"It's because of what we did that I'm going to university": A qualitative exploration of the experience of growing through a school's therapeutic programme.

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Abstract

This study aimed to 'give voice' to the lived experience and perceptions of seven students (aged 15 to 17) who have used a therapeutic service in school. Group or individual interviews were employed, transcribed and then analysed using a phenomenologically-orientated relational research methodology. The students all expressed valuing a confidential one-to-one space where they could express and explore their worries and uncertainties. They benefitted from feeling understood and having their perspective validated as 'normal'. The opportunity to express feelings that distracted them from learning at school opened up new skills of reflection, negotiation and being able to reach out for support. Through their therapeutic experiences they learned to invest in their own success and resist potentially destructive peer pressure. A short discussion raises wider issues around the provision of therapy in secondary school settings.

Introduction

The aim of this research is to 'give a voice' to the lived experience of a group of students (aged 15 to 17) who have used a therapeutic service in a variety of ways during the last five years within a Northern Secondary School.

I began teaching in 1973 and throughout my career I have been committed to the emotional well-being of children and young people. Since training in integrative psychotherapy, I have been centrally involved in developing and facilitating a therapeutic service within a secondary school. From my observations and experience, as well as anecdotal reports from the students, teachers, support workers and senior leaders, the therapeutic service appears to be hugely beneficial in all sorts of ways we had not predicted. It seemed important to collect some data in a more systematic way so I set out to investigate, more formally, how a group of students had experienced their therapeutic input, towards subsequently answering, the bigger question of what value there was in having this therapeutic service in a secondary school. However, for the moment, this article seeks to focus on the experience of the students, as they describe their engagement with group and individual therapy within their school.

The context and development of the service

Probably most secondary schools up and down the country have a mission statement which includes

aims centred on promoting resilience and positive self-regard, as well as supporting the emotional needs and wellbeing of the child or young person. Indeed, within the school where this study was carried out, education is viewed as a 'holistic endeavour', with the school as an agent that enables students to fulfil their potential. For some students, this requires more specialised emotional support, so that challenging life events and circumstances do not inhibit academic success. In 2004, a document published by the Department of Health, 'Promoting Emotional Health and Wellbeing' was distributed to all schools. It outlines the relationship between good mental health and young people's attainment (Department of Health, 2004). More recently, from 2008, funding from the Department for Children, Schools and Families has been directed, via Local Authorities, towards schools for projects which promote good mental health. These Targeted mental Health in Schools (TaMHS) projects highlight the national agenda for the promotion of good mental health for children and young people.

In my school, there was the recognition that some students required more specific and personalised input to meet their emotional needs, than national initiatives allowed; needs which could impact on attainment and achievement without appropriate intervention. Over a period of six years, a therapeutic intervention team has grown in this school and now consists of three psychotherapists/psychotherapeutic counsellors in school for one day per week each, a trainee psychotherapist on placement for one day per week and the equivalent of one full-time specialist emotional literacy teaching assistant (ELTA). My role has been to lead the development of this team and to provide on-going regular supervision for the team members and to other members of staff involved in delivering frontline pastoral and behaviour intervention services.

Five years ago, as the only therapist for two days per week, the first developments of therapy within school were within the 'Inclusion Faculty' during a time when the culture of the school was changing. The new direction was moving away from a predominantly punitive attitude towards a culture which, although sanctions were clearly linked to inappropriate behaviours, the school was also developing a range of reparative interventions. The initial aim was to enable students that were caught up in challenging behaviour patterns to access therapeutic help, to support them to make changes. However, as the capacity within the service has grown, we have been able to respond to a wider range of emotional needs and focus more broadly on 'emotional literacy'. It was within this developing responsive culture that therapy was felt to have a place ensuring students had opportunities to have non-shaming, reflective conversations with empathic adults.

Currently, students can access therapy for one-to-one sessions through self-referral, referral by any adult within the school or through a concern from a parent/carer. The internal referral system is via a student's Head of Year, who seeks parental permission and forwards the referral to a centralised list. The service aims to respond flexibly and therefore some students may only need a brief input of six to eight sessions, whereas others may require longer-term relational-developmental therapeutic support for several months. Additionally, the service is designed to respond to students in crisis, for example, students who are in danger of self-harm or those who have experienced a traumatic event such as a sud- den loss or bereavement. On completion of therapy, students are given information about how to return for further support if they want to.

