement patterns were quickly repeated in the family through her parents and two older daughters. The younger of these two, Faith age fourteen, became ostracised from the family when she accused her step father of abuse; this is the man who rescued her from her violent relationship and created an environment in which she could reimagine herself as a wholesome, domestic and devoted mother. Sarah seems unable to take responsibility for the vilification of her own children, as to consider the possibility that she left one abusive man to arrive with another is evidently too threatening to contemplate. Part of her self-protection is to close off the possibility of another abusive man, reduce the significance of her past abuse through comparison to her mother-in-law, and conclude that the estrangements from her children were due to the children themselves (Festinger, 1957; Cooper, 2012). The obvious exception of having left very young children with their violent

father is explained by returning each day to visit, thus reducing the cognitive dissonance and psychological threat.

However, some participants are more protective, creating separations between the family and the outside world. Taylor *et al.,* (2000) consider that women are more likely to fight their corner through verbal aggression and social comparison, explaining an evolutionary tendency for mothers to prioritise threat reduction, being less able to either fight or flight through pregnancy and childrearing.  This is demonstrated by Lisa (L1.8) who reconciles she thought she could protect her children despite staying in a very abusive environment, commenting that she was not strong enough to leave with five children under ten. Sarah enacts judgement of others, used to present herself as superior. However, Meg has experienced the reverse, receiving direct social judgement over her son's drug related behaviour. During interview, Meg reassures herself that she does not mind about these comments as she knows they are not true, however she can recount the exact number of comments received over social media, and clearly articulates her fear that her son would be physically harmed by those seeking revenge. This too reflects Taylor *et al.'s* (2000) position; Meg's response is to keep everyone at home and out of harms' way in the face of threat. She states she grounded her son for four months so as to protect him from others as well as his own possible actions. This could be considered extreme, yet also reflects Taylor *et al.'s* (2000) findings. Jenny is preoccupied by having broken a family taboo by going to the school and social services for help, holding a tense position that asking for help also means coming to the attention of services, and that therein lies inherent threat (Ayre, 2001). Whether separations are created between parent and child, or between the family and others, these participants appear isolated and defensive as they assess the risks of stepping beyond their canonical norms.

Without exception, all participants vocalised their concerns about being a good parent. As explained in the literature review, good enough parenting permeates the social care system, and specifically orientates around engagement with services and demonstrable insight (Cleaver *et al.,* 2011). However, being a good enough parent, and a good mother or father are not necessarily the same, with the construction of mothers particularly moralised in literature and discourse (LePoire, 2006; Liss *et al*, 2013). This perhaps reflects the preoccupation of all the women in the study who reaffirm their commitment to their children time and again,

although it is accepted that the one man in the study, Dave, does likewise. All participants apportion blame; each reiterating how they have rescued a situation, and explaining how another person; a child or ex-husband, is responsible for difficulties, reflecting the use of narrative of finding meaning and justifications for action or inaction (Bruner, 1986, 1990; McAdams, 2001). To illustrate this, the women who left their children reiterate the practical reasons why there was no other course of action and some, like Viv and Sarah have created idealised overtures of protection.

This is evidence of the dismissal connections described by McLean & Fournier (2008), who explain that outliers to expectation are somehow waved aside, allowing self-identity to remain intact. In these examples, participants have returned to judgement of their parenting, which of course reflects the context of intervention. And thus, Viv is assured it will not be her fault if Harry commits suicide, but she is also responsible for his survival to date. Angela's children really want to live with her, but they are not allowed to. Sarah's children chose to leave, and Dave is not an abusive father. These dismissals identify outliers to the perceptions of being a good parent, and note them as exceptions, thus reducing the dissonance experienced in this threatened life-world (Kvale, 1983; Festinger, 1957). This allows participants to retain faith that they have nurtured their children as best they can, lessening threat to the self and social rejection (Bruner, 1986, 1990, 1996; Festinger, 1957).

Participants have utilised further strategies in reducing dissonance (Festinger, 1957). Meg invokes humour to create a de-escalation of severity. Jenny denies understanding why her grandson refuses to go home, and despite being in a behavioural unit, repeatedly refers to him as a *good boy*. Dave strongly portrays a change of mindset, condemning other men who hit their children. Sarah has completely re-imagined herself as a domesticated, wholesome, stay at home mother (LePoire, 2006; Christopher, 2012; Liss *et al*, 2013).  Each of these forms of strategy is acknowledged by Festinger (1957) as reducing dissonance; to introduce new cognitions, and to downplay those experiences which are dissonant.

Lisa specifically reflects the importance of social embarrassment (Goffman, 1979 [1975]). She states:

*Social services got called once because ... I said, "How fucking embarrassing is that. Getting them round because of you"*

While this lone statement might suggest that the embarrassment, rather than the abuse itself, was the worst element for Lisa, her dialogue strongly suggests that she has struggled to fully assess the threat to herself and the children. Therefore, it is not suggested that this is the only thing that mattered to Lisa, but it does imply that embarrassment was a strong feature of her experience.

Through comparing herself to her mother-in-law, Sarah evokes the reduction of dissonance. She cannot remove her experience, but she can make it appear less threatening by looking at a scenario that was "*a lot worse*", and adds further self-protection by understanding that she had originally thought it was *bad,* but has now seen it differently. This indicates Sarah creating meaning within her life-word, through sentiments that see her orientating around perceptions of normality (Bruner, 1986; 1990). There is a duality here; while rationalising her mother-in-law's abuse as *worse*, she also normalises domestic violence as a common factor in both their lives. It is possible that had Sarah met a man who had not come from a violent background she would have contextualised her experience differently. By comparison, it might have been the exception in her world-view as new cognitions would have been introduced (Festinger, 1957). However, Sarah's partnership with Chris has affirmed this as everyday life. In a similar way, Lisa  says her husband did not lock her out of her home, because she had not bought the house she lived in. This is an even greater threat when it is understood that the physical abuse of Lisa's children happened when she was absent;

*I wasn't there. It always happens when I wasn't there. He did my kids when I wasn't there.*
Lisa cannot escape this fact; but she manages to create psychological distance from her husband and reduce some of the cognition of harm she incurred directly by expressing it was not her home; but his, as she refused to buy anything for it.

In sum, the data charts the course of participants aligning their lived experience with the canonical script of the social hierarchy (Bruner, 1986, 1991, 2011). Their lives have been compared unfavourably to those sanctioned through policy and practice, incurring not only their evident trauma, but stigma and moralised discourses of parenting. These discourses have challenged the systemic patterns they have grown within, and the data reflects the negotiation of recognition and justification of themselves in line with expectations. In this complex pattern of experience, they are expected to enact change beyond their own canonical script.

**Pedagogies of Change**

If such a change is to occur, then it is through transformational learning, a process which will stimulate cognitive dissonance and therefore psychological vulnerability (Festinger, 1957; Goffman, 1969). The systemic factors stem from participants' own upbringing; thus, expectations of social norms and moralised discourse are multi-faceted, meaning that participants do not only have to learn new ways, but also have to unlearn previous norms. This unlearning will mean having to reconsider their own childhood, perhaps casting their parents in a different light, which may create yet further difficulty. As such, Dave does not portray his father as abusive, but rather, as the family elder; the wise and loving father to whom Dave turns when he is told he should not hit his children. This factor is so alien to Dave that he gains approval from his father to try, reconciling that the expectations of the 21st century are somewhat different to the culture in which he was a young boy himself. Another way, perhaps, of reducing the dissonance prompted by the duality of a father both loving and abusive.

Dave's family are certainly familiar with fight or flight. His story illustrates a shift within the family from violence to communication, which grandfather, father and son play out through re-establishing expectations of behaviour. There are many references to ten-year-old Andy's strength against teenage boys, and the willingness of the family to see this child show himself as an aggressive alpha male in the local community. Dave also refers to conscious decisions to avoid hitting Andy, indicating his initial response is still to lash out. Therefore, it cannot be claimed that change has occurred entirely, but there is evidence within the data which suggests that Dave and his family are engaged in a continuum of change, following intervention which has challenged the beliefs and values endemic within their family culture. The re-learning of dialogical forms of communication over physical aggression needs to reach not only discipline and school behaviour, but within a cultural norm which juxtaposes values of violence with calm rationality. For Sarah too, learning what is really required of a good mother would mean taking down her protective frame in which she has cast out children who seek to challenge her new ideals. This may well be necessary in order for Sarah to be a nurturing parent for her remaining children, but for Sarah herself this will be a psychologically exposing and difficult process. In essence, it would challenge the only protection she has around her as she recovers from past abuse.  Lisa articulates her learning in the shift from the "motorway pile up" to "calm", reflecting this as a new and precious experience, which she is still learning

to locate.  Thus, in order to engage change, the required learning is psychologically intricate and nuanced, incurring shifts in perceived reality, which naturally challenges the foundations on which these lives have been built.

Freire (2000 [1970]) and Mezirow (1997, 2009) place praxis at the centre of transformational learning. A combination of reflection and action, it is argued that without both factors, learning is simply performed. Theoretically, this combines with Festinger (1957) and Goffman (1969) and so it is argued that if cognitive dissonance is experienced, but not dealt with effectively, a forced presentation of self will be enacted. In any social circumstances, this could become difficult for protagonists: Aiming to keep in line with subcultures they cannot truly be part of,  ultimately leaves them exposed and socially embarrassed. However, within social care the stakes are rather more intense. Social intervention with families is essentially for the child cared for by the parent, not for the parent themselves. The priority is to assess the parent's capacity to meet the needs of the child and reassure practitioners that children are safe and nurtured. However, if change is not seen, within specific time parameters (Featherstone *et al.,* 2014), the social stigma and escalation of threat combines with cognitive dissonance. On a social footing alone, it is established that the drive to reduce the awkwardness of cognitive dissonance is to portray a fit within the canonical script. If parents portray this without genuine transformation, it suggests that children could be at greater risk than it appears. The theoretical application of the idiosyncratic IPA methodology to critical realism understands that such positions are deeply held, and real for those who experience them (Bhaskar, 2010; Pycroft & Bartollas, 2014).

It is therefore argued that transformational pedagogies are at the crux of effective change within families at tiers three and four, and that superficial learning devoid of praxis results in limited change. This requires a suitable learning environment through which these vulnerable positions can be shared and negotiated without fear of condemnation, so as to enable praxis through reflection and action (Freire, 2000 [1970]). It is this praxis, which may then hold the undoing and rebuilding of strategies employed as self-protection through lived experience of real, causal and systemic dysfunction (Dallos & Draper, 2010) and which may therefore support resonant family change, meaningful in context (Bruner, 1986, 1900), which can be sustained over the long term.

The research design has brought together a multifaceted theoretical perspective. The IPA research method was blended into a critical realist framework, as it was felt the sense of reality experienced within these stories was critical for participants. Furthermore, there are inarguably *real* structures surrounding these families, because those agencies hold greater power, and have the mandate to escalate intervention to a stage where they override parents' voice and interpretation in order to safeguard children (Munro, 2011; Cleaver, Unell & Aldgate, 1999). In understanding the role of learning in effective change, the research considered the interplay of constructed norms (Bruner, 1986, 1990), motivation for change (Festinger, 1957), and effective learning (Freire, 2000 [1970]). Tracy's (2010) model for excellent qualitative research, and Smith's (2011a) model of good IPA were utilized to guide and benchmark this as an academically robust and ethical pursuit.

**Research in Context**

The stories of this research are deep personal reflections. Their realities are subjectively constructed, and unchallenged; there is no opposite voice to contradict or contextualise, they are simply an individual's autobiographical account of their own lived experience (Smith, Flowers & Larkin, 2009; McAdams, 2001; Bruner, 1990). There is a particular point of interest in what is taking place within these autobiographical accounts in real time, and points of revelation and change with the interviews themselves are documented in this data. The research created a different experience for participants; a one-off, one-to-one conversation, focused only on their perceptions of their life-world. A question arising from this field of work asks whether the parent's own story is ever heard within the system. Featherstone *et al.* (2014) assert child protection discourse places the child separately from the family, with professional attention necessarily placed on the safety of the child and parenting. In this project, listening without challenge or judgement offered a contrast to prior experience, with people who had known significant professional assessment, and the silencing of their own voices through forms of abuse.