Interestingly, there is much spoken and written about the importance of seeking 'the voice of the student' in informing our provision for teenagers and, indeed, most schools have student councils through which representatives of the student population can air their view regarding many aspects of school life such as leisure facilities, extra- curriculum activities etc (Halsey, Murfield, Harland, and Lord, 2006). In this climate of the importance of the'student voice' the views of therapy service-users seem highly appropriate, as long as these views are used to inform access and provision. If we don't ask students what they think and what they need, they will tell us by 'voting with their feet', and refuse to engage with what we offer. The service could then become a token showcase for inspection purposes, rather than an embedded necessity that informs and challenges the culture of the school.

This study thus seeks to capture the reflections of a small sample of students who have accessed thera-

peutic support, as they move towards the end of or are about to leave Key Stage 4.

In addition to hearing the voices of the students, this study marks a point in my personal integration where I pause in my own quest as facilitator, teacher and therapist and listen to what those on the receiving end have to say in answer to the question of how they experienced the therapeutic service. But I, too, am part of their story and therefore I include, latterly, something of my own story in a reflexive discussion.

Literature review

A recent review of studies which evaluate the value of counselling in secondary schools found that the predominant form of counselling available in schools was person-centred (Cooper, 2009). My study seeks to look at the student's view of the impact of a relational-developmental model of integrative psychotherapy which is closely aligned to the model developed by Evans and Gilbert (Evans and Gilbert, 2005).

Cooper's (2009) view is that counselling in a school environment provides a "non-stigmatising, accessible and effective form of early intervention" (2009, p.138) and his review of both qualitative and quantitative data lists several "helpful factors" such as "getting things off one's chest, problem-solving, advice and suggestions, awareness and understanding and confidentiality" (2009, p.145). My particular study is purely qualitative in nature and seeks to gather evidence from the students themselves so that the future development of this school's therapeutic service takes into account the predominant needs of the students within the specific culture of this school.

In 2009, the Place2Be, an extensive provider of therapeutic intervention for children and young people since 1995, conducted a survey to measure the 'effectiveness of therapeutic intervention' in primary schools (Lee, Tiley, and White, 2009). Their findings were arrived at through the use of questionnaires completed by parents and teachers to ascertain the impact of therapeutic intervention. The researchers found that the Place2Be model of intervention had "a positive influence on children's social and emotional well-being" and that "significant increases in children's positive behaviours were also identified following intervention" (Lee, Tiley, and White, 2009, p.156). Whilst these findings are supportive of their particular model of intervention as measured by adults within the school context, I consider the students in my sample to be capable of 'speaking for themselves in their own words' and therefore feel that the methodology chosen for this study is particularly suited to gathering the information that we wish to use for informing future developments.

Within the world of therapy much value is placed on the need for adolescents to be 'listened to' by empathic adults. Luxmore writes extensively about the range of communications from teenagers that they express through anger. Luxmore's wide-ranging understanding comes from his personal experience of working with adolescents, which he uses to inform his work. (Luxmore, 2006). Similarly Camila Batmanghelidjh tells the individual stories of children and young people and, through her 'witnessing' their lives as lived, describes her therapeutic model and intervention which is directly informed by the children and young people with whom she has worked (Batmanghelidjh, 2007). Similarly, my intention is to develop both a service and a model of working that is informed by the views of the young people that use it.

Methodology

Phenomenologically-orientated relational research methodology (Finlay and Evans, 2009; Finlay, 2009) was employed to explore the perceptions seven students had of their experience of engaging in the therapeutic intervention at their school.

In this methodology, data is seen to emerge out of the researcher-participant relationship and as being co-created in the embodied dialogical encounter. Central to this relational approach is the understanding that the research relationship involves an interactional encounter in which *both* parties are actively involved; it emerges out of a constantly evolving, negotiated, dynamic, co-created relational process, to which both researcher and participant contribute (Evans and Gilbert, 2005). Particular attention is paid to exploring participants' way of being, including their 'creative adjustments' (the defensive strategies they've developed in order to cope) and subsequent changes they were able to make through therapeutic intervention.

Also with this approach the use of reflexivity is valued, in order to keep communication channels open towards acknowledging emotional and relational dynamics, as well as any tensions arising from the different social positions of researcher and participant. Here, my role as their teacher/facilitator and differences in our power/status and age are relevant.

Participants

A convenience sample of five girls and two boys, between 15-17 years of age, was chosen (see appendix one) because they had been offered and made use of individual therapeutic support at some point during their five years at the school. Prior to his individual sessions one student had also attended a six-session 'Learning about Anger' group for boys. Two of the girls had also participated in groups which focused on improving behaviour for learning. The students in this sample were on the point of leaving, or had recently left, key stage 4 (Year 11). I sought to interview the young people who had completed their therapy, rather than younger students who were still working with, or may return to work with, members of the emotional literacy team.

Data Collection and Analysis

Data was collected in two semi-structured group interviews and one one-to-one interview, plus a reflective diary kept by myself (to record reactions, thoughts and feelings throughout the research process).

 The group and individual interviews lasted approximately three quarters of an hour and took place in a private, comfortable room away from the main school building. Care was taken that the interview would not be interrupted, by informing other users of the building that the interviews were taking place. Not only was the room chosen for its privacy, but as a space familiar to all the participants. I asked each student individually whether they were willing to be interviewed and gave them several days to reach their decisions. At the time of the interviews, each student was asked if they still wanted to participate. The setting was informal, with refreshments. I started each interview with an introduction to the research topic and invited them to talk about the therapeutic support they had had over the years and how they had experienced it.

As I had previously fulfilled the role of being 'alongside the student', interested in their views and seeing the world from their perspective, the students experienced me as someone 'outside of the system', an adult who did not require compliance. Several of them had had the experience of being in a relationship with me where they could express their anger and our relationship had survived.

Throughout both the interview and analysis, I attempted to set aside previous assumptions. It was necessary for me to try to bracket my previous understandings in order to attend actively to my participants' experience. I strove to adopt an attitude of open-ended presence to their stories as they unfolded (Finlay and Evans, 2009).

Analysis occurred in stages over several months. Firstly, the transcriptions were systematically and repeatedly read in an attempt to become empathically immersed in the students' experience. During this process, particular statements seemed to present themselves as being indicative of the students' thoughts, feelings, needs, behaviours and changes and were duly dwelt upon; my responses to their words recorded in a reflective diary. This was followed by a process of repeated reflection on both scripts and diary which sought to identify emerging and recurrent themes experienced by the participants, with the aim of highlighting commonalities between them. Throughout the analysis I paid particular attention to 'not knowing' and 'not assuming' about the students' experiences, other than from their perspective as told on the occasion of the interviews. Having loosely identified what seemed like key themes, I found quotations which seemed to exemplify the themes and then elaborated and explored the themes further.

Ethical considerations

The students were invited individually by me to give me their views of the emotional literacy intervention that they had received, but then given time to discuss with each other whether or not they wanted to take part in the research. The signed informed consent form made it explicitly clear that they could withdraw from the research project at any time and they would have supportive access to a named contact person within the school. The participants were told that, if at all possible, their preference for the member of the team they wanted to see would be honoured.

They students were also asked how they would like to be known in the write-up. However, although they all chose to be known by their own names, I decided to preserve their anonymity. Each student was offered the opportunity to come back after their interviews if any issues subsequently surfaced.

Findings

Theme one: "Give me a safe space where I can show you what it is like for me"

The students explained that their therapeutic time was important, as it provided a safe place where they could explore what it was like to be them. One of the crucial things was to have a space where they could have their story heard, and, subsequently, sense made of their inner worlds, through their relationship to a safe, non-judgmental, empathic adult. For Jess this meant that she was neither pitied nor judged in her therapeutic session, as she felt she might be by adults who did not know what was happening in her life.

> If you go around the staff room, then it doesn't help anybody, because they either pity you or they judge you. (Jess)

In relation to adults who don't know and understand them at a deeply personal level, they feel mistrusting, anxious and vulnerable. The students say they "pretend everything is fine", not only with adults, but also within their peer groups. In the confidential space they feel safe and secure enough to put down

their bravado (defences) and explore their inner worlds – to be known. As Kate says:

> You can discuss something personal, you'd normally get laughed at. Something serious that is causing you, like, loads of upset and anger. (Kate)

Kate says that, if the space provides her with safety, she is willing to step into the relationship and explore her inner world. However, Kate also expresses that the building of trust within a relationship takes time.

Similarly, Rebecca acknowledges what the trust means to her.

> There was this trust there. I trusted that you wouldn't say anything if I didn't want you to. If you're going to cry and tell them everything, you've got to trust them to an extent that they'll keep it confidential. (Rebecca)

This 'safe adult' could be trusted not to divulge confidences and, unlike their peers, did not require anything in return. Having this space gave the students an opportunity for their feelings to be expressed through tears, anger, despair – feelings that arise from outside school such as family stresses and within school such as pressure from peers and adults.