This may account for the particularly candid and embellished responses in the data. The extensive stories were commonplace with all participants, and far from being hard to reach, their engagement was enthusiastic, both keen to start, and reluctant to stop, talking. This is noted as a success of the research design, involving the skill of the researcher in facilitating such open dialogue. The IPA methodology engaged examination of co-constructed

phenomenological experience (Smith, Flowers & Larkin, 2009) and therefore naturally creates interest in the person themselves, which these participants appeared to respond to warmly. Smith (2011c) reflects on identifying specific points as hidden gems within narrative, and by following this, the researcher was able to pinpoint specific experience that held deep significance. This process further supported the discovery of systemic factors, and this in turn reflected the methodology as one that applied IPA within a critical realist paradigm (Bhaskar, 2010). Thus, the research methodology successfully engaged participants in locating their individual lived experience as they see it for themselves, while acknowledging causal factors as real and deeply influential in their engagement with proscribed change (Pycroft & Bartollas, 2014).

Limitations to the research are acknowledged as lacking a focus on race, and an unbalanced representation of gender. However, the adapted snowballing technique which effectively handed control of recruitment to the early help service, was an effective strategy, bringing participants in gently and by their own choice. In consequence the authentic and unabashed engagement of this hard to reach population has driven the study in itself and has contributed to the key findings (Boad-Munro & Evangelou, 2012; Penrod *et al.,* 2003). An extension of this research would therefore seek to investigate specific female and male engagement at tier three, especially as engagement of fathers appears to be a perennial gap in the literature. A critical gap in the literature has also been identified; the estrangements between children and their parents, and specifically women who leave their children behind when fleeing domestic violence. This is identified as an area of specific professional interest to the field, and currently an unchartered phenomenon. There are some indicators of issues not fully explored here, such as the representation of mental health issues. While a common feature of most cases, there was little discussion of this within interviews, noted in passing rather than as a central focus. There is one notable exception to this, in Viv's story, where suicide attempts feature as the central theme, regarding her son, herself, and her ex-husband. In contrast, Lisa flatly refuses any suggestion of mental health concerns, stating vehemently that just things indicate weakness, referring also to family norms. The literature places mental health issues as a very significant component of family function and dysfunction (Levendosky *et al.,* 2006) thus a specific exploration into mental well-being of parents at this level of intervention would be of particular interest.

**Contribution to Professional and Academic Knowledge**

The final task here is to identify the contribution to the professional and academic field offered by this study. The blended methodology of IPA and Critical realism contributes to a growing corpus of pluralistic approaches to IPA (Shaw, 2011) and exemplifies the lived experience of these families as deeply complex (Bruner, 1990, 1991; Pycroft & Bartollas, 2014; Bhaskar, 2010). It is suggested that these themes echo throughout social intervention for both practitioners and families, and that alarm is triggered when behaviours breach canonical expectations, leading to referral and intervention when noticed by professionals. It has been concluded that this elicits cognitive dissonance, evoking an urge to fit within proscribed norms, which is psychologically compelling (Bruner, 1986, 1990; Festinger, 1957; Cooper, 2012). This is exacerbated by pressures to demonstrate change at a faster rate than this would naturally take (Featherstone *et al.,* 2014), and in a context which sustains threat through power and stigma (Thorburn *et al,* 2013; Munro, 2011). This leads to a risk of performed, rather than transformational, change, and as a result, the researcher presents a new model of Performed and Transformational Change in explanation of the revolving door crisis within the social care system (Fig. 7) (Tronscoso, 2017).

**Known to Self**

**Not Known to Self**

**Known to Others**

**Not Known to Others**

**TIME, DISSONANCE & NEW COGNTION**

### The Visible Self

Observable Factors are seen to breach the canonical script (Bruner, 1996) through behaviours which are stigmatised, leading to referral for intervention

Following successful intervention, observable factors are positively affirmed through resonance (Bruner, 1996), and so reduce cognitive dissonance (Festinger, 1957) leading to better outcomes.

### Zone of Change

Recognising the need to change, and relearning ways of being can threaten self-concept. Expectations are experienced as beyond the canonical script of the family (Bruner, 1986)

Finding resonance in new learning will allow for reduction in dissonance and promote positive affirmation and acceptance (Festinger, 1957; Bruner 1996)

### Danger Zone;

### When Intervention Fails to Resonate

The drive for consonance and affirmed presentation of self could lead to a superficial change, if intervention does not resonate (Festinger, 1957; Goffman (1971 [1959]), whereby change is portrayed but exceptions are hidden. Families may be motivated to portray change to prevent escalation which is threatening to them, or, lack the resonant learning to sustain change over time. leading to the revolving door.

### The Depths

The complex depths of family history and embedded norms influence learning and change, resonance and intervention (Pycroft & Bartollas, 2014; Bhasker (2010).

The depths influence learning and change towards either new learning, or false presentation of self.

Cycles of referral intervention and change, continue dynamically throughout the window, often repeating (Tronsoco, 2017) as individuals negotiate norms through canonicity (Bruner, 1996) and cognitive dissonance (Festinger, 1957) within lived experience of proscribed change

The four realms of the Exploding Window Model of Performed and Resonant Change (Maynard, 2019 (unpublished), Fig 7) have been devised specifically for families at tier three and beyond, where norms have been identified as breaches to the canonical script (Bruner, 1986, 1990, 2011) in the context of hierarchical professional judgement (Freire, 2000 [1970]; Cleaver *et al.,* 2011). Luft & Ingham's four quadrants were described as Area of Free Activity, Blind Spot, Avoided or hidden area, and Area of Unknown Activity (Luft, 1982). In this re-designed model, the first quadrant is The Visible Self. As imagined by Luft & Ingham (1982) this represents factors about the self which are in the open, and observable to all. However, this new model splits the visible self into two, indicating any observable trait about the individual. This could be factors either sanctioned by the mainstream within canonical expectations (Bruner, 1986, 1990), or factors which might be stigmatised, such as families unable to protect their children adequately, therefore representing the breach (Bruner,1986, 1990). The Visible Self may therefore be exposed to moral judgement (Scholte *et al.,* 1999; Bos *et al.,* 2013), but also prompts professional concern for children, triggering referral and intervention. This results in an awareness of the breach by both professional agencies and the family themselves, leading individuals to experience social pain (Eisenberger, 2012), and the proscribed need for change. The Blind spot is re-imagined as the Zone of Change. As individuals recognise the expectation of change in the Visible Self, they also become aware of this space, where others know factors about them which they themselves are blind to. Imagine in this instance there is first a referral, prompted by factors stigmatised in the Visible Self. At this stage, the family is forced to recognise that professional agencies have identified a concern with their child, or with their child-rearing, and so the individual becomes aware that there are factors known by others, which are not known to themselves. Of course, it may also be that families themselves see a need, in which case the shock of referral would be lessened, but there would still be a period of recognising concerns and aiming to align perspectives on required outcomes. In either event, the movement from the Visible Self to the Zone of Change is an evolving transition, which may bring points of both clarity and distress as individuals become aware of the expectations for change.

Therefore learning in this quadrant is nuanced, influenced by the approach engagement by all relevant parties. As argued by Freire (2000 [1970]), effective learning is dialogical, requiring praxis: reflection and action in combination. Freire's pedagogy is compassionate, and joins with learners in this process. Respect is afforded to the teacher, or in this case, practitioner, as it is to the learner; with less focus on a hierarchy of knowledge. However, as the social care system is tasked with a duty to survey and sanction practices

(Keddell, 2014), it is difficult to avoid this, while imposing the hierarchy is likely to evoke feelings of threat. This is likely to be the case not only because there is a lack of resonance for those families, but also as non-compliance could lead to escalation (Owen *et al.,* 2009; Lysaker *et al*., 2011; Clever, Unell & Aldgate, 1999). As a result, the feelings of cognitive dissonance and perceived threat would also increase, as the voice of the parent is reduced against the powerful social structures.   If learning at this stage is resonant (Bruner, 1996), individuals are able to thrive in context and engage in transformational learning through praxis. (Freire, 2000 [1970]; Mezirow, 1997, 2009). Becoming aware of this need to change involves increased cognitive dissonance, however, the experience of which is so uncomfortable that individuals are strongly motivated to reduce it through a number of strategies. One approach is to introduce new cognitions, so as to cast original understanding in a different light and adjust to fit within the new experience so as to find resonance with the canonical script (Bruner 1986, 1990, 1991). There are rewards for this, as individuals will feel the benefit of reducing the dissonance enabling them to feel less threatened (Festinger, 1957), and in this case, such behaviours may lead to the case being closed and families becoming free to act as they wish.

The Depths represents the causal and systemic factors, hidden to both the family and others (Dallos & Draper, 2010; Luft, 1982; Festinger, 1957). The Depths are the forces recognised within critical realism (Bhaskar, 2010) such as the complexity spoken of by Pycroft & Bartollas (2014), where learnt patterns of behaviour are embedded because they make sense in context. These are habits of interaction and response at times of crisis, rehearsed by families. In complex lives, these factors enable the family to function, maintaining their unique homeostasis (Pellegrini. 2009). These systemic factors have laid the foundations for how the family copes with the intrusion of intervention, and in the change they are required to enact. Woodcock (2003) argues that while some social workers make connections to the root causes of dysfunction within families, rarely do parents receive psychological intervention to help them recover from their own traumas and adjust to expectations. The family cultures obscured by the depths are active in influencing the engagement and learning within the process, stimulating either new cognition for resonant change, or forced presentation for a de-escalation of dissonance and threat.

It is argued then, that enabling families to accept new cognitions promotes learning which can be enacted via praxis (Freire, 1970 [2000]) when resonant with their life-world (Bruner, 1986, 1990; Kvale, 1983). The alternative is that praxis and resonance does not occur, and that instead, the cognitive dissonance experienced by families remains in a

context of accelerated concern and likely escalation. The motivation to reduce threat is so strong, that individuals might then present change to a given audience (Goffman, (1979 [1975]; Festinger, 1957). As learning has not been effective here, the perceived change is superficial rather than meaningful, or resonant (Bruner, 1986, 1990). This represents the forth quadrant, presented here as the Danger Zone. This presentation of self is difficult to maintain owing to a lack of effective learning (Goffman, 1959), and thus change is performed, rather than meaningful, and lacks resonance (Bruner, 1986, 1990). In this instance, families might be motivated to portray change so as to reduce the threat and stigma of an outside agency. It is suggested here, that families occupying this quadrant may be those who return for further intervention and represent the revolving door noted within the literature (Tronsoco, 2017; Association of Directors of Children's Services, 2018; Forrester, 2007). The issue at stake is whether new behaviours, or old systemic behaviours reflecting the embedded complexity and homeostasis (Pycroft & Bartollas, 2014; Pellegrini, 2009; Dallos & Draper, 2010), are the default position, leading either to long-term stronger outcomes, or the revolving door of re-referral. This is represented in the Danger Zone (fig 7), where children could be at increased risk because the performed change is compelling enough to reassure key agencies, but not resonant enough to sustain change over time and through additional complexity (Bruner, 1986, 1990; Festinger, 1957; Goffman, 1959).

This study recognises the parent's story is seldom heard, and advocates the significance of the autobiographical self in parenting and related intervention. The opportunity to continually re-construct the self is acknowledged in the literature (Giddens, 1991; Kroger, 2007), however the study raises a question as to where this is afforded to those from such complex and stigmatised backgrounds, that full disclosure and reflection is closely guarded, obscured even to the self. A further hypothesis is therefore proposed; that in order to engage transformational change, intervention must be regarded as a pedagogy. The way in which these participants have engaged with this research exemplifies the value of dialogic, non-threatening reflection, and an ability see people in context of their complexity (Eriksen, 2012). Within the data it is evident that meaningful change has been instigated not by policy, but by people, who made such an impression that they have been embodied within changing selves. It is asserted that such transformation would be supported within a context reflecting the strengths of this research design through non-threatening praxis (Freire, 2000 [1970]; Mezirow, 1997, 2009), recognising that learning will be intricate and psychologically exposing (Festinger, 1957).