The students' culture tells them 'not to trust' others and to rely only on themselves. Their stance is to not trust anyone – neither fried nor adult. For instance, Kate shares her cautious behaviour of not trusting even her best friend:

> If you tell someone who is meant to be your best mate something, within a day the whole town will know. (Kate)

Rebecca says something similar in response to my question about the importance to her of no-one else finding out about her sessions and stresses that in order to explore her difficulties with friends, she had to be certain that no-one from within the peer group would find out about anything that she was saying. This also raises issues about time, place and access in relation to confidentiality.

So to engage in a personal exploration of their often unknown inner world, with the support of an adult from within the school environment, is something of a leap of faith for them. Through the therapeutic relationship the students learn to trust and they learn about the qualities of someone who is trustworthy and can therefore identify safe adults/peers in other contexts.

> Once you have bonded with someone, you learn how to bond with other people. It's like as soon as I bonded with you, and when I went to go and join Cadets… I knew who I could trust. And I knew they would support me. (Kate)

In this safe space they can say things that are so forbidden in their peer groups – seen as 'showing off', for which they could be ridiculed. In the therapeutic relationship they can, for instance, acknowledge and reflect upon their successes and talents. Rebecca demonstrates how she has internalised a supportive voice when she says, "I did really well, didn't I?" and in this moment she knows about her own change as she reflects upon how she was able to support herself to overcome difficulties that were previously overwhelming. Perhaps, more importantly, she is now developing an internal 'voice' that will nurture her rather than undermine and shame her. This new voice also supports Rebecca to 'not go on about' not being pretty, as defined by her peers, but instead to know her own beauty.

Lauren and Annie are aware of the need to opt into the therapeutic relationship for 'it to work' and although, throughout the interview, they clearly express the benefits of their therapy sessions, they also make it clear that they would find it difficult to seek help again. They say:

> I probably wouldn't. I wouldn't feel comfortable just going up and saying – I don't know… Well if it was the same person I had, but if it was someone different I wouldn't. No. If someone

> else come and got me and said "have you got a problem?" I'd be like "I don't think so some how." (Lauren)

> I don't think I'd dare. I don't know… I didn't come to you last time, did I? I got you coming to me. (Annie)

The ambivalence about needing a safe relationship and not initiating the process of seeking help for themselves is interesting and suggests to me that perhaps there is something both empowering and shaming about *needing* someone to talk to. In designing a service, therefore, we need to pay particular attention to how we create easy access that is non-shaming as well as confidential - a service that is valued by other adults within the school who might spot when a student is in difficulty and could therefore direct them towards support.

Theme two: "If you don't help me, I'm going to rip somebody's head off."

Every student made reference to the importance of having a safe space with a strong adult who would welcome, understand and explain their feelings - their anger, their tears, their excitement and their shame. They refer to carrying feelings from incidents with their family members and peers and also from being in the classroom, which they are frequently unable to contain. They explain how these powerful feelings distract them from their learning, describing how their feelings build up and, although they try to 'keep everything locked inside', they often feel like exploding and sometimes do. Frequently the adult in charge fails to understand that their anger is not intended for them. Within the therapeutic session, there is a 'relief' at being able to cathart unmanageable feelings and maintain the relationship.

> It's like you don't want to keep everything locked inside you, do you? You've got to find someone you can talk to. Because if you keep it all locked in you're going to have a breakdown or something. (Kate)

> I had absolutely no control … I'd got to that point when I first come to see you and I was absolutely at rock bottom. I just cried and cried and cried (Rebecca)

The students describe a wide range of powerful feelings that need 'letting out'. Feelings of anger are predominant; towards themselves, their friends and particularly towards adults who appear to be unjust. However, they also need time, space and skilful intervention to express their distress, tears, anxiety and fears, and to feel the relief of 'getting it all out' so that they are available to learn.

The students value having the opportunity to explore and safely express their feelings, without harm to themselves or others. Additionally, they describe how, armed with their new awareness and knowledge of safe ways to cathart, they create safe spaces for themselves in other environments, such as their bedrooms at home. Additionally, Ben teaches his girlfriend about anger and Annie suggests to an angry friend that she would benefit from some therapy sessions.

> It depends which way you let it out. Because if you let it out in a bad way and you go around and smack people or smack walls… And now, I put a pillow on it. So I stick my pillow on my wall and then smack it. (Kate)

> And then with [my therapist] it was physical things. Like if I was angry we would chuck beanbags at walls and stuff. It was funny but it got everything out. (Annie)

> Yes. Instead of hurting yourself and that, you just let it out by swearing. (Ben)

Having a regular confidential space enables them to manage previously overwhelming feelings, and to contain themselves until they are in a safe space and recognise that current context is inappropriate or is not able to support them.