This study has considered the experience of change enacted between voluntary engagement, and compulsion. The language surrounds specific expectations of being *good enough*, and of having *insight,* understood here to see be the ability and willingness to see the errors in the same way as professional agencies, and correct them to a high enough standard. These proscribed expectations reflect the canonical script described by Bruner (1986, 1990) and psychologically occupies a balance between acceptance and rejection by the social world (Bruner, 1990, 1991; Ryan & Deci, 2000). The conceptualisation of a social pedagogy for families would reflect to effective, intrinsic transformational learning (Bruner, 1996, 2002, Friere, 2000 [1970]), moving away from a need to enact a performance of change through extrinsic motivation (Bruner, 1990, 1991; Festinger, 1957; Goffman, 1969). Instead, it would support the intricate and psychologically exposing experience of change through praxis, provided in  a calm environment which would seek to reduce threat so that resonant change could be located, away from the pressures of performance. Finally, this study asserts that two misnomers circulate around this professional field. Firstly, the term *Early Help,* which obscures the deeply entrenched family complexity and generations of adverse childhood experiences (Felitti *et al.,* 1998; Metzler *et al.,* 2015), and secondly, that marginalised groups of people are not hard to reach, but *waiting to be reached*, and with a story to tell.

Bibliography

Adams, W. (2006). Love, open awareness and authenticity: A conversation with William Blake and D. W. Winnicott. *Journal of Humanistic Psychology. 46,* 9-35. https://dx.doi.org/10.1177/0022167805281189

Alase, A. (2017). The interpretative phenomenological analysis (IPA): a guide to a good qualitative research approach. *International Journal of Education & Literary Studies. 5* (2), 1-11 https://dx.doi.org/10.7575/aiac.ijels.v.5n.2p.9

Allagia, R. (2005). Disclosing the trauma of child sexual abuse: a gender analysis. Journal of loss & trauma. *Journal of Loss and Trauma , 10 (5*), 453-470. https://dx.doi.org/10.1080/15325020500193895

Arsel, Z. (2017). Asking questions with reflexive focus: a tutorial on designing and conducting interviews. *Journal of Consumer Research. 44*, 939-948. https://dx.doi.org/10.1093/jcr/ucx096

Association of the Directors of Children's Services. (2018). *Safeguarding Pressures phase 6; main report.* Retrieved from https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-6

Attride-Stirling, J., Davis, H., Markless, G., Sclare, I., & Day, C. (2001). "Someone to talk to who'll listen"; Addressing the psychosocial needs of children & families. *Journal of Community & Applied Social Psychology. 11*, 179-191. https://dx.doi.org/10/1002/casp.613

Ayre, P. (2001). Child Protection and the Media; Lessons from the Last 3 Decades. *British Journal of Social Work. 31,* 887-901. https://doi.org/10.1093/bjsw/31.6.887

Bamberg, M. (2011), Who Am I? Narration and its relation to self-identify. *Theory & Psychology. 21* (1), 1-22. https://dx.doi.org/10.1177/0959354309355852

Bate, A., & Bellis, A. (2018). *The troubled families programme (England)*. Briefing paper CBP 07585. House of Commons Library. Retrieved from file:///C:/Users/MaynardE/Documents/Downloads/Chrome%20Downloads/CBP-7585%20(2).pdf

Benoit, C., Jansson, M., Millar, A., Phillips, R. (2005). Community-Academic research on hard-to-reach populations: benefits and challenges. *Qualitative health research 15* (2), 263-282. https://dx.doi.org/10.1177/1049732304267752

Benoot, C., Hannes, K., & Bilsen, J. (2016) The use of purposeful sampling in a qualitative evidence synthesis: A worked example on sexual adjustment to a cancer trajectory. *BMC Medical Research Methodology, 16* (1), 1-12. https://dx.doi.org/10.1186/s12874-016-0114-6

BERA. (2018). *Ethical Guidelines for Educational Research.* (4[th]Ed). Retrieved from https://www.bera.ac.uk/wp-content/uploads/2018/06/BERA-Ethical-Guidelines-for-Educational-Research_4thEdn_2018.pdf?noredirect=1

Bhaskar, R. (2010). On the Ontological status of ideas. *Journal for the Theory of Social Behaviour. 27* (2), 1-9. https://dx.doi.org/epdf/10.1111/1468-5914.00031

Bhasker, R., & Lawson, T. (1998). Introduction; basic texts and developments. In M. Archer., R. Baskar., A. Collier., T. Lawson., & A. Norrie. (Eds) *Critical Realism; essential readings. (*pp3-15). London: Routledge.

British Psychological Society, The. (2018). Code of Ethics and Conduct. Retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Ethics%20and%20Conduct%20%28Updated%20July%202018%29.pdf

Boag-Munroe, G., Evangelou, M. (2012). From hard to reach to how to reach; A systematic review of the literature on hard to reach families. *Research papers in Education. 27* (2), 209-239. https://.dx.doi.org/10.1080/02671522.2010.509515

Boddy, J., Smith, M., & Statham, J. (2011). Understandings of efficacy; cross national perspectives on 'what works' in supporting parents and families. *Ethics & Education 6* (2), 181-196. https://dx.doi.org/10.1080/17449642.2011.622992

Bos, A., Pryor, J., Reeder, G. & Stutterheim, S. (2013). Stigma; Advances in Theory & Research. *Basic and Applied Psychology. 35*, 1-9 https://dx.doi.org/1080/01973533.2012.746147

Brandon, M., Sidebotham, P., Ellis, C., Bailey, S., & Belderson, P. (2011). *Child and Family Practitioners Understanding of Child Development; Lessons Learnt from a Small Sample of Serious Case Reviews.* Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182520/DFE-RR110.pdf

Brown. K. (2012). Re-moralizing 'vulnerability. *People, Place & Policy Online, 6* (1), 41-53 https://.dx.doi.org/10.3351/ppp.0006.0001.0005

Brickell, K. (2012). Geopolitics of home. *Geography compass, 6* (10), 575-588. https://dx.doi.org/10.1111/j.1749-8198.2012.00511.x

Bruner, J. (1986). *Actual Minds, Possible Worlds*. London: Harvard University Press.

Bruner, J. (1990). *Acts of Meaning*. London: Harvard University Press.

Bruner, J. (1991). The Narrative Construction of Reality. *Critical Inquiry, 18* (1), 1-21. Retrieved from https://www.jstor.org/stable/1343711?seq=1#metadata_info_tab_contents

Bruner, J. (1996). *The Culture of Education.* London: Harvard University Press.

Bruner, J. (2002). The Narrative Construction of Reality. In M. Mateas, & P. Sengers, (Eds.) *Narrative Intelligence*. (pp41-62). Philadelphia, USA: John Benjamins.

Bryderup, I.M., & Frørup, K. (2011). Social Pedagogy as relational dialogic work; competencies in modern society. In C. Cameron & P. Moss eds. *Social Pedagogy and Working with Children; where Care and Education meet*. (pp85-104). London: Jessica Kingsley.

Budd, K. (2004). Assessing parenting capacity in a child welfare context. *Children and Youth Services Review. 27*, 429-444. https://dx.doi.org/10.1016/j.childyouth.2004.11.008

Burgess-Proctor, A. (2015). Methodological and ethical issues in feminist research with abused women: Reflections on participants vulnerability and empowerment. *Women's Studies International Forum*, *48*, 124–134. https://dx.doi.org/10.1016/j.wsif.2014.10.014

Burkitt, I. (2014) *Emotions and Social Relations*. London: Sage.

Cameron, C. & Moss, P. (2011). Social Pedagogy; current understandings and opportunities. In C. Cameron & P. Moss (Eds.) *Social Pedagogy and Working with Children; where care and education meet*. (pp7-32). London: Jessica Kingsley.

Carr, K., Hardman, A., Abetz, J., Kellas, J., Vagnoni, E. (2015). Giving voice to the silence of family estrangement; comparing reasons of estranged parents and adult children in a nonmatched sample. *Journal of Family Communication. 15* (2), 130-140. https://dx.doi.org/10.1080/1527431.2015.1013106

Campbell, S.M., & Roland, M.O. (1996). Why do people consult the doctor? *Family Practice*, *13* (1), 75-83. https://dx.doi.org/10.1093/fampra/13.1.75

Caspi, J., & Reid, Q. (2002). *Educational supervision in social work; a task centred model for field instruction and staff development*. Chichester: Columbia University Press.

Cerel, J., Jordan, J., & Durberstein, P. (2008) The impact of suicide on family. *The journal of crisis intervention and suicide prevention, 29* (1), 38-44. https://dx.doi.ord/10.1027/0227-5910.29.1.38

Cleaver, H., Unell, I., & Aldgate, J. (2011). *Children's Needs: Parenting Capacity. (2nd Ed).* London: TSO.

Christopher, K. (2012). extensive mothering; employed mothers constructions of the good mother. *Gender and Society, 26* (1), 73-76. https://dx.doi.org.10.1177/0891243211427700

Cloke, P., Cooke, P., Cursons, J., Milbourne, P., & Widdowfield, R. (2000). Ethics, reflexivity and research: Encounters with homeless people. *Ethics, Place and Environment*, *3*, 133–154. https://dx.doi.org/10.1080/713665889

Cort. L., & Cline, T. (2017). Exploring the impact of domestic violence on the mother role; how can educational psychology contribute in this area? *Educational Psychology in practice,* 33 (2), 167-179. https://dx.doi.org/10.1080/02667363.2017.1279127

Counts, J., Gillam, R., Perico, S., Eggers, K. (2017). Lemonade for life – a pilot study on a hope-infused, trauma-informed approach to help families understand their past and focus on the future. *Children and Youth Services Review, 79,* 228-234. https://.dx.doi.org/10.1016/j.childyouth2017.05.036

Cohen, L, Manion, L & Morrison, K. (2011). *Research Methods in Education*. (7th Ed.) London: Routledge.

Cooper, J. (2012). Cognitive dissonance theory. In T. Kruglanski., A.W. Lange., P. Van (Eds) *The Handbook of theories of social psychology, Volume 1.* (pp377-397). London: Sage.

Cooper, J., & Carlsmith, K. (2015) Cognitive dissonance. *International Encyclopedia of the Social and Behavioural Sciences (2ndEd*), 76-78 https://doi.org/10.1016/S0065-2601(08)60121-5

Corbin, J., & Morse, J. (2003). The unstructured interview: Issues of reciprocity and risks when dealing with sensitive topics. *Qualitative Inquiry*, 9, 335–354. http://dx.doi.org/10.1177/1077800403009003001

Corbin-Dwyer, S., & Buckle, J. (2009). The space between; On being an insider – outsider in qualitative research. *International Journal of Qualitative Methods, 8* (1), 54-63. https://dx.doi.org/10.1177/160940690900800105

Coyne, I. (1997). Sampling in qualitative research. Purposeful and theoretical sampling; merging or clear boundaries? *Journal of Advanced Nursing,* 26 (3), 623-630. https://dx.doi.org/10.1046/j.1365-2648.1997.t01-25-00999.x

Dadds, M. (2002). Taking curiosity seriously; the role of awe and Wanda in research-based professionalism. *Education Action Research. 10* (1), 4-19. https://dx.doi.org/10.1080/09650790200200170

Dagirmanjian, S., Eron, J., & Lund, T. (2007). Narrative solutions; an integration of self and systems perspectives in motivating change, *Journal of psychotherapy interrogation 17* (1), 70-92. Https://dx.doi/10.1037/1053-0479.17.1.70

Dale, P. (2004). "Like a fish in a bowl": Parent's perceptions of child protections services. *Child Abuse Review, 13* (2), 137-157. https://dx.doi.org/10.1002/car.837

Daly, K. (2009). *Qualitative methods for family studies and human development.* London: Sage.

Dallos, R., & Draper. (2010). *An Introduction to Family Therapy (3rd Ed.).* Maidenhead: Open University Press.

Deforges, C., & Abouchaar, A., (2003). *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievements and Adjustment: A Literature Review.* Department for Education and Skills. Retrieved from https://www.nationalnumeracy.org.uk/sites/default/files/the_impact_of_parental_involvement.pdf

Denscombe, M. (2007). *The Good Research Guide (3rd Ed.).* Maidenhead: Open University Press.

Denzin, N., Lincoln, Y.S., & Giardina, M.D. (2006). Disciplining qualitative research. *International Journal of Qualitative Studies in Education. 19* (6), 769-782. https://dx.doi.org/10.1080/09518390600975990

Department for Education. (2018). *Children looked after in England (including adoption).* Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757922/Children_looked_after_in_England_2018_Text_revised.pdf

Dishion, T., Nelson, S., Bullock, B. (2004). Premature adolescent autonomy; parents disagreement and deviant peer process in the amplification of problem behaviour. *Journal of Adolescence, 27*, 515-530. https://dx.doi.org/10.1016j.adolescence.2004.06.005

Donald, T. & Jureidini. J. (2004). Parenting Capacity. *Child Abuse Review, 13* (1), 5-7. https://dx.doi.org/10.1002/car.827

Eatough, V. & Smith, J. (2017) Interpretative Phenomenological Analysis. In C. Willig & W. Stainton-Rogers *The SAGE handbook of qualitative research in psychology, (2nd Ed.).* (pp179-194). London: Sage

Edwards, R., & Mauthner, M. (2012). Ethics in feminist research: theory & practice. In Miller, T. Birch, M., Mauthner, M., & Jessop. (Eds) (2nd Ed.). *Ethics in Qualitative Research*. (pp14-28). Los Angeles: Sage

Edwards, R. (2004). *Staying home, leaving violence.* Social Policy Research Centre. Retrieved from https://www.sprc.unsw.edu.au/media/SPRCFile/2011_4_SPRC_report_411.pdf

Eisenberg, D., Downs, M., Golberstein, E., & Zivin, K. (2009). Stigma and Help seeking for mental health among college students. *Medical Care Research and Review, 66* (5), 552-541. https://dx.doi.org/10.1177/1077558709335173

Eisenberger, N. (2012). Broken Hearts and Broken Bones: A neural perspective on the similarities between social and physical Pain. *Current Directions in Psychological Science, 21*(1), 42–47. https://dx.doi.org/10.1177/0963721411429455

Elliot, A., & Devine, P. (1994). On the motivational nature of cognitive dissonance; dissonance as psychological discomfort. *Journal of Personality and Social Psychology.* Retrieved from http://eds.b.ebscohost.com/eds/pdfviewer/pdfviewer?vid=2&sid=6dc2d11d-2152-426f-b94b-d8b2a2f4441a%40sessionmgr101

Ellsberg, M., & Heise, L. (2002). Bearing Witness: Ethics in Domestic Violence Research. *The Lancet, 359* (9317), 1599-1604. https://dx.doi.org/10.1016/S0140-6736(02)08521-5

Eriksen, K., Sundfør. B., Karlsson, B., Råholm, M., Arman, M. (2012). Recognition as a valued human being; perspectives of mental health service users. *Nursing ethics, 19* (3), 357-368. https://dx.doi.org/10.1177/0969733011423293

Featherstone, B., Morris., K., White., S. (2014). A marriage made in hell; early intervention meets child protection. *British Journal of Social Work, 44,* 1735-1749. https://dx.doi.org/10.1093/bjsw/bct052

Field, F. (2010). *The Foundation Years: preventing poor children becoming poor adults.* HM Government. Retrieved from https://dera.ioe.ac.uk/11472/1/ffreport.pdf

Felitti., V., Anda, R., Nordenberg, D., Wiliamson, D., Spitz, A., Edwards, V., Koss, M., Marks, J. (1995). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences study. *American Journal of Preventative Medicine, 14* (4), 245-258. https://dx.doi10.1016/so749-3797(98)00017-8

Festinger, L. (1957). *A theory of cognitive dissonance.* California: Stanford University Press.

Fiske, S., & Taylor, S. (2013). *Social Cognition from brains to culture.* (2ndEd). London: Sage.

Fogel, A., Garvey, A., Hsu, H-C., & West-Stromming, D. (2006). Change processes in relationships: A relational –historical research approach. Cambridge University Press: Cambridge.

Fook, J., & Askeland., G.A. (2006). The "Critical" in Critical Reflection. In F. Gardner., Fook, J., & White., S (Eds.) *Critical Reflection in Health & Social Care*. Maidenhead: McGraw Hill.

Forrester, D. (2007). Patterns of re-referral to social services: a study of 400 closed cases. *Child & Family Social Work,* 12, 11-21. https://.dx.doi.org/10.1111/j.1365-2206.2006.00445.x

Foucault, M. (1979). *Discipline and punish; the birth of the prison*. London: Penguin

Foucault, M. (1982). *The archaeology of knowledge (first published 1969).* Oxon: Routledge

Freire, P. (2000). *Pedagogy of the Oppressed. 30th Anniversary Edition.* London: Bloomsbury

Freire, P. (2005) *Teachers as Cultural Workers; letters to those who dare to teach.* New York: Routledge

Freire, P. (2014). Pedagogy of Solidarity. In P. Freire, A. Freire, W. de Oliveira, & H. Giraux *Pedagogy of Solidarity.* London: Routledge

Frost, D. (2011). Social Stigma and its consequences for the socially stigmatised. *Social and Personality Psychology Compass, 5* (11), 824-839. https://.dx.doi.org/10.1111/j.17519004.2011.00394.x

Galvin, K., Bylund, C., & Braithwaite, D. (2016). *Family communication: cohesion and change*. Oxon: Routledge.

Gardner, R. (1998). Recommendations for dealing with parents who induce a parental alienation syndrome in their children. *Journal of Divorce and Remarriage, 28* (3-4), 1-23. https://dx.doi.org.10.1300/J087v28n03 01

Garrett, P. (2009). The case of Baby P; opening up spaces for debate in the 'transformation' of children's services. *Critical social policy 29,* (3), 533 – 547. https://.dx.doi.org/10.1177/0261018309105183

Garrity, Z. (2010). Discourse analysis, Foucault and social work research. *Journal of Social Work, 10* (2), 193-210. https://dx.doi.org/10.1177/1468017310363641

Geertz, C. (2001). Imbalancing Act: Jerome Bruner's Cultural Psychology in Bakhurst. D. & Shanker, S. *Jerome Bruner; Language, Culture and Self*. (pp19-30). London: Sage.

Giddens, A. (1991). *Modernity and Self-identity.* Cambridge: Polity Press

Goffman, E. (1959). Embarrassment and social organisation. *American Journal of Sociology.* Retrieved from https://www.jstor.org/stable/pdf/2772920.pdf?refreqid=excelsior%3Afc90e2af9e437fec521c2d4b4aad79f1

Gray, M. (2014). The swing to early intervention and prevention and its implications for social work. *British Journal of Social Work, 44,* 1750-1769. https://dx.doi.org/10.1093/bjsw/bct037

Grunning, J., & Lindley, S. (2016). Things we own together; sharing possessions at home. Proceedings of CHI2016. https://dx.doi.org/10.1145/28580362858154

Guillemin, M., & Gillam, L. (2004). Ethics, Reflexivity and "Ethically Important Moments" in Research. *Qualitative Inquiry, 10* (2), 261-280. https://dx.doi.org/10.1.1.533.3263

Hayden, C., & Jenkins, C. (2014). 'Troubled Families' programme in England: 'Wicked problems' and policy –based evidence. *Policy Studies, 35*(6), 631-649. https://dx.doi.org/10.1080/01442872.2014.971732

Hayden, C., & Jenkins, C. (2015). Children taken into care and custody, and the 'troubled families' agenda in England. *Child & Family Social Work*, 20, 459-469. https://dx.doi.org/10.1111/cfs.12095

Hoghughi, M. & Speight, A.N.P. (1998). Good enough parenting for all children – a strategy for a healthier society. *Archives of Disease in Childhood, 78* (4), 293-296. https://dx.doi.org/10.1136/adc.78.4.293

Holland, F., Archer, S., & Montague, J. (2016). Younger women's experiences of deciding against delayed breast reconstruction post-mastectomy following breast cancer: An interpretative phenomenological analysis. *Journal of Health Psychology, 21* (8), 1688-1699. https://dx.doi.org/10.11771359105314562085

Holstein, J., & Gubrium, J. (2016). Narrative Practice and the Active Interview. In D. Silverman (4th Ed.). *Qualitative Research.* London: Sage.

Hood, R. (2016). Combining phenomenological and critical methodologies in qualitative research. *Qualitative Social Work, 15* (2), 160-174. https://dx.doi.org/10.1177/1473325015586248

Hopwood, N., & Clerke, T. (2016). Professional pedagogies of parenting that build resilience through partnership with families at risk; a cultural- historical approach. *Pedagogy, Culture & Society, 24* (4), 599-615. https://dx.doi.org/10.1080/14681366.2016.1197299

Houston, S. (2001). Beyond social constructionism: critical realism and social work. *British Journal of Social Work, 31* (6), 845-861 https://dx.doi.org/10.1093/bjsw/31.6.845

Howie. P., & Bagnall, R. (2013). A beautiful metaphor; transformational learning theory. International *Journal of Lifelong Education, 32* (6), 816-836. https://dx.doi.org/10.1080/02601370.2013.817486

Huitt, W. (2009). Self-concept and self-esteem. *Educational Psychology Interactive*. Retrieved from http://www.edpsycinteractive.org/col/regsys/self.html

Israel, M., & Hay, I. (2006). *Research ethics for social scientists: Between ethical conduct and regulatory compliance*. London: SAGE.

Jones, T.L., & Prinz, R. J. (2004). Potential roles of parental self-efficacy in parents and child adjustment: A review. *Clinical psychology review, 25* (3), 341-363. https://dx.doi.org/10.1016/j.cpr.2004.12.004

Kahneman, D. (2003). A perspective on judgment and choice: Mapping bounded rationality. *American Psychologist*, *58,* 697–720. http://dx.doi.org/10.1037/0003-066X.58.9.697

Karlsen, S., & Nazroo, J., (2002). Relation between Racial discrimination, social class and health among ethnic minority groups. *American Journal of Public Health, 92* (4). Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447128/pdf/0920624.pdf

Kearns, A., Hiscock, R., Ellaway, A. & MacIntyre, S. (2010). Beyond four walls; the psycho-social benefits of home: evidence from west central Scotland. *Housing Studies, 15* (3), 387-410. https://dx.doi.org/10.1080/02673030050009249

Keddell, E. (2014). Theorizing the signs of safety approach to child protection in social work: positioning codes and power. *Children and youth service review, 47* 70-77. https://doi.org/10.1016/j.childyouth.2014.03.011

Keegan, S. (2009). *Qualitative research: Good decision making through understanding people, cultures and markets*. London, England: Kogan Page.

Kellas, J.K. (2005). Family ties: Communicating identity through jointly told family stories. *Communication Monographs, 72* (4), 365-389. https://dx.doi.org/10.1080/03637750500322453

Kroger, J. (2007). Identity Development: Adolescence through Adulthood (2nd Edition). London, England: SAGE

Kish, A., & Newcombe, P. (2015). "Smacking never hurt me!" Identifying myths surrounding the use of corporal punishment. *Personality & Individual Differences 87.* 121-129. https://dx.doi.org/10.1016/j.paid.2015.07.035

Klemfuss, J.Z., Wallin, A., & Quas, J. (2018) Attachment, ,household chaos and children's health. *Families, Systems & Health, 36* (3), 303-314. https://dx.doi.org/10.1037/fsh0000303

Kvale. S. (1983). The qualitative research interview; a phenomenological and a hermeneutic mode of understanding. *Journal of Phenomenological Psychology. 14* (2) 171-196. https://dx.doi.org/15691624-014-01-02s—9-text-pdf

Landman, T. (2012). Phronesis and narrative analysis. In B. Flyvberg, T. Landman, & S. Schram (Eds.), *Real social science: Applied phronesis* (pp27-47). New York, USA: Cambridge University Press.

Langdridge, D. (2007). *Phenomenological psychology; theory research and method.* Essex, England: Pearson.