> It's like some days, it was like, "Oh God, I can't wait for this day to see you, to just talk it out." So I'd store it up and vent it when I see you. (Rebecca)

In learning, particularly about their anger, they show understanding that the apparent triggers in the school environment are not necessarily the source of their anger and shame and thus they learn to feel pride rather than humiliation in walking away. The recognition from his ELTA when Ben managed to control his anger helped him to develop an internal supportive 'voice' that he could draw upon in times of stress, one that said, "Yes I can do this."

Jess also describes her capacity to contain herself and not act out in a manner that was previously disruptive to both her learning and others in her class. She says,

> It's like when you're angry you don't have to take it out on the person nearest to you. Well it just gives you time to calm down, doesn't it really. (Jess)

The students described that not only were the sessions useful in getting rid of overwhelming feelings, they also learn the value of talking, as Paul and Kate describe below:

> It does feel a lot better when you speak. Yes, because you're the only person I can talk to about my problems. If I go and tell my mates all the problems it goes back and you're going to have different mates coming up to you with different stories, saying "Oh, well this happened to you" (Paul)

Kate goes on to describe the difference in herself when she talks to someone rather than behaving destructively.

> I always feel worse knowing afterwards that I've just made everything more destructive. But if you sit down and talk to someone it will work out a lot better for you. Because if you're calm about the situation and keep a cool head on you it will be alright in the end. (Kate)

All the students who were interviewed had experienced the relief of a non-shaming space where they could 'let out' feelings of anger, humiliation or upset that they could no longer 'keep bottled up'. Additionally, they could also develop contextually-appropriate strategies for managing their feelings and even taught them to their peers. Having had the opportunity to safely get rid of their feelings within the therapeutic space, they were available to use the therapeutic relationship to use 'talking' to process the challenges, difficulties and issues that lay behind their defensive behaviours. In therapy, the opportunity to get angry and maintain a relationship was beneficial in enabling them to feel proud and trusting of themselves rather than the humiliation, remorse and poor reputations that they had felt from 'acting out' in more public spaces such as classrooms.

Theme three: "I want to show them that they're wrong about me"

One of the themes to emerge showed that some of the students with reputations for disruptive behaviour wanted the opportunity to be known as someone who was interested in and committed to learning. They knew that they were trapped in cycles of inappropriate behaviour which was often encouraged, supported and enjoyed by peers. In fact, Paul describes the pleasure and belonging he felt within his peer group when he was being disruptive, with his friends as a very willing audience. The students in this study did not know how to change on their own and needed to 'step out' of their learning and social environments to access the time and space to change. They needed confidential access to someone 'alongside' who was invested in understanding their views and appropriately challenging them to do something different. In using therapy as an agent of change, the time spent out of lessons was legitimised and the student's therapist could, with the student's permission, negotiate with teachers to release them. In describing her awareness, Kate is very open and frank about herself:

> Yes, from year seven to year nine I was awful …I don't know really. I just know that I was a

> very naughty girl, and then I found you, or you found me because you followed me and made sure that I got the help that I needed and kept me on track, and then I haven't been back since. Without you and your team, like, people like us, we will still be the little shits that we were. I know I still would be. (Kate)

Kate explains the importance of 'being found', to be invited into a relationship where she can explore who she is, what is happening in her life and what she might want to do differently. She needs the on-going commitment of someone who will allow her to falter, to make mistakes to stay invested in her well-being and to believe in her potential.

Some of the students have a clear purpose for agreeing to come to therapy and Jess is one of these. She knows that she has developed a poor reputation from her continual disruptive behaviour in lessons. In a confidential space she is able to share the challenging aspects of her story that no-one knows about and, in doing so, clear the way for exploring change. She says, "I wanted to show them that they are wrong about me." but is unable to do this alone.

 The students agree that it is very difficult to change their reputation and there is hopelessness and, potentially, a stance of despair and "why bother?" when they feel that someone else's view of them has gone before. Lauren and Ben say this in the following ways:

> If an email got round saying "Oh this kid is blah blah blah horrible, then that's what they think of you straight away. (Lauren)

> "I don't want him because he's a 'bad lad'" and everything. It's like everything I did was bad. (Ben)

As well as therapy, they sometimes want the intervention of an advocate outside the therapeutic space. They are clear that they want their permission to be sought about what can be shared and usually want to be present if an adult is speaking on their behalf. Jess is very definite, as she wants her therapist to "have a word with teachers" so that they "back off a bit" particularly when she needs other adults to know how she feels. If she is going to change, she needs tolerance, understanding, time and recognition of her efforts. Paul agrees and adds that being spoken to "nicely and properly" makes him "just want to keep doing it" (engaging as a learner) and with consistent encouragement from teachers, he wants to "do it again so she can say I'm better." Although given positive attention is an accepted strategy to improve behaviour, these students are telling us that they need teachers to notice and amplify their appreciation of their small steps towards change and, for this to happen, they sometimes need the advocacy of the therapist, either directly to the teachers or via an adult in charge of their pastoral welfare.

However when we act as advocate or mediator, we need to be aware views such as Jess', who is reluctant to expect a positive reception. She says,

> I don't know [about advocacy] sometimes, in some areas, it can make it good and bad. It depends what the teacher is, doesn't it?

I wonder if she is expressing her despair that the environment will not change its view of her. I am aware of wanting to convince her that her teachers will notice and respond well but can feel my reluctance in expressing this when it may not be true.

Annie reflects on the role of advocacy to help her talk to her mother. She had learnt from therapy about how ruptures in relationships are co-created and that the responsibility for repair belong with both participants. She describes how, with the help of her therapist, she was able to tell her mum why she was behaving as she was and how her parents contribute to that. She goes on to reflect on the change within herself which has enabled her to express herself to adults and how they support each other when they are in difficult situations. Again they refer to the guiding 'internal voice' developed through therapy.

> We were taught, like, how to speak and get our point across without going off on one. (Annie)

> It's like – we don't get on with Miss but I can remember on various occasions saying "it's not

> worth it [being disruptive] It's like you have it with you don't you? She [the voice of the therapist carried with her] tells you when to shut up. (Lauren)

As the students reflect on the process of change, they report that once they start they are able to access help elsewhere. Actively seeking support, particularly through reaching out to others, becomes a more fluent response to difficulties. However, the struggle to change is difficult, particularly when they are being induced by peers and old scripts to stay as they are. Interestingly, recognition of change does not necessarily come from within their families, who are reluctant to re-write their view of their teenagers. There is, therefore, an even more pressing need for the wider school environment to acknowledge and perhaps reward change, particularly when it may be difficult for the adults with other priorities to spot new attitudes and behaviours. Negotiated advocacy can support a student through this process so that the school environment can offer latitude and flexibility to encompass stumbles and mistakes on the journey towards doing something new and different.

Theme four: "It's okay to be me"

The students want to change. They want to express their individuality, yet the pressure from peers to conform to group norms is weighty. They describe this struggle and the difference between what they feel internally and how they minimise their own needs in order to belong. They endure painful experiences from their peers to stay in the group. They feel trapped but feel too scared to express their autonomy.

> The 'friendship group' was nasty and hurtful. I'd just sit there and laugh along; you know, laugh it off. Everyone used to say "Oh you just try and please other people all time"…I tried and tried and tried…I thought, like, you just think you have to belong somewhere. And maybe it's not that important [that I feel hurt] And I don't think I'd have realised if it wasn't for this [therapeutic intervention] I think I'd still be there now. "What do you want me to do? Jump? How high?" (Rebecca)

In feeling the competing urgencies of their own needs and the demands of the peer group, they feel confused. Through the therapeutic relationship they feel understood, validated and 'normal'. In awareness, they begin to make choices that are healthier for them, as they shift their focus from external demands to internal needs.

> You obviously focused on the inside of me. So I learned to listen to what I was saying to myself, instead of what other people were saying to me. It helped me to just think, no I will just do it for myself and no one is going to get in the way of my future. (Kate)

> It's like I know I have two choices. I can go along with it if I want to or I can just say "No, I don't need this person; I don't need to go along with this, there is another option". (Rebecca)

In finding this internal focus and interpersonal capacity to do something different from her peers, Rebecca describes her journey of individuation:

> Because that was, like I say, I'd still be stuck in the same friendship group or whatever. I wouldn't be off to uni because I'd be like "Oh, this is my life here." Yes. Can't you remember when you used to ask me? You used to be like "Are you off to uni?" I was like "No, I'm not going. I'm staying here. I'm scared." Yes, because I thought everything was here. I thought "Why do I have to go to uni? Everything's here." Yes and now I'm going. (Rebecca)

Through this theme of 'it's okay to be me,' the students express the dilemmas that they face in choosing appropriately for themselves and having choice about whether they respond to pressures from their peer groups. They also want to be seen as 'still belonging' through their group behaviours and I wonder if they are describing some sort of secrecy or privacy of having changed internally, which potentially

gives them greater choice, more autonomy and more resistance to peer pressure than they had before their therapeutic intervention. Rebecca describes how change through therapeutic support has enabled her to contemplate leaving the safety and familiarity of her home town and go to university – she is the first in her immediate family to do so. She feels scared in making these choices, but also able to survive her scares, to both rely upon her capacity to meet new challenges and to seek support if and when she needs it.