Larkin, M., Watts, S., Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in psychology 3,* 102-120. https://doi.org/10.1191/1478088706qp062oa

Latzman, R., & Swisher, R. (2005). The interactive relationship among adolescent violence, street violence and depression. *Journal of Community Psychology, 33* (3), 355-371. https://dx.doi.org/10.1002/jcop.20051

Leese, M. (2011). Foucault: Implications for Multi Agency Working in the Changing landscape of Children's Services. In T. Waller, J. Whitmarsh, and K. Clarke. *Making Sense of Theory & Practice in Early Childhood: The Power of Ideas.* (pp144-157). Maidenhead, England: McGraw Hill.

Lethem, J. (2002). Brief solution focused therapy. *Child and adolescent Mental Health, 7* (4), 189-192. https://doi.dx.org/10.1111/1475-3588.00033

Levendosky, A., Leahy, K., Bogat, A., Davidson, W., & von E. (2006). Domestic violence, maternal parenting, maternal mental health & infant externalizing behaviour. *Journal of Family Psychology. 20* (4), 544-552. https://dx.doi.org/10.1037/0893-3200.20.4.544

Levenosky, A., & Graham-Bermann, S. (2001). Parenting in battered women: The effects of domestic violence on women and their children. *Journal of Family Violence*, 16, 171–192. http://dx.doi.org/10.1023/A:1011111003373

Levendosky, A., Huth-Bocks., Shapiro, D., & Semel, M. (2003). The impact of domestic violence on the maternal-child relationship and pre-school age children's functioning. *Journal of Family Psychology, 17* (3), 275-287. https://dx.doi.org/10.1037/0893-3200

Levitas, R. (2012). There may be 'trouble' ahead; what we know about those 120,000 'troubled' families. *Policy response series 3.* Retrieved from http://www.poverty.ac.uk/system/files/WP%20Policy%20Response%20No.3-%20%20'Trouble'%20ahead%20(Levitas%20Final%2021April2012).pdf

Lewis, J. (2011). From Sure Start to children's centres: an analysis of policy change in English early years programmes. *Journal of Social Policy, 40* (1), 71-88. https://dx.doi.org/10.1017/S0047279410000280

Leyens, J.P., Rodriguez-Perez, A., Rodgriguez-Tores, R., Gaunt, R., Paladino, M.P., Vaes, J., & Demoulin, S. (2001). Psychological essentialism and the differential attribution of uniquely human emotions to ingroups and outgroups. *European Journal of Social Psychology, 31,* 395-411. https://dx.doi.org/10.1002/ejsp.50

Liss, M., Schiffrin, H., & Rizzo, K. (2013). Maternal guilt and shame; the role of self-descrepancy and fear of negative evaluation. *Journal of child and family studies, 22,* 1112-1119. https://dx.doi.org/10.1007/s10826-012-9673-2

Luft, J. (1982). *The Johari Window; A graphic model of awareness in interpersonal awareness.* Retrieved from https://c.ymcdn.com/sites/fridayfellowship.siteym.com/resource/collection/D1FD72B3-693E-4EE5-AB18-B1233BBE9C51/JohariWindow_JLuft.pdf

Lund, T., Eron, J., & Dagirmanjian, S. (2016). Narrative solutions; using preferred view of self to motivate individual and family change. *Family Process, 55* (4), 724-741. https://dx.doi.org/10.1111/famp.12207

MacDougall, C., & Fudge, E. (2001) Planning and recruiting the sample for focus groups and in-depth interviews. *Qualitative Health Research 11* (1) 117-126. https://dx.doi.org/10.1177/104973201129118975

Macklin, R., & Whiteford, G. (2012). Phroneis, Aporia and Qualitative research. In E. Kinsella., & A. Putman. *Phronesis as professional knowledge*. (pp 87-100). Rotterdam, Netherlands: Sense

Mälkki , K. (2000). Building on Meziro's theory of transformative learning; theorizing the challenges to reflection. *Journal of Transformative Education 8* (1) 42-62, https://dx.doi.org/10.1177/1541344611403315

Maiter, S., Palmer, S., & Manjis, S. (2005). Strengthening social work; client relationships in child protective services. *Qualitative social work 5,* (2), 167-186. https://dx.doi.org/10.1177/1473325006064255

Mattheys, K (2015). The coalition, austerity and mental health. *Disability & Society, 30* (3), 475-498. https://dx.doi.org/10.1080/09687599.2014.1000513

Mays, J. (2006). Feminist disability theory: domestic violence against women with a disability. *Disability & Society, 21* (2), 147-158. https://dx.doi.org/10.1080/09687590500498077

Maynard, E., Stittrich-Lyons, H., & Emery, C. (2016). "You share a coffee, you share cases". The professional experiences of Safeguarding in Universal Praxis. In. W.Sims-Schouten & S.Horton (Eds). *Rethinking social issues for the 21ˢᵗ Century; UK perspectives on International Concerns.* Newcastle-upon-Tyne, England. Cambridge Scholars.

Maynard, E. (2017). Hearing the Story; a case study exploration of microethics and care in qualitative research. *Sage Research Methods case studies part 2*. https://dx.doi.org/10.4135/9781526405791

McAdams, D. (2001). The psychology of life stories. *Review of general psychology, 5* (2), 100-122. https://dx.doi.org/10.1037//1089-2680.5.2.100

McAdams, D., & McLean, K. (2013). Narrative identity*. Current Directions in Psychological Science, 22* (3), 233- 238 https://dx.doi.org/10.1177/0963721413475622

McGrath, A. (2017). Dealing with dissonance: A review of cognitive dissonance reduction. *Social Personality and Social Psychology Compass, 11*, 2-17. https://dx.doi.org/10.1111/spc3.12362

McLean, K., & Fournier, M. (2008). The content and processes of autobiographical reasoning in narrative identity. *Journal of Research in Personality, 42*, 527-545. https://dx.doi.org/10.1016/j.jrp.2007.08.003

McQueen, C., & Hobbs, C. (2014). Working with parents: Using narrative therapy to work towards genuine partnership. *Educational & Child Psychology, 31* (4), 9-17.

Meltzer, H., Doos, L., Vostanis, P., Ford, T., & Goodman, R. (2009). The mental health of children who witness domestic violence. *Child & Family Social Work, 14,* 491-501. Https://dx.doi.org/10.1111/j.1365-2206.2009.00633.x

Merriam, S. (2004). The role of cognitive development in Mezirow's transformational learning theory. *Adult education quarterly, 55* (1), 60-68. https://doi.org/10.1177/0741713604268891

Merriam, S.B., & Tisdell, E. J. (2015). *Qualitative research; a guide to design and implementation*. Chichester, England: Wiley.

Metzler, M., Merrick, M., Klevens, J., Ports, K., Ford, D. (2017). Adverse childhood experiences and life opportunities: shifting the narrative. *Children & Youth Services Review, 72,* 141-149 https://dx.doi.org10.1016/j.childyouth.2016.10.021

Mezirow, J. (1997). Transformative Learning – theory into practice. *New Directions for Adult and Continuing Eduction, 74* Retrieved from https://s3.amazonaws.com/academia.edu.documents/32656068/Transformative-Learning-Mezirow-1997.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1547643165&Signature=T9KL5KABs7tktVecyosF81UwNwc%3D&response-content-disposition=inline%3B%20filename%3DTransformative-Learning-Mezirow-1997.pdf

Mezirow, J. (2009). An overview of transformational learning. In K. Illeris. *Contemporary theories of learning: learning theorists….in their own words*. Oxon, England: Routledge

Middleton, D., & Brown, S., (2005). *The Social Psychology of Experience*. London, England: Sage.

Miller, T., & Bell, L. (2012). Consenting to what? Issues of access, gatekeeping and "informed" consent. In T. Miller, M. Birch, M. Mauthner, & J. Jessop (Eds.), *Ethics in Qualitative Research* (2nd Ed) (pp61-75). Los Angeles, USA: SAGE.

Minda, J. P. (2015). *The psychology of thinking: Reasoning, decision-making & problem solving*. London, England: SAGE.

Moran, P., Jacobs, C., Bunn., A., Bifulco., A. (2007). Multi agency working: implications for an early intervention social work team. *Child & family social work, 12,* 143-151. https://dx.doi.org/10.1111/j.1365.2006.2006.00542.x

Moss, J. (2011). "Virtue makes the goal right"; Virtue and "Phronesis" in Aristotle's ethics. *Phronesis, 56* (3), 204-261. Retrieved from https://www.jstor.org/stable/230566294

Mumby-Croft. K. J. (2014). *Defining "hard to reach": the work of health visitors with vulnerable families* (unpublished doctoral thesis) Retrieved from https://uhra.herts.ac.uk/bitstream/handle/2299/16333/07164765%20-%20Mumby-Croft%20Kathryn%20-%20Final%20submission.pdf?sequence=]

Munro, E. (2011). *The Munro Review of Child Protection.* For the House of Commons. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

Murray, S. (2008). Why doesn't she just leave? Belonging, disruption and domestic violence. *Women's Studies International Forum, 31,* 65-72. https://dx.doi.org/10.1016/j.wsif.2007.11.008

Nelson, K. (2003). Narrative and Self, Myth and Memory: Emergence of the cultural self. In R. Fivush and C. Haden. *Autobiographical memory and the construction of self: Developmental and cultural perspectives.* (pp3-28). Mahwah, USA: Taylor & Francis.

Nelson, K. (2010) *Parenting out of control; anxious parents in uncertain times*. New York, USA: New York University Publishing

Newby, N. M (1996). Chronic Illness and the family life-cycle. *Journal of Advanced Nursing, 23*(4), 786-791. https://dx.org.doi/10.1111/j.1365-2648.1996.tb00052.x

Nicholson, S. B., & Lutz, D.J. (2017). The importance of cognitive dissonance in understanding and treating victims of intimate partner violence. *Journal of aggression, Maltreatment and Trauma, 26* (5) 475-492. https://doi.org/10.1080/10926771.2017.1314989

Nilsen, E., Valcke, A. (2018). Children's sharing with collaborators versus competitors: the impact of theory of mind and executive functioning. *Journal of applies developmental psychology, 58,* 38-48. https://dx.doi.org/10.1016/j.appdev.2018.08.001

O'Donnell, A., O'Carroll, T., & Toole, N. (2018). Internalised stigma and stigma-related isolation predict women's psychological distress and physical health symptoms post-abortion. *Psychology of women quarterly, 42* (2), 220-234. https://dx.doi.org/10.1177/036/1684317748937

O'Leary, P., Tsui, M-S., Ruch, G. (2013). The boundaries of the social work relationship revisited; towards a connected, inclusive and dynamic conceptualisation. *British Journal of Social Work, 43,* 135-155. https://dx.doi.org/10.1093/bjsw/bcr181

O'Sullivan, D. (2015). Voicing other's voices; spotlighting the researcher as narrator. *International Journal of Elementary Education, 8* (2). 211-222. Retrieved from https://files.eric.ed.gov/fulltext/EJ1085871.pdf

Oppenheim, D., & Koren-Karie, N. (2002). Mother's insightfulness regarding their children's worlds: The capacity underlying secure child-mother relationships. *Infant Mental Health Journal, 23* (6), 593-605. https://dx.doi.org/10.1002/imhj.10035

Parton, N. (2011). Child Protection and Safeguarding in England: Changing and Competing conceptions of risk and their implications for social work. *British Journal of Social Work, 41* 854 -875. https://dx.doi.org/10.1093/bjsw/bcq119

Ozer, E. (2005). The impact of violence on urban adolescents; longitudinal effects of perceived school connection and family support. *Journal of Adolescent Research*, *20* (2), 167-192. https://dx.doi.org/10.1177/0743558404273072

Pasupathi, M., Mansour, E., & Brubaker, J.R. (2007). Developing a life story; constructing relations between self and experience in autobiographical narratives. *Human development, 50,* 85-110. https://dx.doi.org/10.1159/000100939

Pellegrini, D. (2009). Applied systemic theory and educational psychology; can the twain ever meet? *Educational psychology in practice. 25* (3) 271-286. https://dx.doi.org/10.1080/02667360903151841

Penrod, J., Preston, D.B., Cain, R.E. & Starks, M. (2003). A discussion of chain referral as a method of sampling hard to reach populations. *Journal of transcultural nursing, 14* (2), 11-107. https://dx.doi.org/10.1177/1043659602250614

Petrie, P. (2013). Social pedagogy in the UK: Gaining a firm foothold? *Education Policy Analysis Archives, 21* (37), 1-16. https://dx.doi.org/10.14507/epaa.v21n37.2013

Pietkiewicz, I., & Smith, J. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal, 20* (1) https://dx.doi.org/10.14691/CPPJ.20.1.7. 7-14

Polkinghorne, D. (2005). Language and meaning: data collection in Qualitative research. *Journal of Counselling Psychology, 52* (2), 137-145. Retrieved from https://www.scirp.org/(S(351jmbntvnsjt1aadkposzje))/reference/ReferencesPapers.aspx?ReferenceID=1568791

Ponterotto, J. (2006). Brief note on the origins, evolution and meaning of the qualitative researcher concept 'thick description'. *The qualitative report, 11* (3), Retrieved from https://nsuworks.nova.edu/tqr/vol11/iss3/6/

*Portsmouth Safeguarding Children Board.* N.d Retrieved from https://www.portsmouthscb.org.uk/

Prentice, D., & Miller, D., (2007). Psychological essentialism of human categories. *Current Directions in Psychological Science, 16* (4), 202-206 https://dx.doi.org/10.1111/j.1467-8721.2007.00504.x

Pycroft, A. & Bartollas, C. (2014). (Eds) *Applying complexity theory; whole systems approaches to criminal justice and social work.* Bristol, England: Policy Press

Ramaekers, S., & Suissa, J., (2011). 'Parents as educators'; languages of education, pedagogy and 'parenting'. *Ethics and Education, 6* (2), 197-212. https://dx.doi.org/10.1080/17449642

Ratner, H., George, E., & Iveson, C. (2012). *Solution focused brief therapy; 100 key points and techniques*. New York, USA: Routledge.