Discussion

This small-scale study of seven students' experience has demonstrated something of the importance and value that a therapeutic service can have within a secondary school setting. Four themes emerge which encapsulate the students' views about what is most valuable to them: having a regular safe confidential space with a trained, empathic, adult; being facilitated to understand, cathart and learn to manage over-whelming feelings; sensitive mediation and advocacy; and the support, opportunity and facilitation to change. I remain impacted by the students' descriptions which powerfully describe a framework not only for working in this context but also themes which repeatedly present themselves in experiential groups within psychotherapy training and in my client work with adults.

However, in this study, the students also raise important dilemmas that, as service-providers, we need to note.

Firstly, the students describe the importance of having individual attention from someone who can work with the complexity of the issues that they bring to the therapeutic relationship. This has implications for funding and for how the service might be embedded within the overall pastoral care on offer in a secondary school.

Furthermore, three of the students had also experienced group intervention and expressed that, within the group, they "could discuss not very important things, but in one-to-one you can go right into person-al things."(Ben). With one person that they trust they can be vulnerable, witnessed and known, they do not need the protection and pretences of their defences – defences which are often very appropriate in less supportive contexts of peer groups, classrooms and even their families. Their clear preference for individual rather than group work has implications for the delivery of therapeutic services, particularly when referral lists are long and resources are limited. However, it would be useful to trial the effective-ness of group work as a follow-up to individual sessions, rather than the group experience preceding one-to-one therapy.

Every student agreed that confidentiality was paramount for them, unless the adult negotiated with them to speak on their behalf with teachers, heads of year and, in Annie's case, her mother. My view is that the therapist can inform the school environment and agree that "therapeutic work in schools involves deconstructing labels and discourses and challenging assumptions about what constitutes a problem" (Music, 2009, p.20). However, the students warn us that they need to keep control of what is told and to whom. As therapists we are used to noticing small incremental changes or tolerating that there may be a prolonged period of time where change is not evident. When we see relational change in a therapeutic setting it can be difficult to explain when this is not apparent in the wider context of the school. Oc-casionally, we need to nudge our students gently, to let us be their ambassadors within limits that they can tolerate. In talking about their internal changes, their commitment is primarily to themselves, not a compliant adaptation towards adults. They may know that they have made positive changes but they may not want this to be so evident that they are no longer welcome within their peer group.

Two students also said that, even though the intervention had been valuable, they would find it hard to initiate further intervention and would like other adults within the school to notice their need. Kate said that she "needed to be found", whereas two of the participants had used the service through referring

themselves via their year managers. In designing a service where access is easy to students with all of these views I come back to the idea of therapy being an 'embedded necessity', where all adults who have contact with young people, in whatever capacity, are alert to emotional needs that might need specialist intervention. This means that, as therapists, we have the task of raising awareness of all adults about the emotional needs of young people and to encourage those who see students in classrooms everyday to notice when students need help and direct them accordingly.

The students described the importance of being heard when they disagreed with adults in general. Some had used their therapeutic space to air their frustrations and vent what they would *like* to say when they experienced injustices. Equally, the reflective quality of the therapeutic relationship enabled them to rehearse different words and tones of voice, so that they could negotiate instead of shout. Four of the students had a sense of the therapist 'being with them' outside of the sessions. On one occasion, after the interviews, Ben said that he felt as though he had his emotional literacy teaching assistant 'in his pocket!' The two boys both referred to enjoying being noticed and praised for their efforts to change their behaviour and all of the students who had changed their behaviour - from being challenging to being available to learn - all spoke of the difficulty in changing the view adults held of them. Each of the girls said that they wanted to change for themselves, not necessarily for others, or for the school. Several students described the shift from responding externally to peers to making different choices for themselves – to feeling more in tune with their internal needs and hence they became more autonomous in their decision-making without shame, or anxiety. The findings support the practice of encouraging young people to individuate in ways that are healthy and appropriate. That this is particularly valuable during the developmental challenge of teens, a period of increased independence and choice has policy implications.