Reder, P., & Duncan, S., (2004). Making the most of the Victoria Climbie Inquiry. *Child Abuse Review, 13* (2), 95-114. https://dx.doi.org/10.1002/car.834

Reissman, C. K. (2007). *Narrative methods for the human sciences*. Los Angeles, USA: Sage.

Richards, C. (2017). 'It's a big ask when your job is to teach children to read, write and to count'; the experiences of school staff in early hep and child protection. *Pastoral care in education 36* (1) 44-56. https://dx.doi.org/10.1080/02643944.2017.1422003

Rodriguez, C. (2003). Parental discipline and abuse; potential affects on child depression, anxiety and attributions. *Journal of Marriage &Family, 65*. 809-817. Retrieved from https://www.jstor.org/stable/pdf/3599892.pdf?casa_token=OndSuo4gWQ0AAAAA:uLBfouNl qAXgmIGskQxU0KNwwpC6SbULzj6fy2al_ysciv8aDMPvRkbyGfRYLPCv0RPr8iGzGhmi8-XCiX7ae6lxbodrNoLaBw4WZVvpEi5_5BwfZSI

Rimé, B. (2009). Emotion elicits the social sharing of emotion; theory and empirical review. *Emotion Review, 1* (1), 60-85. https://dx.doi.org/10.1177/1754073908097189

Roegman, R., Knighta, M., Taylorb, A., & Watsona, V.  (2014). From microscope to mirror: doctoral students' evolving positionalities through engagement with culturally sensitive research. *International Journal of Qualitative Studies in Education*, *29* (1), 44–65. Https://dx.doi.org/10.1080/09518398.2014.974717?/

Rubin, H.J., & Rubin, I.S. (2012). *Qualitative interviewing (2ndEd.): The art of hearing data*. California, USA: Sage.

Ruch, G. (2014). Beneficence in psycho-social research and the role of containment. *Qualitative Social Work*, *13*, 522–538. http://dx.doi.org/10.1177/1473325013497390

Ruch, G., Winter, K., Cree, V., Halletts, S., Morrison, F., & Hadfield, M. (2017). Making meaningful connections: using insights from social pedagogy in statutory child & family social work practice. *Child & Family Social Work, 22*, 1015-1023. https://dx.doi.org/10.1111/cfs.12321

Rutter, J. (1966). Gneralized expectancies for internal versus external control of reinforcement. *Psychological monographs: General and applied. 80* (1) Retrieved from https://pdfs.semanticscholar.org/161c/b7ac92d7571042bb11ebdaaa1175be8079f8.pdf

Ryan, R., & Deci, E. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*. Retrieved from https://selfdeterminationtheory.org/SDT/documents/2000_RyanDeci_SDT.pdf 4.11.2019

Sadler, G.R., Hau-Chen, L., Lim, R., & Fulerton, J. (2010). Recruitment of hard to reach population subgroups via adaptations of the snowball sampling techniques. *Nursing & health studies, 12* (3), 369-374. https://dx.doi.org/10.1111/**j**.1442-2018.2010.00541.x

Sanders, M. (2008). Triple P; Positive Parenting Programme as a Public Health Approach to Strengthening parenting. *Journal of Family Psychology, 22* (3), 506–517. https://dx.doi.org/10.1037/0893-3200.22.3.506

Sanders, M., Markie-Dadds, C., Tully, L., Bor, W. (2000). The triple-p positive parenting program; A comparison of enhanced, standard and self-directed behavioural family intervention for parents of children with early onset conduct disorders. *Journal of consulting & Clinical Psychology, 68* (4), 624-640. https://dx.doi.org/10/1037//0022-006x.4.624

Schneiderman, N., Ironson, G., & Siegel, S. (2005). Stress and health; psychological, behavioural and biological determinants. *Annual review of clinical psychology*. https://dx.doi.org/10.1146/annurev.clinpsy.1.102803.144141

Scholte, E.M., Colton, M., Casas, F., Drakeford, M., Roberts., S., & Williams, M. (1999). Perceptions of Stigma and User involvement in child welfare services. *British Journal of Social Work. 29* 373-391 https://doi.org/10.1093/oxfordjournals.bjsw.a011463

Shaw, R. (2011). The future's bright: celebrating its achievements and preparing for the challenges ahead in IPA research. *Health psychology review, 5* (1), 28-33. https://dx.doi.org/10.1080/17437199.2010.524808

Shaw, S., Dallos, R., Shoebridge, P. (2009), Depression in female adolescents: An IPA analysis. *Clinical Child Psychology & Psychiatry, 14* (2), 167-181. https://dx.doi.org/10.1177/1359104508100882

Shinebourne, P. (2011). The theoretical underpinnings of IPA. *Journal for the society of Existential Analysis, 22* (2). Retrieved from file:///C:/Users/MaynardE/Documents/Downloads/Chrome%20Downloads/TheTheoreticalUnderpinningsofInterpretativePhenomenologicalAnalysisIPAShinebourne2011%20(3).pdf

Simons, D.A., & Wurtele. S.K. (2010). Relationships between parents use of corporal punishment and their children's endorsement of spanking and hitting other children. *Child Abuse & Neglect, 34,* 639-649. https://dx.doi.org/10.1016/jchiabu.2010.01.012

Skott-Myhre, K., Wiema, K., Gibbs, H. (2012). *Writing the family; Women, Auto-ethnography, and family work.* Rotterdam, Netherlands: Sense Publishers.

Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology, *Qualitative Research in Psychology, 1* (1), 39-54. https://dx.doi.org/10.1191/1478088704qp004oa

Smith, J.A, Flowers, P., Larkin, M., (2009). *Interpretative Phenomenological Analysis theory; method and research*. London, England: SAGE

Smith, J.A. (2011a). Evaluating the contribution of Interpretative Phenomenological analysis. *Health psychology review 5* (1). 9-27. https://dx.doi.org/10.1080/17437199.2010.510659

Smith, J. A. (2011b). Evaluating the contribution of interpretative phenomenological analysis; a reply to the commentaries and further development of criteria*. Health Psychology review, 5* (1), 55-61. https://dx.Doi:10.1080/1743199.2010.541743

Smith, J.A. (2011c). "We could be diving for pearls": the value of the gem in experiential qualitative psychology. *Qualitative Methods In Psychology Bulletin 12*. 6-15.

Smith, J.A., & Osborn, M. (2004) Interpretative phenomenological analysis. In G. Breakwell. *Doing Social Psychology Research*. (pp229-254). Oxford, England: Blackwell Publishing.

Social care institute of excellence. The wider network; the "four tier" model of services. Retrieved from https://www.scie.org.uk/publications/introductionto/childrenssocialcare/furtherinformation.asp

Speers, J., & Lathleen, J. (2016). Service user involvement in giving mental health students feedback on placement; a participatory action research study. *Nurse Education Today, 35,* 133-141*.* https://dx.doi.org/10.1018/jnedt.2015.07.004

Spinelli, E. (2005). *The interpreted world; an introduction to phenomenological psychology.* (2ndEd.). London, England: Sage.

Squire, C., Davis, M., Esin, C., Andrews, M., Harrison, B., Hyden, L-C., Hyden, M. (2014). *What is narrative research?* London, England: Bloomsbury.

Stanley, T., Keenan, K., Roberts, D., & Moore, R., (2017). Helping Birmingham families early; the "signs of safety and wellbeing" practice framework. *Childcare in Practice, 24* (1), 3-14. Https://dx.doi.org.10.1080/13575279.2016.1264369

Stark, E. (2007). *Coercive control: the entrapment of women in personal life.* New York, USA: Oxford University Press.

Stepleton, K., Bosk, E.A., Duronn, J., Greenfield, B., & Ocasio, K. (2018). Exploring associations between maternal adverse childhood experiences and child behaviour. *Child and Youth Service Review, 95,* 8-87. https://dx.doi.org/10.1016/j.childyouth.2018.10.027

Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal, 11* (2), 63-75. https://dx.doi.org/10.3316/qrj1102063

Symonds, J. (2018). Engaging parents with parenting programmes; relationship building in initial conversations. *British Journal of Social Work*, *48* (5), 1296–1314. https://doi.org/10.1093/bjsw/bcx074

Taylor, S., Klein, L., Lewis, B., Gruewald, T., Gurung, R., Updegaff, J. (2000). Biobehavioural responses to stress in females; tend-and-befriend, not fight-or-flight. *Psychological Review, 107* (3), 411-429. https://dx.doi.org/10.1037/0033-295x.107.3.411

The Belmont Report (1979). *Ethical Principles and Guidelines for the Protection of Human Subjects of Research.* Retrieved from https://www.hhs.gov/ohrp/sites/default/files/the-belmont-report-508c_FINAL.pdf

Thompson, S., & Thompson, N. (2008). *The critically reflective practitioner*. Basingstoke, UK: Palgrave Macmillan.

Thorburn, J., Cooper, N., Brandon, M., Connolly, S. (2013). The place of "think family" approaches in child and family social work: messages from a process evaluation of an English pathfinder service. *Children and youth service review, 35*, 228-236. https://dx.doi.org/10.1016/j.childyouth.2012.11.009

Todres, L. (2005). Clarifying the life-world: descriptive phenomenology. In I. Holloway (Ed) *Qualitative Research in Health Care*. Maidenhead: Open University Press

Tompkins, L., Eatough, V., (2010). Reflecting on the use of IPA with focus groups; pitfalls and potentials. *Qualitative Research in psychology, 7* (3), 244-262. https://doi.org/10.1080/14780880903121491

Tracy, S. (2010). Qualitative quality: eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry 16* (10) 837-831. https://dx.doi.org/10.1177/1077800410383121

Tracy, S. (2012). *Qualitative research methods; collecting evidence, crafting analysis, communicating impact*. Chichester: Wiley & Sons

Troncoso, P. (2017). Analysing repeated referrals to children's services in England. Dfe. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630811/Analysis_of_repeated_referrals_to_childrens_services_in_England.pdf

Turnell, A., & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. New York, USA: W.W. Norton & Co.

Ullman, S. (2003). Social reactions to child sexual abuse disclosures; a critical review. *Journal of Child Sexual Abuse, 12* (1), 89-121. https://dx.doi.org/10.1300/J070v12n01_05

University of Winchester (2015) Research and Knowledge exchange ethics policy and procedures. Retrieved from https://intranet.winchester.ac.uk/information-bank/document-store/Published/RKE%20Ethics%20Policy%20and%20Procedures.pdf

Vargai-Dobai, K. (2012). The relationship of the researcher and participant in qualitative inquiry; from 'self and other' binaries to the post-structural feminist perspective of subjectivity. *The Qualitative Report, 17* (93) 1-17. Retrieved from https://core.ac.uk/download/pdf/51087870.pdf

Walsemann, K., Geronimus, A., & Gee. G. (2008). Accumulating disadvantage over the life course; Evidence form a longitudinal study investigating the relationships between educational advantage in youth and health in middle age. *Research on Aging*, *30* (2), 169-199. https://dx.doi.org/10.1177/0164027507311149

Williamson, E. (2010). Living in the world of the Domestic violence perpetrator; negotiating the unreality of coercive control. *Violence against women, 16* (2), 1412-1423. Https://dx.doi.org.10.1177/1077801210389162

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health, 15* (2). 215-228. https://dx.doi.org/10.1080/08870440008400302

# Appendices

Appendix 1:     Glossary

Appendix 2:     Bracketing Reflection

Appendix 3:     My Journey to the Doctor of Education

Appendix 4:     Practitioner letter and Script for participants

Appendix 5:     Project Information Sheet

Appendix 6:     Consent Form

Appendix 7:     Interview Schedule

Appendix 8:     Master Table of Themes

Appendix 9:     Table of Superordinate Themes

# Glossary

| | |
|---|---|
| ACEs | Adverse Childhood Experiences, resulting initially from the study Felitti *et al's* (1998) Adverse Childhood Experiences Study, work in this area reflects increased risk of health risks across the life course arising from child abuse, witnessing domestic violence, and having a family member involved in crime. |
| Child | In line with practice in the Early Help and Prevention, and Social Work fields, a child is aged pre-birth to eighteen. |
| Young Person | In line with professional discourse, a child who has reached puberty is also referred to as a *young person*. However, in terms of his or her needs, vulnerabilities and legal status, s/he is a child. |
| Child In Need | Children are determined to be *in need* as a result of a social work assessment which adheres to the definitions of **section 17** of the Children Act (1989). This indicates a child has unmet needs and there are concerns about the parent's ability to meet those needs without support. |
| Child at Risk | Children who are determined to be at *immediate risk of harm* as a result of a social work assessment which adheres to the definitions of **section 47** of the Children Act (1989). At this stage a Child Protection investigation would most likely follow. |
| LSCB | Local Safeguarding Children Board. As laid down by the Children Act 2004, the LSCB holds local authorities to account for due diligence in all matters regarding professional responses to children *in need* or *at risk*. |
| MASH | MASH stands for *Multi Agency Safeguarding Hub*, and is the single point of referral for all children in the local area for whom there is a concern. The MASH assesses each child and family, and determines which tier of intervention the family are suitable for. Families are said to be *"outcomed by the MASH"*. |
| Early Help | Social intervention for families determined to be Tier 3 |
| IPA | *Interpretative Phenomenological Analysis;* the methodology, and research method for this study |

Appendix 2

**Bracketing Reflection**

Bracketing was carried out throughout the research process, in order to remain aware of my personal responses and act reflectively (Smith, Flowers & Larkin, 2009). An example of this is given below, in line with the Superordinate themes

| Theme | Incidents within data | Reflections |
|---|---|---|
| Separateness, connection | Estrangements of Viv, Sarah, Angela<br>Emotional separateness | The theme of separateness challenged me significantly, especially regarding the women who left their children. As a mother myself I found this difficult to comprehend. Our cultural expectations (in fact, our canonical script – Bruner, 1990, 1991) is that mothers are nurturers and protectors of their children, yet the children in these families were left at acute risk.<br>The parents narratives in these cases also advocated that leaving did not interfere with them being *good mothers.* I found I had to consciously take a step back from this as my own assumptions is that to leave in these circumstances was a neglectful act. However, I also found that their explanations prompted me to rethink this response. Literature such as Taylor et al (2000) reinforced my belief that leaving was atypical (even un-natural.. though this is judgemental), however, Stark (2007) perspective on coercive control helps to re-position this, that it is possible the abused women were so diminished in their self-concept and self-efficacy that they genuinely downplayed the significance of their role in the children's lives, a factor typically reinforced through abusive situations. If this is that case, they could also have downplayed the significance of them leaving.<br>Emotional separateness was also a common theme in the stories. This was reflected in distancing themselves from decisions, relationships and possessions. Furthermore possessiveness over possessions and people was also used to convey distance. In sum I was struck by how isolated these people are; how defensive they must feel if they constantly have to justify what is theirs, evidenced through a reluctance to share responsibility, relationships, and things.<br>Emotional separateness and possession seemed to me a mean of creating identity. |
| Threat; abuse | Community based violence<br>Abuse of children<br>Domestic violence | Hearing the stories of abuse and violence were truly shocking and analysing scripts line by line was harrowing. The specific points of this were;<br>Realising how "normal" these stories sounded to the participants – I was shocked by their lack of shock. For example, Lisa stressing embarrassment over the treatment of her children being the most prominent emotion. |

| | | Dave talking proudly of how his young son was such a threat to older teenagers, and how his daughter managed these encounters, using her younger brother as a threat, almost as a weapon. |
|---|---|---|
| | | The way in which these families reflected on extreme violence as party of daily life saddened me hugely. |
| | | My response to this was three fold – firstly I noticed the expectation and acceptance of violence within these families and questioned how one could create enough objectivity to enable them to see this for the shocking and horrific acts they were. |
| | | Secondly, and somewhat alarmingly, realising that in the he, rambling narratives there were details I picked up on through the intricacies of IPA which I may have missed in practice – not the violence itself, but the nuances by which people understood those events in context. |
| | | Thirdly, to recognise my discomfort comes from a position of privilege where I have experienced a very different lifestyle and where trauma has been met with care – in these families, trauma seemed to be met with further trauma. |
| | | I also noted the feeling of normality or acceptance was created through reflecting o the systemic norms within the family – this juxtaposition became one of the key aspects of the study. |
| Authority agencies | Negative associations Positive associations | The relationship with authority agencies I found most resonant with my own experience. Having worked within the system I felt the narratives acknowledged the stigma we all work within as part of this workforce. It was therefore quite refreshing to hear people articulate these worries in a way they probably would not have done when I was part of that system |
| | | I also found it truly touching that people spoke of the meaning derived from intervention – Lisa's embodiment of the practitioner voice on her shoulder; Meg rejecting the prime purpose of intervention, but then expressed the profound meaning of having someone by her side when she had been so vilified. As a practitioner, I was truly touched by the impact we can make in people's lives. |
| Learning & Change | Dissonance, Stigma & Breach | This was a deeply reflexive aspect of the work – causing me to bounce back and forth between my own canonicity and theirs, and within societal and professional discourses. |
| | | The impact of stigma became greater in my thinking as I moved between the data and literature; Scholte's (1999) "social disqualification" will stay with me. |
| | | I learnt that change can only be derived from learning, and that this learning is intricate, subtly, deeply personal and emotive. And I think that missing the parents' story might just account for many of society's ills. |
| Calm | | So struck by how complex this is – we (I) take this for granted – it is such a novelty to them, and so significant. |
| | | A revelation – what does this open up?? They must realise the their chaos in realising its' antithesis…. |

Appendix 3

## My Journey to Doctor of Education

| | |
|---|---|
| September 2014 | Embarked on EdD |
| January 2015 | Submitted My Professional Autobiography; this enlightened both my research and my own journey through the EdD and professional development |
| May 2016 | Presenter, MICE (Mental Health in Childhood and Education) Research HUB Mental Health Awareness Day, University of Portsmouth |
| June 2016 | Presented at University of Winchester EdD Summer School |
| September 2016 | Identified as Course Leader for BA hons Childhood Studies provision at University of Portsmouth |
| October 2016 | Publication In W. Sims-Schouten and S. Horton (eds) *Rethinking Social Issues for the 21st Century.* Newcastle upon Tyne: Cambridge Scholars |
| | Maynard, E., Stittrich-Lyons, H., & Emery, C. (2016) "You share coffee, you share cases"; the experience of Safeguarding in Universal Praxis |
| | Sims-Schouten, W., & Maynard, E. (2016) Childhood Obesity, Health and embodiment; from intervention models to body image and body bullying. |
| March 2017 | Awarded Senior Fellowship HEA (Advance HE) |
| May 2017 | Presenter & Panel Member; MICE Hub Awareness Day |
| July 2017 | Published two videos for SAGE Research Methods |
| November 2017 | IPA training at University of Derby |
| | Paper publication; Maynard, E. (2017) Hearing the story; a case study exploration of microethics and care in qualitative research. *SAGE Research Methods Cases.* |
| December 2017 | Met with Prof. Jonathon Smith at Birkbeck, University of London |
| May 2018 | Launched IPA Forum, at University of Portsmouth. Identified as local contact for IPA by University of Birkbeck |
| March 2018 | Awarded internal funding grant (TRIF 1) from U of Portsmouth |
| July 2018 | Presenter 2nd International IPA Conference |
| | Led local networking event following TRIF 1 funding grant |
| September 2018 | Poster: Research & Innovation Conference, U of Portsmouth |
| October 2018 | Identified as Deputy Lead for the MICE Research HUB (Mental Health in Childhood & Education) |
| November 2018 | 2 day Solution Focused Training; Education and Schools, at BRIEF, London |
| December 2018 | Awarded Faculty of Humanities and Social Sciences Sabbatical, University of Portsmouth (1st July - 31st December 2019) |

| | |
|---|---|
| February 2019 | Submitted paper for review; Journal of Family Issues (SAGE) |
| April 2019 | Submitted Thesis for Doctor of Education |

**Forthcoming**

| | |
|---|---|
| July 2019 | Qualitative Methods in Psychology conference presenter |
| July 2019 | United Kingdom Association for solution focused practice: conference presenter |
| September 2019 | AURORA leadership programme delegate, Advance HE |

Appendix 4

## Engaging Family Narratives

## Introducing the project to families

Dear Practitioner

My name is Emma Maynard.  I am a Senior Lecturer in Childhood Studies at the University of Portsmouth, and a Doctor of Education student at the University of Winchester. Thank you for taking the time to invite a family to take part in this research project. This open letter will give you details of the project and specific language to use when asking people to get involved. It is based in the premise that people are to be **invited** to participate, no required or requested etc. The use of this specific language is to help overcome some of the barriers created when people feel they have to receive intervention from agencies.

This is a first contact – you are not being asked to gain consent from families or to explain the project in full.

### Introduction

I have been asked to **invite** you to take part in some research with families who have had some restorative intervention. The researcher, Emma, is interested in understanding what matters most to your family, and whether you think things have changed for you since you had the help.

### The project

This is a doctoral research project which seeks to understand how families learn though intervention. It has received ethical approval from the University of Winchester. The research is targeting Portsmouth families who have received restorative intervention, and the case has been closed.

**It is not;** an assessment of the family, or an evaluation of services provided to them

**It is;** research to build an understanding of what happens within individual family environments when new ideas and expectations are introduced to them through intervention.

### Research Methods

The data will be collected through a conversation with individuals – ie semi-structured interviews. You can explain this to people as

- Having a conversation about what **you** think matters most to your family
- Being in charge of what is talked about – Emma will chat with you, not just ask you lots of questions.
- It is confidential, unless there is any reason to think a child might need protection from abuse
- It will take place at a time suitable for you, and at a local community base for example the children's centre

- The research will be used to help organizations and academics understand what matters most to families who have experienced Restorative work. These people have a responsibility to train current and future practitioners, so through sharing your story you will be helping other families.

**Please ask** if families are interested in the project and are willing to be contacted about it.

**Further information**

- Participants of the study will be given full information sheets which will help explain the process in more depth.
- They will be asked to sign a consent form.
- It will be made clear that they can change their mind and stop their involvement at any point, up until the data is analysed.