Developing relationships which feel trustworthy is not necessarily a quick process, which may mean that time-limited intervention is not appropriate to support change. Equally, others want to use the service for occasional sessions, particularly to discharge overwhelming feelings; they want to return for longer when new difficulties emerge in their lives and sometimes they need us to respond now!

Perhaps the most impactful finding was the high value that this group of students placed on having both privacy and safety in order to cathart their anger, frustrations and tears, as well as needing space to express their anxieties, fear of failure and the pressures they felt from peers. They showed understanding of the relationship between their anger being triggered in the present even when the original source was in the past. Importantly, this private space was also where they could celebrate their pride in their personal development and achievements, something they might feel reluctant to do elsewhere.

Reflexive account

In presenting this research I want to acknowledge my commitment to providing therapy in this particular school and therefore the potential for the students, in knowing this, to be compliant in their answers. However, except for Rebecca, the students were interviewed in groups where I believed they would be less likely to comply with the interviewer and more likely to use the dialogue between them to reach their own views. Additionally, the students, in engaging in therapy, described their journey as having enabled them to focus on their own thoughts, feelings and needs rather than be confluent with others. It was refreshing to see these students interacting with each other in a humorous, warm, playful, reflective manner and with confident expression of their views.

At frequent moments throughout the interviews it was as if I was not part of the dialogue but rather an observer of their relationships with each other. I was the catalyst for their discussion rather than the guide. I was therefore able to focus on the impact of these young people and feel my pride and warmth towards them. In adopting this stance, I was in a position of 'not knowing' and it is only through my engagement with the transcripts that these themes have emerged. It would be worth exploring whether

these similar themes are mirrored in, and generalize to, other student groups in other schools.

For me personally this research project marks an integration of two careers, my initial work as a teacher and my later training in integrative psychotherapy. It also denotes integration and updating of a 'highly prized' family script on the 'value of education' both as a participant and provider; a script arising out of being the daughter of an Asian immigrant who had arrived in England as a teenager to complete his education.

When it came to writing up my findings for this study I reached an impasse. For me, the process of writing is an arduous one – I became aware of my anxiety rising. I recognised that, unless I complete this task, something is potentially paralleled, in that my passion for quality therapeutic provision within the education system may not be heard. I suppose, therefore, in expressing student voices, I am equally expressing my own.

Conclusion

This article has discussed a small research project which explored the experience of students who were supported by a therapeutic relationship within their secondary school. Perhaps the key lesson to come out of this research is that these students valued having a confidential one-to-one space where they could talk about aspects of their experiences which worried and confused them. They benefit from being 'understood' from their perspective and this makes them feel 'normal'. The opportunity to explore and cathart powerful feelings that distract them from learning is helpful and makes way for the development of new skills of reflection, negotiation, and reaching out for support from other sources. These students needed support and direction to enable them to resist peer pressure and to invest in their own success. Yet, however beneficial they find such a service, they raise important questions that we need to consider, regarding the process of referral and confidential access to therapy in a secondary school setting.

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Appendix One

Table of research participants:

Names	Reason for referral	Intervention
Rebecca	Difficulties with peer group relationships. Referred by pastoral team. Re-referred herself when she encountered a difficult adult relationship.	Individual sessions of several months on three occasions
Ben	Difficulty with consistently engaging in learning/angry outbursts. Identified by year manager. Re-referred himself when he was having similar difficulties in new lessons, because he wanted to be a successful learner.	Six session group followed by six individual therapy sessions. Two therapy sessions at a later date for catharsis. In class ELTA support for two hours per week for a year.

Kate	Argumentative with adults. Not fulfilling her academic potential. Re-referred at various intervals throughout five years by year manager.	First identified in class-based emotional literacy sessions. Individual sessions with two therapists on four occasions ranging from six sessions to several months according to need.
Annie	Difficulties at home with Mum impacting behaviour – referred by form tutor.	Individual sessions for several months – she also referred one of her friends
Jess	Constantly sent out of lessons – challenging behaviour – not achieving academic potential. Identified through 'on-call' system.	Eight individual sessions coupled with mediation with teachers and year manager
Paul	Anger after motorbike crash Asked year manager for some help with anger.	Occasional individual sessions when requested plus overview
Lauren	Frequently sent out of specific lessons for challenging behaviour. Identified through 'on-call' system. Re-referred throughout by year manager.	Initially, block of individual sessions for three months, followed by intervention when needed.