Please record details of your conversations below

| Name | Date contacted | Is the person willing for their details to be shared and be contacted by the researcher? | Did the person raise any questions or concerns? Please details below |
|------|----------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
|      |                |                                                                                           |                                                                      |
|      |                |                                                                                           |                                                                      |
|      |                |                                                                                           |                                                                      |
|      |                |                                                                                           |                                                                      |
|      |                |                                                                                           |                                                                      |

With thanks,

Emma Maynard

Appendix 5

<p align="center">**Family Stories**</p>

<p align="center">**Project information Sheet – for Parents**</p>

Emma.maynard@port.ac.uk     University of Winchester     023 9284 5569

Thank you for your interest in this project. This information sheet is so that you can understand more about what I plan to do, and how you could be involved if you choose to.

**Introducing myself**

My name is Emma Maynard and I am a Senior Lecturer at the University of Portsmouth. I am also a part time student, studying for a doctoral degree at the University of Winchester, and I am married with two children. My area of interest is children and childhood, and I plan to learn more about family experiences, and what your views are about school, parenting and other issues which matter to you.

**The project**

The point of my research is to help professional agencies understand more about what really matters to families where life has become complicated and complex. You will probably have experience of some professional agencies and may have views about them you are willing to share. If you choose to get involved, I will want to speak with you individually. I might also ask to talk to your son/daughter individually. I will have some questions to ask you, however I am interested in hearing what **you** would like to talk about. I can meet with you at a Children's Centre which is convenient to you. My aim is for us to have a good, honest and relaxed conversation – that's it.

**Who will know what I have said?**

Portsmouth City Council are supporting me in this work. This means they will help me find people willing to talk to me, and will also help if a family needs additional help. When the project is finished, your comments will form part of a written document. Your name will be removed so that nobody will know what you have said, but others **will** be able to learn from you. I might publish papers from this research and this is likely to be read by other professionals and academics. The only reason anybody will know what you have said to me, would be if I have reason to worry about the safety of a child. If this was to happen, I would need to talk to someone from the Council so that they can help. I am legally required to do this, in the same way as your child's school, or Doctor's surgery is.

**Why have I been chosen?**

Portsmouth City Council have identified families who might be suitable for the project, at random. This means they know you have been referred for some sort of help. I do not know any details about you – I just need people who are willing to share their stories with me.

**What will I be asked?**

I am interested in understanding what bringing up your family has been like for you, and how you have found being a parent of a child at school. I will be interested in hearing about difficulties if you would like to tell me about them.

**Do I have to answer all your questions?**

No. You can tell me in advance if there is anything you do not want to talk about, or if I ask anything you do not want to answer, just tell me.

**Do I have to do it?**

No. It is your choice to get involved or not, and if you change your mind halfway through, you can leave without giving a reason.

**What happens if I have other questions?**

You can ask me anything you like. My contact details are above, or you can ask me on the day we meet.

Appendix 6

**Family Stories: Participant Consent**

This consent form regards the research being undertaken by Emma Maynard; Family Stories Project.

Name:

Contact details:

Please tick

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, (up to the point when the data is analysed)

3. I am satisfied that my information will be protected by confidentiality, unless a safety concern needs to be reported in order to protect my child.

4. I understand that my data will be used as part of a thesis and will be anonymised.

5. I understand that my data may be used in academic publications, and will be anonymised.

6. I understand I can withdraw consent for my data to be used up until the end of the project, or until a paper has been submitted for publication.

Print name;

Signature;                                        Date;

Appendix 7

**Interview schedule**

These questions are designed to open a conversation with individual participants. The interview should feel more like a conversation than an interview, and will be led by participants.

Please tell me about your family

Please can you tell me what matters most to you as a parent?

I understand you had some help from an agency recently – they might have called this restorative work. Can you tell me what that was like for you?

As a researcher using IPA, I will be listening to what is said in answer, and will follow up on points of interest that surround;

1. What matters to individual participants in the context of their family and lived experience (adults and children)
2. Learning through intervention (adults)
3. Noticeable behaviour changes in family dynamics since the intervention (adults and children)
4. Strong features of the family as reported by the participant which indicate the family's unique culture and way of being (Adults and children)

Appendix 8

**Table of Themes**

**Appendix 9: Tables of Themes**

Sarah

| SARAH'S THEMES | Sub themes | Line references |
|---|---|---|
| Using the interview | | 9-15; 56; 344-346; 360; 444-445 |
| Good mum bad mum | | 16-20; 25-30; 153-154; 259-264; 267-272; 287-294; 350-360; 362-372 |
| | My star child is just like me | 20-22; 93; 397-410 |
| | | |
| Living with domestic abuse | | 49-56; 65-70; 178-195; 197-198; 449-452 |
| | So I left | 72-76; 81-86; 120-128 |
| | Connection & Separation from parents | 208-217; 224-226; 229-231; 241-242 |
| Mental health | | 297-301; 311-317; 326-328 |

Angela

| ANGELA'S THEMES | Sub themes | Line references |
|---|---|---|
| Scared | | 986-989; 1048-1050; 1263-1265; 1271-1274 |
| Domestic Abuse | | 398-405; 418-430; 461-466; 483-486; 491-494; 508-515; 1286-1290/1295 |
| Separateness | | 33-45; 514; 538-560; 571-589; 1044-1048; 1177-1181 |
| Connection | | 281-290; 299-315; 320-325; 759 – 768; 895-903; 976 -986; 1039-1040 |
| Nothing I can do | | 67-79 |
| MS | | 59-63; 89-97; 209-213; 346-356; 376-385; 725-733; 915-920; 924-938, 1081-1082 |

| | | |
|---|---|---|
| Making sense | | 1259; 1185 |
| Care | Being noticed, Show of love | 175-178; 180-187; 197-200; 227-233; 773-780; 850-858; 884-890; 948-955; 1007-1012; 1028-1039 |
| Confusion | | 602-607; 615-617; 663-674; 683-691; 996-1000 |
| (Reason for referral | | 635-643) |

Viv

| VIV's Theme | Sub theme | Line references |
|---|---|---|
| Just knowing; | | 253-266; 666-672; 675-680 |
| Becoming aware | | 162-170; 274-296 |
| Battling services | | 148-153; 324-361; 365-369; 376-383; 568-571;863-866 |
| Encountering threat | …of suicide | 303-310; 347-356; 768-772; 1041-1053; 1057-1063; 1107…1115; 1580-1584; 2117-2122 (acceptance) |
| | …of feeling judged | 934-936; 947-964; 982-985; 990-999; 1855-1863; 1906-1911; 1913-1915; 1918-1920; 1928-1933 |
| | …previous abuse | 686-692; 1553-1559; 1731-1739; 1777-1781; 2139…(grooming) |
| | ….social media as threat | 432-436; 448-453; 462-468; 1255-1259 |
| | ….of intergenerational violence (Steve) | 2197-2225; 2180-2187 |
| A fish out of water on the run | | 370-375; 1991-1992; 2088-2089; 2107-2113 |
| Taking control (Viv as expert; some) | | 218-219; 554-559; 594-603; 609-613; 656-661; 809-816; 834-840; 841-844; 873-880; 1005-1009; 1099-1102; 1137-1138; 1770-1772; 2090-2103; 2162-2169; 2380-2388 |

| | | |
|---|---|---|
| De-valuing and valuing expertise | | 236-239; 264-270; 526-532; 539-544; 628-638; 899-905; 910-924; 1016-1022; 1259-1262; 1994-1997; 2358-2364; 2370-2380 |
| Relentlessness | | 175-182; 387-393; 462-468; 504-508; 519-522; 817-823; 853-856; 921;924; 1289-1290; 1474-1478 |
| Secrets & strategies | | 692-697; 698-706; 720-728; 741-755; 761-765; 775-783; 2180-2187 |
| Feeling noticed | | 628-638; 804-806; 1217-1319; 1329; 2056-2058; 2063-2065 |
| Good mum bad mum | | 1790-1791; 1796-1800; 1801-1812; 1836-1845 |
| | Absence & presence | 183-191; 1303-1316; 1560-1563; 1564-1596;1620-1625 |
| Mental Health | | THOUGHOUT MOST OF IT |
| Unique bond with Harry | | 670-672; 675-680, some of *feeling noticed* |

Lisa

| LISA'S Themes | Sub themes | Line references |
|---|---|---|
| Watershed moments | | 479-480 |
| | Hiding and avoiding help seeking | 98-100; 216; 223-224; 262-269; 1015 |
| Reputation & embarrassment | |  197-199; 24-225, 440-, 661-674; 720-722; 972; 1483-1489; 1593 |
| Roundabouts & Motorway pile ups; habitual violence and threat | | 110-116; 143-144; 151-152; 167; 255-256; 302-310; 450-454; 486-474; 610-612; 777-793; 920-924 |
| Division | Home | 122-123; 484-490; 443-449; 757-761; 1058-1066; 1039-1041 |
| Calm | | 1275-1278; 1279-1284; 1287-1288; 1298-1302; 1473-1480 |

| | | 324-328; 344-355; 347-348; 583-597; 806-815; 856-859; 873-871 |
|---|---|---|
| Reflective learning | | |
| Response to drugs | Nostalgia | 91-93; |

Dave

| DAVE'S THEMES | Sub themes | Line references |
|---|---|---|
| Legacy of violence | You don't hit a woman | 11-14; 48-53; 61-65; 275-279; 291-297 |
| | Violent child | 305-311; 322-340; 363-369; 379-390; 392-398; 402 |
| Learning & change | | 15-23; 25-37; 39-48; 82-83; 134-142; 150-152; 154-159; 231-232; 247-255; 268-275; 280-288 |
| | Good dad bad dad | 61-65; 70-74 |
| Dave's family analysis | | 177-182; 183-192; 207-215; 223-228 |
| | Mental health | 297-298; 300-304 |

Jenny

| JENNY'S THEMES | Sub themes | Line references |
|---|---|---|
| Fluidity | | 25-35; 41-44; 51-56; 58-69; 593-598; |
| | Holding the family | 157-163; 607-610; 624-629; 638-640 |
| Jenny | | 647-648; 650-658; 561-570 |
| | Poor health & strain | 96-99; 164-173; 196-199 |
| | Out of her depth | 134-137; 200-206 |
| Amy | | 216-222; 239-243; 246-249; 253-256; 259-273; 313-322; 773-779; 331-334; 336-340 |
| Toby | | 429-433; 454-456; 490-499; 458-459 |
| Seeking and accepting help | | 288-294; 299-303; 397-410; 411-419; 764-771; 784-790; 792-798; 801-804; 860-863; 884-885; 336-340 |

Meg

| MEG'S THEMES | Sub themes | Line references |
|---|---|---|
| Authority agencies & stigma | | 161-168; 315-319; 334-336; 438-447; 449-451; 468-480; 524-525; 682-690; 710-717; 723-725; 751-758 |
| | Watershed | 351-353 |
| | Threat | 330-332 |
| Age & change | | 206-208; 242-259; 622-625; 633-637 |
| James' choice (not my fault) | | 170-172; 180; 198-201; 306-310 |
| | Control & letting go | 285-287; 300-304; 571-577; 604-606; 641-649; 792-800; |
| | Purposeful calm | 208-210; 221-222; 230-231; 233-234 |
| | Loss of self-determination & confidence | 47-50; 142-155; 202-205; 809-812; 1023-1025 |
| At my door | | 87-92; 240-243; 322-324; 834-841; 913-918 |
| | Not that type of family | 16-19; 962-963; 982-990 |
| | Notoriety | 96-97; 361-364; 1000-1003; 1019-1025 |

**Superordinate themes**

| Theme | As evidenced by.. | Codes |
|---|---|---|
| A Good Parent | All are preoccupied by this | S3, V4, D3, J2, M2, L3 |
| Separated and connected | Estrangements of Viv, Sarah, Angela<br>Emotional separateness<br>Sharing/not sharing; home, phone, care bears | S2, A1, V2, V3, L2, J2, J3 |
| Threat: Abuse, Intervention & Stigma | Community based violence<br>Abuse of children<br>Domestic violence and abuse<br>Intervention – authority, compulsion, stigma<br>Negative associations<br>Positive associations intervention | A1, A2, V1, L1, M1, M3 |
| Learning & Change | Learning, blocks to learning, autobiographical selves | S1, L3, D1, D2 (specifically lacking from Jenny, Angela and Viv) |
| Calm | Lisa, Dave, Angela, other representations through nostalgia, social media etc | V1, L1, L3, D2, D1, J1, S2 |